

Fundas of Parenting

January 2021

No wonder they say that the first 5 years of life is very crucial for learning. What we don't learn at 5, we don't learn at 50. That's because the brain develops rapidly in the first 5 years of life, attaining almost 90% of the size of an adult brain. The brain networking is what is happening during this time, where the brain connections are laid by formation of synapses, between the white matter and various nerve cells. A child learns to use this network and develops age appropriate milestones. And this is what is laying the foundation in all their domains of development, which include physical, language, cognition and socio-emotional aspects.

It is the aspiration of every parent to maximise the potential of their child. To do this, we need to actively stimulate their brain in the areas mentioned above, by various activities. And these early years lay the foundation for their happy and healthy adulthood.

Building a good bond and relationship with the child, right from their early years is crucial. This needs active participation of the parents with their children. This in turn, helps the child be socio-emotionally more stable, confident, self-reliant and gives them the enthusiasm to learn and explore the world. Hence, as a parent, optimising these early years, is the best investment to ensure a bright future for them.

No two children develop alike. Each one of them develops at their own pace, as per their own genetic potential, within the given normal range. But, the environment which we provide for them during their early years of life is what shapes them better and helps reach their best potential. In this aspect, Child development is also taking a centre stage in India. The Government has launched a program called LAKSH, focusing on the development of children in the first 1000 days. Hence, reinforcing the importance of early years in child development and how we can help maximise it.

We as a group of professionals, comprising developmental pediatricians, general pediatricians, neonatologists, psychologists, therapists, special educators, nutritionists, neurologists working in the field of developmental pediatrics, believe that knowledge is power. We want to bring forth to you this newsletter with scientific and evidence-based information. We believe, helping the parents and caregivers build their skills in child-rearing practices, would be one of the best ways to help a child achieve their maximum potential. Having said that, we give you this opportunity to make informed choices about empowering yourself on child-rearing.



DR NANDINI MUNDKUR,
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EDITORIAL BOARD

Over a course of time, we will be sharing knowledge on various aspects of child growth and development. As the previous year ends with a lot of despair, we hope this new year dawns great strength and builds more confident parents.

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VISION ARTICLE

VISION - The world through a child's eyes

The development of vision is one of the most important aspects of a child's life, as it provides the maximum information to the growing brain. The visual system is the most complex of the sensory systems, serving as a link to the new outer world.

Babies are born with fully formed, yet immature visual systems. They “learn to see” over a period of time, just like how they acquire other developmental milestones in a stepwise manner. Normal visual development progresses from simple responses to light, all the way to complex tasks, like organisation of details into patterns and associating meanings with objects. This crucial period of visual maturation is maximum between 0 to 2 years of age. The timeline of visual development in the first year is as follows:

- A newborn can only see shapes and movements. They can only perceive in black, white and grey. They have a preference for faces and can see upto a distance of 10 inches.
- At 2 months babies can focus, make eye-to-eye contact and attain a social smile.
- By 3 months they can track objects or faces by turning their head 90 degrees on either side.
- By 6 months, babies can see with both eyes coordinately for binocular vision and can perceive depth. They attain good hand-eye coordination and hence can aim and reach for toys.
- By 9 months, they can understand the concept of object permanence, which means they begin to learn that an object once out of sight, still continues to exist and can play peek-a-boo.



Why is vision important?

Vision has a direct impact on all the areas of brain development, which include physical, social, emotional, intelligence and language. Activities to promote visual stimulation will help to unleash their full potential in the growing years and have a great impact on acquiring early learning skills. Problems in vision can seriously hamper the child's overall development and, hence is vital to monitor their vision. It is mandatory to follow the below monitoring schedule for every child.

- Checking the RED EYE REFLEX in all newborn babies, as a screening tool to rule out congenital cataract and various other eye abnormalities.
- Sometimes, vision changes can go unnoticed by parents and children, hence a formal assessment of vision should be done starting at 3-4 years age, and annually thereafter.
- In children who are at risk for visual problems like babies born preterm, low birth weight, perinatal / postnatal issues, congenital eye conditions, syndromes affecting vision, developmental delays, strong family history of vision abnormalities etc, it is crucial to screen them, follow them up regularly and manage appropriately.
- Vision risk assessment and screening should be done for all babies during their well-child visits as well. This includes addressing parental concerns about symptoms related to vision. Symptoms like excessive watering of eyes, eyelid crusting, squint, white pupils, extreme sensitivity to light requiring immediate medical attention in any age group. In preschool children, amblyopia (lazy eye), nystagmus, refractive errors and squint are some of the common visual problems. They can prevent the normal vision development in a child.
- It is also important to understand that visual problems can manifest as behaviour problems, like decreased attention span, holding a book or watching screens too close, head-tilt, avoidance of tasks that require attention to details like colouring and solving puzzles. Hence, early recognition and appropriate management is very crucial.

The development of the visual system and its maturation starts right from the intrauterine period. Hence, preterm babies are at a higher risk for visual problems due to improper development and maturation. Preterm babies can develop a condition called **Retinopathy Of Prematurity (ROP)**, that can cause serious visual impairment. To prevent ROP following are few important guidelines to follow:

- Every newborn less than 35 completed weeks of gestation or less than 2 kg birth weight needs to be screened for ROP.
- Their first screen as early as 2-3 weeks of age and regular follow up thereafter.
- Regular follow up is necessary to monitor if the visual maturation is age appropriate and also for early detection of abnormalities if any.
- This provides us an opportunity for early intervention like laser therapy, which can be vision saving for the child.

Another critical, yet treatable condition in children is **Cortical Visual Impairment (CVI)**. CVI is emerging as a leading cause of visual impairment in children.

- This is characterised by a defect in integration and interpretation of the visual information that is provided by the eye to the brain. In simple words, what the eyes can see, the brain can't understand.

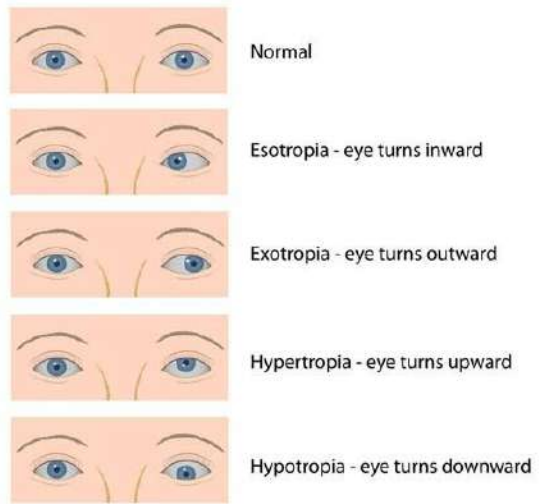
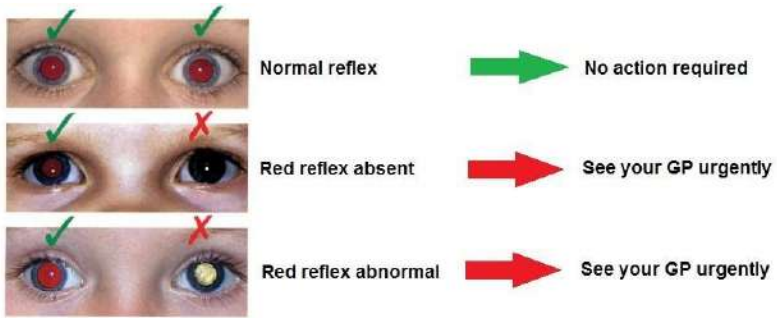
- Risk factors include birth asphyxia due to delayed first cry after birth, hypoglycemia, seizures and insults to the growing brain.
- Symptoms include light gazing, not able to focus on faces and no tracking of faces or objects.
- It is extremely important to recognise and detect early, as if this issue is addressed with visual stimulation before 6 months of age, there is a good scope for recovery.

An emerging health hazard that hampers a child's visual development and also social-emotional and cognitive development is the excess of screen time. This predisposes to a variety of visual problems like blurred vision, headaches, dry eyes in addition to increasing risk of other physical and mental health problems. There are guidelines stating clear-cut age-appropriate recommendations for the use of electronic media. These include:

- No screen time for children less than 18 months
- For children between 18-24 months, restrict viewing of high quality educational content with caregiver, who explains it to the child and the duration should be less than one hour per day
- For children between 2-5 years, upto 1 hour of screen time per day is acceptable, provided they understand what they are seeing and are able to apply it to the world around them.
- For the child between 6 to 10 years age, 1 to 1.5 hrs of screen time can be permitted but the child. It is important for the parents to be aware of the content of the children. Strict non media time zones are set and the family members also should practice what they preach , and interact with the child in a positive manner.
- More emphasis is on promoting good physical activity, ensuring adequate nutrition, spending quality family time – all activities that promote good physical and mental health. Play is one of the most important means of improving visual developmental skills in children,

Well begun is half done. This dictum holds good in nurturing our children, so that they achieve their full potential. The first five years of a child's life is the period of maximum growth of the brain. We need to make use of this golden time period, empowered with knowledge, to lay a strong foundation for the child's bright future.

Prevention is better than cure - Hence, a universal vision screening for all babies, identifying those who are at risk for visual problems, regular follow up and early intervention can ensure a child's optimal visual and brain development.



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VISION ACTIVITIES

Vision plays a crucial role in child development and learning. Visual learning is one of the most important modes of learning for the child. There are various components of vision, which form the building blocks for their education and academics. They help them in learning language, math and geometrics. They include the following:

1. **Visual memory:** the ability to remember visual information.
2. **Visual discrimination:** matching two objects that are the same and the ability to recognize details in visual images.
3. **Visual scanning :** Visual scanning is the ability to use vision to search in a systematic manner, such as top to bottom and left to right.
4. **Form constancy :** the ability to identify or sort objects, shapes, symbols, letters, and/or words, despite differences in size or position.
5. **Visual tracking :** focusing on an object as it moves across a person's visual field.
6. **Visual spatial relations :** is the ability to visually perceive two or more objects in relation to each other and to yourself.
7. **Visual closure :** it is the child's ability to identify forms or objects from incomplete presentations
8. **Visual Sequencing:** is the skill that requires a student to remember the order or sequence of numbers, items, pictures, and/or words after viewing them
9. **Figure ground perception :** Visual figure-ground is the ability to see an object in a busy background

If your child is between 3 - 5 years of age, they should be able to do the below activities pertaining to the above components of visual learning.

1. VISUAL MEMORY :

Remember The Shapes!

First, look at the shapes located in the top box. Then, cover up the top box and circle the shapes you remember in the bottom box.

2. VISUAL DISCRIMINATION:

Visual Discrimination vd01

Colour the similar pictures

3. VISUAL SCANNING :

Count the oranges

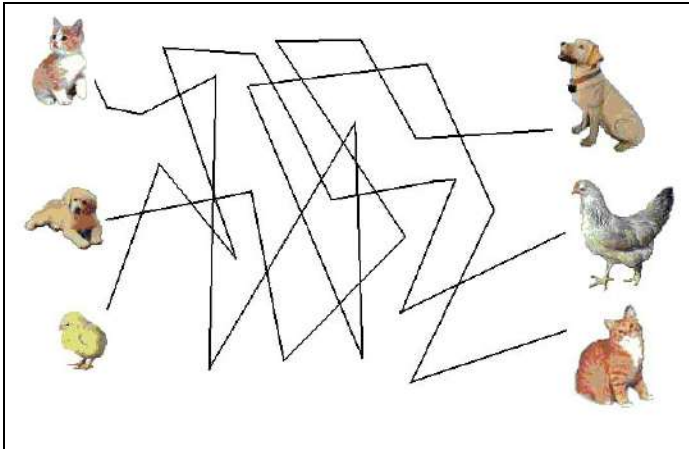
How many oranges are there in the picture?
 Answer: _____

4. FORM CONSTANCY:

Visual Form Constancy vd05

Match the shapes on the top to the exact same picture below

5. VISUAL TRACKING:

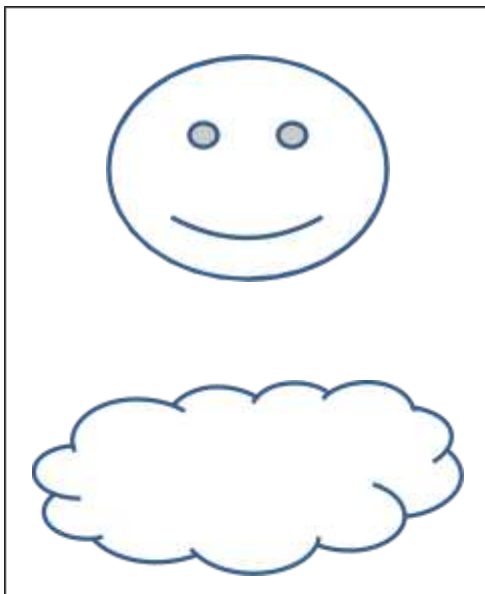


6. VISUAL SPATIAL RELATIONS:

Visual Spatial Relations vst03

Colour the objects that are in the same position

9. VISUAL CLOSURE:

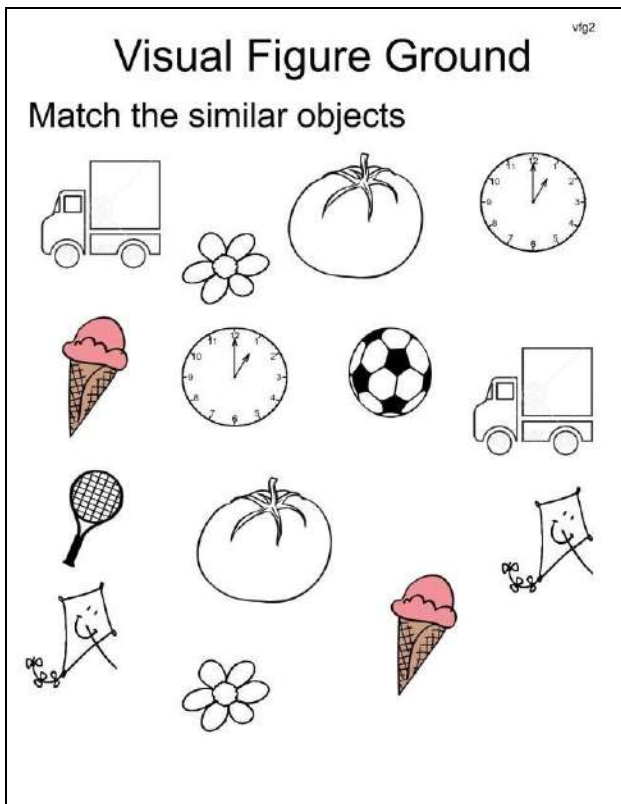


8. VISUAL SEQUENCING :

colour the below circles following the adjacent sequence

		Blue: _____ White: _____ Yellow: _____
		Red: _____ Green: _____
		Blue: _____ White: _____ Orange: _____
		Green: _____ White: _____

9. VISUAL GROUND PERCEPTION



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DEVELOPMENTAL QUIZ

The brain is an amazing organ. Recent discoveries in neuroscience enable us to view child development in the latest ways. As the secrets of the brain are unraveled one after another, one cannot but marvel at its development, organization, efficiency and abilities. The development of the brain goes in an orderly,

sequential manner, and this represents the networking and synapse formations occurring in the brain. This maturation is represented by the milestones attained by the child in all 4 domains- physical, cognition, language, socio-emotional. There are multiple factors both genetic and environmental, which shape their development and optimize their potential.

Let us see how well you know your child's developmental milestones. Here are a few images of the developmental milestones of a child.

Let us know which age does a typically growing child achieve these milestones. Mail your answers to us.

1. Learns to Play peek a boo



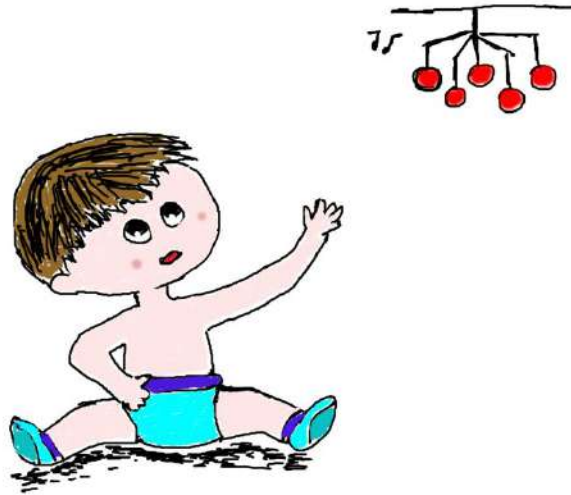
2. Social smile



3. Know if they are a boy or girl



4. Pointing



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Following up your child's milestones is very crucial. Use the app below for tracking their age appropriate milestones across all their domains.

TOTSGUIDE.com

TRACK & ACT

New Buzz in Developmental Screening

Track & Act is an online developmental screening tool to assess children milestones in four developmental domains

Physical Language Cognitive Socio-Emotional

Feature

- Free Application
- User friendly
- Research based

Created by Experts in Developmental Pediatrics
Designed specifically for Indian children
Multiple Language Options

LOGON TO
WWW.TOTSGUIDE.COM/TRACK-ACT

CREATE CHILD PROFILE

TAKE ASSESSMENT

PRINT & SHARE
REPORT

...1,2,3,4 steps

ANDROID APP ON
Google play

for more info. visit
www.totsguide.com

Answers:*1. Learns peek-a-boo by 9-12 months :*

It is a very important social skill for social interaction, communication and language development. Child also learns the concept of object permanence- which means the object once out of sight is not out of mind, it continues to exist.

2. Social smile :

A child attains a social smile by 6-8weeks.

This is one of the earliest milestones to be attained by the child. This is a very important social milestone, reciprocating back meaning fully with the mother and caregivers. Also important from vision development as the child can now focus and make eye to eye contact.

3. Knows their gender :

A child knows their gender by 3years of age. This is a cognitive milestone of understanding concepts and relations.

4. Pointing :

A child learns to point by 9-12months This is an important language milestone. This is an expressive gesture the child learns for communication and showing their needs.

BREAST MILK AND BRAIN DEVELOPMENT

Breast Milk - The Liquid Gold

“In all mammalian species the reproductive cycle comprises both pregnancy and breast-feeding: in the absence of latter, none of these species, man included, could have survived “

- Bo Vahlquist (Pediatrician 1981)

Humans are unique in that they have large brain to body weight ratios (1:40) amongst mammals with an evolved brain. Newborns at birth have 25% of adult brain weight which becomes 75% at 2 years. This means the brain is growing rapidly in the first 2 years. This increase in weight requires an appropriate amount and quality of nutrition. All the Academics in Child health endorse that exclusive breastfeeding upto 6 months and continued beyond 1 year, with home based food started at 6 months meets this needs effectively.

Breastmilk in the first few days of life is called Colostrum-natural first vaccine. It is not only rich in antibodies which helps fight infection, but also has good fatty acids.

Our body fat is of 2 types- saturated and unsaturated fats. The unsaturated fat like linolenic acid and its end product DHA (Docosahexaenoic acid), along with cholesterol form 65% of brain weight. This DHA is naturally present in breast milk and promotes brain development. That's why breastfed babies are smarter (have 3.4 IQ points more) than non breastfed babies. If the mother delivers her baby 3 weeks before her due date then it is a preterm delivery. Such a preterm baby when it is fed his/her mother's breast milk which has even more DHA. Hence these babies are even smarter (have 6.5 IQ points more).

Breastfeeding promotes emotional and mental benefits for both mother and her baby. The skin to skin contact releases oxytocin in both mother and baby. This substance promotes good emotional bonding and attachment. Gut bacteria that is established in the first few days of life is called Gut Microbiome. When a newborn baby is breastfed soon after birth the microbiome that is formed has good effects on both the baby's intestine and brain.

Exclusive breastfeeding is the best way to give a great start to your baby which will have lifelong medical, academic and economic benefits. Nothing other than mothers milk is so custom made, safe, nutritious, convenient, hygienic, temperature controlled, immune boosting, and healthy. And this should be started within the first hour of birth.

“There is only one pretty child and a healthy milk in this world, and every mother has it”

Happy breastfeeding for a healthy society.



WABA | WORLD BREASTFEEDING WEEK 2020

Dr. N Uday Kumar ,
Associate Professor of Pediatrics,
Head of KCDU,
SRIHER



HUMAN MILK BANK

Human milk bank is an amazing concept. Human milk is also known as Liquid Gold, given its value in every baby's life, not just during infancy but even into adulthood. For those babies who do not have the opportunity to have their own mother's milk, this concept was introduced to support and share for those babies in need. This is a well established and well used concept across the globe. Human milk bank is where the Human milk is collected, tested, processed, stored and distributed under regulation for babies in need of it. In the western world, there are regulatory bodies which constantly supervise and maintain the standards of milk banks as per the recommendations. In developing countries like INDIA we still fall short of such strict regulations and hence there is still a small chance of infection during the procedure. However, if we follow strict precautions and the standard procedures supervised by the regulatory bodies, we could eliminate such risks and make it safe for use more frequently. Below is a list of Human Milk banks across India. Kindly use them judiciously after talking to your doctor about it.

1. Divya Mother Milk Bank, Udaipur, Rajasthan.
2. Amara Milk Bank (In collaboration with Fortis la Femme), Greater Kailash, New Delhi.
3. Lokamanya Tilak Hospital (Sion Hospital), Sion, Mumbai.
4. Vijaya Hospital, Chennai.
5. KEM Hospital, Parel, Mumbai.
6. Institute Of Child Health and Hospital for Children (Tamil Salai, Egmore, Chennai, Tamil Nadu 600008)
7. Indus hospitals (#18-1-65-66, Opp. Indus Hospital, KGH Down Road, Maharanipecta, Jagadamba Junction, Visakhapatnam, Andhra Pradesh 530002)
8. Sree Avittam Thirunal Hospital (Medical College Campus, Chalakkuzhi, Thiruvananthapuram, Kerala 695011)
9. Human Milk Banking Association (Yashoda Nagar, No.2, Amravati, Maharashtra 444606)
10. Divya Mother Milk Bank (R.N.T Medical College, Panna Dhai Rajkiya Mahila Chikitsalaya, Udaipur, 313001)
11. Aanchal Mother Milk Bank Churu, Rajasthan (D.B.H, Rajasthan)
12. Aanchal Mother Milk Bank (hospital, Zanana, Alwar, Rajasthan 301001)
13. BreastMilk Foundation (A2/59, Block A 2, Safdarjung Enclave, New Delhi, Delhi 110029)
14. Mother dairy (Chandpura Saidabad - Mohanpur Rd, Mohanpur, Bihar 844503)
15. Mother Dairy Calcutta (No 16, LB 2, near Water Tank, LB Block, Sector III, Bidhannagar, Kolkata, West Bengal 700106)



CHALLENGES IN BREASTFEEDING

Breastfeeding is the most natural and instinctive form of feeding for newborn babies. But it can be difficult for preterm babies, newborns with postnatal complications and babies with genetic oro-motor deformities.

Oral feeding is a skill that requires good balance in the processes of breathing, sucking and swallowing. New-born babies need to co-ordinate their oro-motor and respiratory skills in response to the sensory cues that they receive from their mothers' breast. They also need to modulate and respond their feeding behaviours to hunger and satiation cues. Babies need to synchronise muscles of the lips, jaw, tongue, pharynx and the respiratory systems to facilitate a safe swallow.

Primitive reflexes such as rooting reflex, gag reflex and a swallow reflex help the baby respond to peri-oral, intra-oral and pharyngeal stimuli in the form of mother's milk.

Independent oral feeding can be difficult to achieve in extreme preterm babies in particular. Preterm infants often have long NICU stays and that can interfere with their ability to latch onto the mother's breast long enough to sustain sucking, swallowing and breathing throughout oral feeding.

Comorbidities present in preterm infants can delay development and restrict instances for effective sucking to develop. That, in turn, can deprive the baby of cardinal oral sensory and oro-motor experiences during an important brain development phase when the central patterning of suck and feeding skill is refined. Medical interventions used with preterm infants may result in negative responses to oral feeding and long-term oral sensitivity.

There are numerous studies supporting the effectiveness of oral interventions in the NICU that facilitate improved sucking, improved feeding rhythms, faster transition from tube feeding to oral feeding and improved quality of oral feeding.

Some of the evidence – based interventions have been put across as pre-feeding and peri-feeding protocols in NICU care all over the world. The techniques that help a preterm adjust better to oral feeding are delivered by NICU nurses or physiotherapists or taught to mothers.

1. Kangaroo Mother care; Visiting the baby and holding the baby during feeds even when the baby is being tube fed can improve the association between proximity with the mother and feeding. It is a strong form of sensory intervention – which stimulates the touch and smell senses of the baby
2. Peri-oral stimulation with a gloved finger where the therapist strokes the baby from the cheek to the lip to stimulate the rooting reflex
3. Stroking the lip to stimulate mouth opening
4. Positioning of the tongue in the lower vestibule of the mouth with the gloved finger

5. Lip approximation techniques
6. Perioral massage
7. Allowing the baby to approximate his/her lips around the therapist's finger and stimulating sucking reflex
8. Repositioning of the chin and jaw into neck retraction and slight neck flexion to improve suck and swallow routine
9. Expressed breast milk can be used as a sensory stimulus during the above techniques
10. The mothers are taught various ways of holding and positioning the baby to facilitate sensory access to the breast and improved oral feeding.

Cleft lip and cleft palate are two of the common oro-motor deformities often seen at birth, which can hinder independent oral feeding. The common difficulties that the baby might experience is with attaining good seal around the breast to sustain sucking, gagging, choking, weak suck, preference towards the non-cleft side of the lip, milk leaking through the nose. Since the corrective surgery is often performed only at the age of 3 months, helping the baby with feeding is almost imperative. Some of the additional techniques that can be used are listed below.



1. Modified breast hold into the child's mouth to enable increased soft tissue fit, thereby enabling optimal mouth closure
2. Noisy sucking is often an indication of inadequate suck and often a finger can be placed over the cleft to increase the sucking efficiency
3. If bottle feeding is an option, then bottles need to have wider nipples. The baby needs to be held in an upright position and the bottle needs to be positioned in a way that feeding can be facilitated in the downward direction. The nipple needs to be positioned on the centre of the lip firmly.
4. Special bottles are available to improve breast feeding without making the baby perceive difficulty
5. Frequent burping is advised as the baby might swallow a lot of air during sucking

A trained lactation consultant can often help the new mother in understanding the various ways in which she can help her newborn with feeding difficulties. Most of the feeding interventions are designed to –

- Reduce oral hypersensitivity
- Improve range of motion and strength of muscles for sucking
- Increase oral motor organisation, and
- Activate reflex behaviours that facilitate nutritive sucking.

These interventions help with accelerated transition from tube feeding to independent oral feeding, increased volume intake, greater weight gain and fewer days of hospitalisation.



By -
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BREASTFEEDING IN COVID TIMES

INFANT FEEDING PRACTICES DURING COVID 19 - ASK THE EXPERT

Parenting in pandemic times has thrown up several anxious questions. Especially among new mothers who are breastfeeding their babies.

" I'm COVID 19 positive and I'm so worried. Can I hold my baby?

Can I breastfeed my baby?

Would I be exposing my baby to a risk of infection?"

These are few of the very common questions asked by them.

Hence, we have our lactation expert answering a few questions on this issue for us.

Studies have shown that there is minimal risk of passing the virus via breastmilk. In fact, specific protective antibodies against the virus have been detected.

So, some general guidelines would be:

1. If a mother has COVID-19 infection and is breastfeeding her baby, can she continue breastfeeding the baby and what precautions should be taken by the mother ?

Answer :

- Continue breastfeeding if possible
- Wash hands before and after holding/feeding baby
- Wear a mask to keep respiratory droplets away from contacting baby
- Avoid touching your as well as babies eyes, nose and mouth
- Continue skin to skin contact.

2. If a mother is expressing her breast milk and feeding it to her baby, what precautions should she take?

Answer :

- Wash hands before and after expressing milk or touching pump, bottles etc
- Sanitise pumps and surfaces regularly.

3. If a mother is still ill and hospitalized, can she still breastfeed / express her milk for feeding her baby?

Answer :

- Breastfeed if possible
- Express milk if possible and have a healthy caregiver caring for and feeding the baby while following all the safety protocols.

4. For mothers free of covid 19, what is the advice you would give regarding feeding and weaning practices?

Answer :

- Keep breastfeeding. consider waiting to wean
- If combination feeding, try to maximize the amount of breastmilk baby gets.
- If not feeding at the breast, follow best practices in sterilizing equipment and preparing the feed, and limit the number of people who feed the baby.

As always, the benefits that breast milk provides, outweighs the risk.



NUTRITION FOR LACTATING MOTHERS

Diet For Lactating Mothers- To Improve Lactation

Balanced diet is very important for lactating mothers to maintain the health of mother and baby. Breast milk depends upon the quality of food and quantity of fluids that they consume daily, which in turn, will directly affect baby's nourishment and well-being. While lactating energy requirements will increase to enable it to strengthen up, all food groups provide energy, which is expressed in technical terms as kilocalories. Lactating mothers need at least 2400 to 2700 kcals every day for the first 6 months, at this time, the energy requirements will be high for breast feeding to babies. Later on weaning foods will be introduced, so lactating mother's energy requirement will decrease to 2250 to 2550 kcal every day.

Food list which makes more milk production for lactation mothers:

1. Fenugreek seeds – have been used for generations and across the world to increase breast milk production. It is rich in omega 3 fatty acids which are important for baby's brain development.
2. Fennel seeds – reduce gas and colic
3. Garlic – boosting the immune system, preventing heart diseases
4. Green leafy vegetables – great source of minerals such as iron, calcium and folate and also plenty of vitamins
5. Cumin seeds – helps with digestion, relieve constipation, acidity and bloating
6. Sesame seeds – increase breast milk good source of calcium
7. Holy basil or tulsi – promoting healthy bowel movements and a good appetite
8. Oatmeal – source of energy and rich in fiber
9. Carrots – boost lactation and rich in vitamin A
10. Barley – keeps hydrated
11. Asparagus – High fiber food that is rich in vitamins A and K. It stimulates the hormone that is responsible for lactation
12. Apricots are great to help stabilize hormonal imbalance
13. Salmon – rich in omega – 3 fatty acids and essential fatty acids, it makes the milk produced more nutritious
14. Water – when considering what to have to increase breast milk production people often overlook water staying hydrated is absolutely essential to improve milk production, so remember to drink plenty of water throughout the day

Diet sheet for lactation mother - 2200 kcals diet plan

7 am	Milk 200ml Badam powder
Breakfast – 8-9 am	Palak dosa 4 nos Chutney one cup Vegetable curry and fennel seeds garnished Orange/apple juice 200 ml
Mid-Morning – 10-11 am	Dry fruits sweet 1 no
Lunch 1-2 pm	Meethi chapathi – 2nos Rice 1 cup, veg palya – 1 cup Dhal – 1 cup Mix green leafy sabji – 1 cup Rasam – 1 cup Curds – 1 cup
Evening snacks – 4-5 pm	Oats porridge and vegetables + milk + Badam powder/Coffee
Dinner – 8-9 pm	Mint paratha 1 no Ridge gourd chutney, Khichdi with vegetables and Ghee Curd 1 cup
Bedtime	milk 200 ml



10 Foods to Increase Breast Milk



1,Asparagus

2,Salmon



3,Green Leafy Vegetables

4,Oatmeal



5,Brown Rice



6,Unripe Papaya



7,Nuts

8,Sweet Potato



9,Brewer's Yeast

10,Water



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AMAR SEVA SANGHA

AMAR SEVA SANGAM- A TRUE INSPIRATION TO ALL!

Amar Seva Sangam (ASSA) is a premier Organization in the field of disability management focusing on rural areas across all ages and all disabilities, located in Ayikudi Village, Tenkasi District. Its approach is to establish a centralized resource center in the development of physically and mentally challenged.

In the last 39 years ASSA has very successfully implemented several bold and innovative programs and received several State, National, International and other awards. ASSA caters to over 16,000 Persons with Disabilities in over 900 villages by way of rehabilitation, education, employment and empowerment to enable them to become economically productive citizens and join the mainstream society.

Padma Shri S. Ramakrishnan, established Amar Seva Sangam in June 1981 with just 5 rural poor children under a thatched roof. In 1975 Sri Ramakrishnan met with an accident during a Naval recruitment exercise and severely injured his spine and became quadriplegic. For his honorable work, Shri S Ramakrishna was awarded the Padma Shri in 2020. The Secretary, **CA S. Sankara Raman**, also a wheelchair person diagnosed with Muscular Dystrophy, a prolific Chartered Accountant with gold medal, joined the Sangam in 1992 after leaving his lucrative practice in Chennai.

Their dream is to establish a *Valley for the physically challenged* in a 30+ acre land as a Rehabilitation and Development Centre and developing models for self-help initiatives by integrating the disabled individuals with the society for improved living conditions.

Vision of Amar Seva Sangam is to establish a Valley for the Disabled, where physically /mentally challenged persons can live in a society where they get equality in opportunities and equality in status.

Mission of ASSA is to empower the disabled citizens by developing a Rehabilitation and Development Centre for the region and developing models for self-help initiatives by integrating the disabled individuals with the society for improved living conditions in the villages.

Activities at Amar Seva Sangam:

1. Institution based Rehabilitation
2. Education
3. Skill development of Disabled through Vocational Training and Employment generation
4. Village based Rehabilitation
5. Early intervention programme for children with developmental delays

Amar Seva Sangam believes, that disability is not a constraint, but a condition that can be managed if intervened early and that no child should be denied of schooling because of disability.

Amar Seva Sangam , during the COVID-19 pandemic situation, took special care to ensure that there was no interruption in the services provided. It extended its services through the mobile applications and rendered necessary therapies through video conferencing and other online methods using social media platforms.

In appreciation and recognition of ASSA's services for the socially downtrodden, economically poor and educationally backward classes of Persons with Disabilities, it was conferred with several State, National, International and other prestigious awards. Shri S. Ramakrishnan, the President of Amar Seva Sangam, has been conferred with one of the highest civilian awards "Padma Shri" Award in 2020.

This is truly an inspiring journey of people who believed that disability should not deter one from achieving their dreams.

Amar Seva Sangam has been rendering yeoman service to humanity and We wish them more and more success in their future endeavours.



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