



**Towards healthier
mothers and newborns**

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"Reshaping the care for pregnant women, unborn babies and newborn"

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OP 06

Are we successful? A descriptive study on exclusive breastfeeding practices among mothers in a baby friendly hospital.

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Introduction: WHO defines Exclusive Breast Feeding (EBF) as “no other food or drink, not even water, except breast milk for 6 months of life, except ORS, vitamin and medicine drops. Being a baby friendly hospital, Colombo South Teaching Hospital (CSTH) is bound to practice 10 steps to promote EBF. It also has a lactation management centre (LMC) which provides maternal education and staff training to promote EBF.

Objectives: To assess infant feeding practices during the first 6 months of life

Methodology: Descriptive cross sectional study, among mothers with babies aged 6 months to 1 year, using an interviewer administered questionnaire after informed consent.

Results: Out of 165, the initiation of breast feeding within 1 hour of life was done in 148 (89.7%) babies. Majority (85.5%) knew the correct and current recommendation regarding EBF. Mothers have received education regarding EBF in the antenatal clinics (n=121) and post natal wards (n=114). In addition, fifty were referred to the LMC postnatally. Still 87 (52%) babies had some fluid other than breast milk during the first 6 months of life. Commonest fluid given was water (n=34) and next was formula feeds (n=20). Breach of EBF practice has happened mostly between 4th and 5th month of age (67%) under the influence of an “experienced” family member. Maternal knowledge regarding expressed breast milk and its usage was poor.

Conclusion: Although baby friendly initiative steps are practiced, EBF rate was not satisfactory. It is recommended to identify the barriers and rectify them carefully

OP 07

Pattern of fetal anomalies detected at the mid trimester scan- Sri lankan experience

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Introduction: The mid-trimester scan which performs between 18-23 weeks of gestation has been an important practice in safe antenatal care. This scan detects both internal and external birth defects in utero.

PP 02**A case report on Conjoint Twins**

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Conjoined twins are a rare phenomenon of a monochromic mono amniotic twin pregnancy. The incidence varies from 1 in 50,000 to 1 in 100,000 live births. Female fetuses are more commonly affected. Conjoined twinning is not associated with race, parity, maternal age or heredity. It is sporadic and recurrence risk is negligible. Ultra-sonography is the most accurate prenatal diagnostic technique. Surgical separation of nearly complete conjoined twins may be successful when organs essential for life are not shared. However, preterm delivery is common and prognosis is poor.

A 32 year old midwife who had a previous first trimester miscarriage in her previous pregnancy, presented in her 2nd pregnancy at 23 weeks and 5 days, period of gestation. She did not have any family history of twin pregnancy and antenatal history was otherwise uneventful. Anomaly scan done at 22 weeks POG diagnosed her with conjoint twins with 4 limbs, single head and heart. Termination of Pregnancy was planned as the babies were sharing a single heart and single head. Mother was induced with prostaglandin and she delivered conjoint twins by normal vaginal delivery. Both babies were girls with birth weights of 1 Kg. Intra partum and post-partum period was uneventful. Mother was discharged and planned to review in gynecology clinic for further management for future pregnancy.

PP 03**Analysis of ultrasound scan findings in neonates with increased risk factors for developmental dysplasia of the hip (DDH)**

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Introduction: Developmental dysplasia of the hip (DDH) refers to an abnormal ratio between femoral head and acetabulum in neonates. Risk factors for DDH are breech presentation, oligohydramnios and female gender. Detection of a “click” during neonatal hip examination is also taken as an indicator of DDH. Ultrasound scan (USS) is the best screening tool to detect DDH.

Objective: To analyze USS abnormalities detected in neonates at risk for DDH

Methodology: Descriptive analysis of USS reports and Bed Head Tickets (BHT) in 100 neonates with risk factors for DDH.

Results: All babies were born at term of which 52 were female. The indications for USS hip were breech presentation in 44% and unilateral hip click in 43%. A shallow acetabulum was noted in 31 babies at the initial assessment of which only 4 persisted at the 6 weeks USS, warranting orthopedic referral.

Conclusion: Examination of hips during neonatal examination can be used as a guide to decide the need for USS.

PP 04

Availability of HIV and Syphilis status of mother prior to discharge the neonate
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Introduction: Universal screening for HIV and syphilis is recommended in all pregnant women. However, coverage and availability of test results at discharge is a problem in developing countries.

Methodology: Clinical audit done at ward 02, Castle Street Hospital for Women, Colombo. Data was collected from mothers in the postnatal wards by interviewer-administered questionnaire.

Results: Study group consisted of 108 mothers, where 64(59.25%) were multipara. HIV and Syphilis testing was not offered to 10(9.2%) and 18(16.66%) mothers respectively. Only 50% of the mothers were satisfied about their awareness about the test prior to consenting for the tests. Testing was carried out at field MOH clinics in 62% whereas the rest were done at the hospital. HIV test results of 12(11.1%) and syphilis test results of 10(9.2%) were not traced even though it was offered. 20.27% of HIV test and 25.92% of syphilis test results were not available by the time of discharge.

Conclusion: Creating maternal awareness regarding HIV and syphilis screening should be optimised. Ensuring that test results are available should be part of the discharge planning protocol for the neonate.