

# PEDIATRICS

## 2017

November 13-14, 2017  
London, UK

Kush Jhunjunwala et al., J Pediatr Care 2017, 3:4(Suppl)  
DOI: 10.21767/2471-805X-C1-002

## CHALLENGES AND INNOVATIONS: A ROUTINE FOR RURAL CHILD HEALTHCARE PROVIDER IN DEVELOPING COUNTRIES

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**T**he obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Economic factors, cultural and social differences, educational shortcomings, not easy access to a physician and other healthcare specialists being some of them. With more than seventy percent population living in rural areas, the problem worsens. The challenges healthcare workers experiences in rural areas because of limited resources leads to successful innovations, which in turn helps to save lives. According to the current studies, Diarrhea is one of the commonest cause of hospital admission and mortality in children. It's a proven fact, consideration of the amount of the fluid in and out of the patient's body is one of the most important factors for clinical decisions. Successful measurement of fluid losses in a case of severe diarrhea was recorded by placing indwelling rectal catheter, hence improving chances of survival. Again, giving dextrose through rectal route in cases of neonatal hypoglycemia, establishing intravenous line is always a big challenge as at times access to the skilled healthcare worker is minimal to none, increases blood sugar by twenty units within twenty-five minutes and thus providing enough time for patient to be transferred to a bigger facility. Similarly many more innovations like an innovative air-oxygen blender using inexpensive fish aquarium pump for continuous positive pressure support for neonates in resource poor locations, modifying nutrition mix with locally available ingredients has improved malnutrition status in tribal areas, training local people (Aarogya Doot-health messengers) to educate others and pick up early signs of diseases like pneumonia in tribal areas to initiate early treatment to decrease overall mortality and intelligently use smartphones to deliver vital information to mothers regarding neonatal and infant health issues like lactation, weaning diet, immunization and diseases has been successfully implemented.

### Biography

Kush Jhunjunwala, MD is registered with the Maharashtra Medical Council, the regional body affiliated to the Medical Council of India (MCI), New Delhi. He is presently working as Paediatric Consultant having 10 bedded own hospital with 4 bedded levels II NICU in Gandhi Bagh area of Nagpur city. He is also working as Hon. Paediatrician to Nagpur Police for 8 years. He is currently a Member of both Life Member of the Indian Medical Association (IMA) and Life Member of the Indian Academy of Paediatrics (IAP).

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