





Age-appropriate Developmental Requirements in Children, Importance of 1000 days, Child Growth Monitoring, Responsive Caregiving, Recognizing Danger Signs and Taking Timely Actions

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Learning outcomes

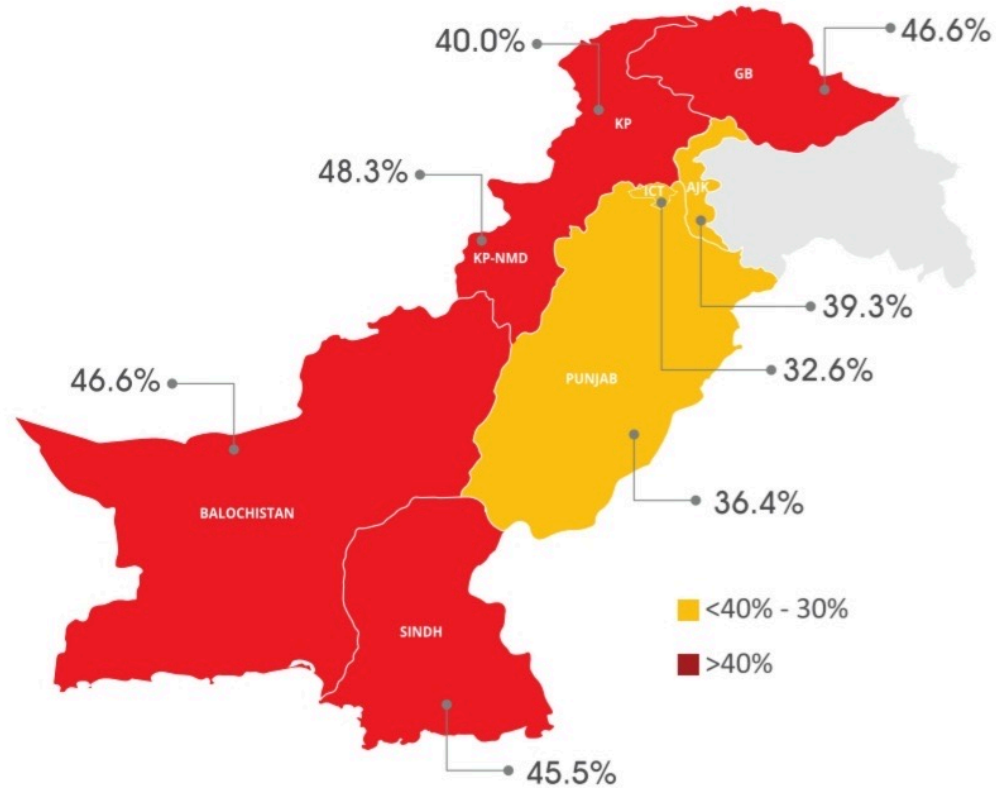
- Brain development stages and role of nutrition
- Role of Breast milk in brain development
- Micronutrients and brain development
- Complementary feeding
- Responsive Caregiving
- Growth monitoring

Disclaimer

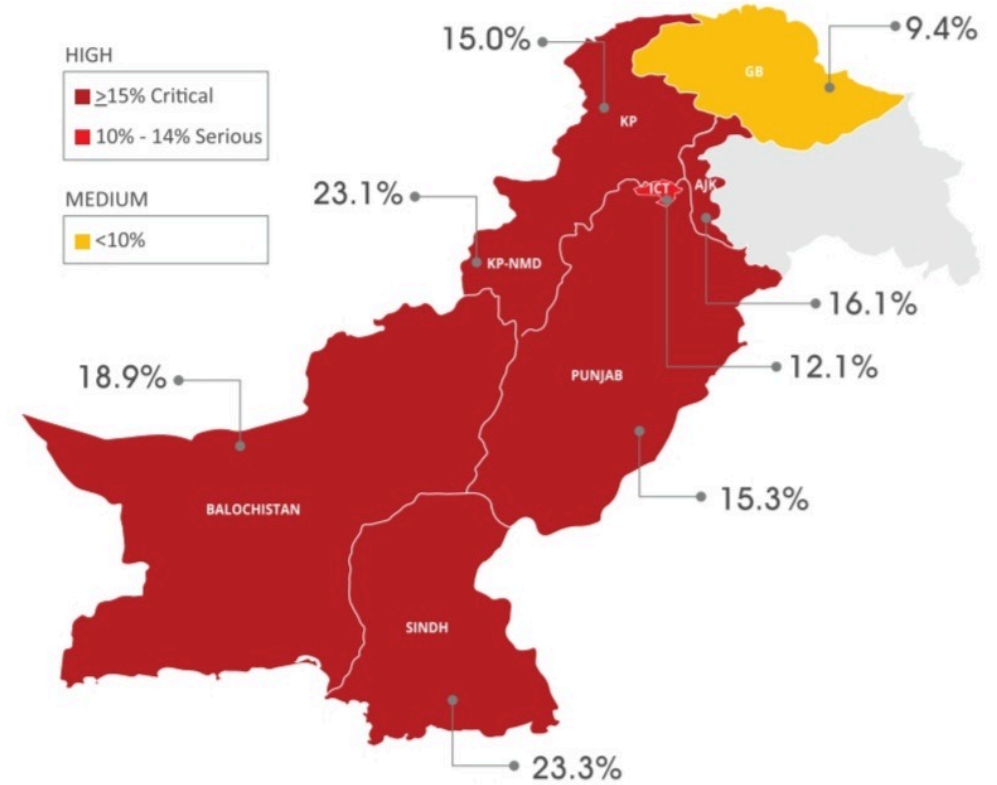
No conflict of Interest

Magnitude of the Problem

Prevalence of Stunting by Province/Region



Prevalence of Wasting by Province/Region



Brain growth Timelines & Influence on Childhood Development

- Myelination: Spurts at 32 weeks gestation and active through the first 2 years
- Monoamine neurotransmitter systems develops in pre-natal life: involved in mediating reward, affect, and mood
- The hippocampus has rapid growth at 32 weeks gestation, through the first 18 months: involved in recognition and spatial memory
- Prefrontal cortex has growth spurt in the first 6 postnatal months: manages attention and multi-tasking
- **Factors affecting early brain development:** Avoiding toxic stress and inflammation, optimal nutrition, environmental factors as strong social support and secure attachment
- Timing of the nutrient deficiency & the brain region's requirement for that nutrient at that time

Brain Development: Role of Nutrition “First 1000 Days”

Neurologic Process	Cell Type	Function	Nutrient Example	At Risk During Late Gestation and 0–3 yrs
ANATOMY	Neurons & Oligodendrocytes	<ul style="list-style-type: none"> • Division (Neurogenesis) • Migration • Differentiation (Neurite outgrowth; synaptogenesis) • Myelination 	<ul style="list-style-type: none"> • Protein, Carbohydrates, LC-PUFA • Iron, Copper, Zinc, Iodine, Selenium • Vitamin A & D Vitamin B6, Vitamin B12 Vitamin C 	Global, Hippocampus, Striatum, Cortex, Retina

Brain Development: Role of Nutrition “First 1000 Days”

Neurologic Process	Cell Type	Function	Nutrient Example	At Risk During Late Gestation and 0–3 yrs
Chemistry	Neuron Astrocyte	<ul style="list-style-type: none"> Neurotransmitter Concentration Receptor, reuptake 	<ul style="list-style-type: none"> Protein Iron, Iodine, Copper, Zinc, Selenium, Choline Vitamin B6, Vitamin D 	Global, Hippocampus, Nucleus, Accumbens, VTA, Cortex, Cerebellum
Physiology & Metabolism	Neuron Oligodendrocyte	<ul style="list-style-type: none"> Electrical Efficiency 	<ul style="list-style-type: none"> Glucose, Protein, Iron, Iodine, Zinc, Choline, Copper 	Global

IRON & Brain Development

Iron has as a key role in brain development:

- Important for normal anatomic development of the fetal brain myelination
- Development and function of the dopamine, serotonin, and norepinephrine systems
- Kids whose mothers received iron/folic acid supplementation during pregnancy scored better on multiple tests of intellectual, executive, and motor function compared with placebo controls
- Mis-timed or excessive iron may lead to worsening of neurodevelopmental outcomes, as recently shown in a single 10-year follow-up study

Prenatal micronutrient supplementation and intellectual and motor function in early school-aged children in Nepal. *Christian P, Murray-Kolb LE, Khatry SK, Katz J, Schaefer BA, Cole PM, Leclercq SC, Tielsch JM JAMA. 2010 Dec 22; 304(24):2716-23.* [\[PubMed\]](#) [\[Ref list\]](#)

Iron-fortified vs low-iron infant formula: developmental outcome at 10 years. *Lozoff B, Castillo M, Clark KM, Smith JB Arch Pediatr Adolesc Med. 2012 Mar; 166(3):208-15.* [\[PubMed\]](#) [\[Ref list\]](#)

Iron Supplementation: 6-23 Months WHO Guidelines

Daily iron supplementation is recommended as a public health intervention in infants and young children aged 6–23 months, living in settings where anaemia is highly prevalent,² for preventing iron deficiency and anaemia (*strong recommendation, moderate quality of evidence*).

Table A. Suggested scheme for daily iron supplementation in infants and young children aged 6–23 months

TARGET GROUP	Infants and young children (6–23 months of age)
SUPPLEMENT COMPOSITION	10–12.5 mg elemental iron ^a
SUPPLEMENT FORM	Drops/syrups
FREQUENCY	Daily
DURATION	Three consecutive months in a year
SETTINGS	Where the prevalence of anaemia in infants and young children is 40% or higher ^b

^a 10–12.5 mg of elemental iron equals 50–62.5 mg of ferrous sulfate heptahydrate, 30–37.5 mg of ferrous fumarate or 83.3–104.2 mg of ferrous gluconate.

Zinc; Iodine, Essential Fatty Acids and Brain Development

- **Zinc** is necessary for normal neurogenesis and migration, myelination, synaptogenesis, regulation of neurotransmitter release in GABA-ergic neuron and ERK1/2 signaling particularly in the fetal cortex, hippocampus, cerebellum and the autonomic nervous system.
- Behaviorally, early life zinc deficiency results in poorer learning, attention, memory and mood
- **Iodine's** vital role in brain development is thyroid hormone synthesis.
- The developing fetal brain is most susceptible to iodine deficiency during the first trimester, when fetal T3 production depends entirely upon supply of maternal T4.
- Severe iodine deficiency can result in cretinism, marked by deficits in hearing, speech, and gait and IQ of approximately 30
- **Essential Fatty Acids:** (Docosahexaenoic acid, Omega-3) are vital for cell membrane synthesis; the brain, retina and other neural tissues are particularly rich in long-chain polyunsaturated fatty acids (LC-PUFA)

Zinc deficiency and neurodevelopment: the case of neurons. *Adamo AM, Oteiza PI Biofactors. 2010 Mar-Apr; 36(2):117-24. [PubMed] [Ref list]*

Developmental zinc deficiency and behavior. *Golub MS, Keen CL, Gershwin ME, Hendrickx AGJ Nutr. 1995 Aug; 125(8 Suppl):2263S-2271S. [PubMed] [Ref list]*

Iodine deficiency in pregnancy: the effect on neurodevelopment in the child. *Skeaff SA Nutrients. 2011 Feb; 3(2):265-73. [PubMed] [Ref list]*

Breast Milk & Brain Development

Rapid brain development: Brain mass doubles its volume by the end of 1st year

Breast Milk is Ideal: with *Automatic Composition Change* as per baby's requirements and a *dose response relationship* between early breast milk intake and later IQ

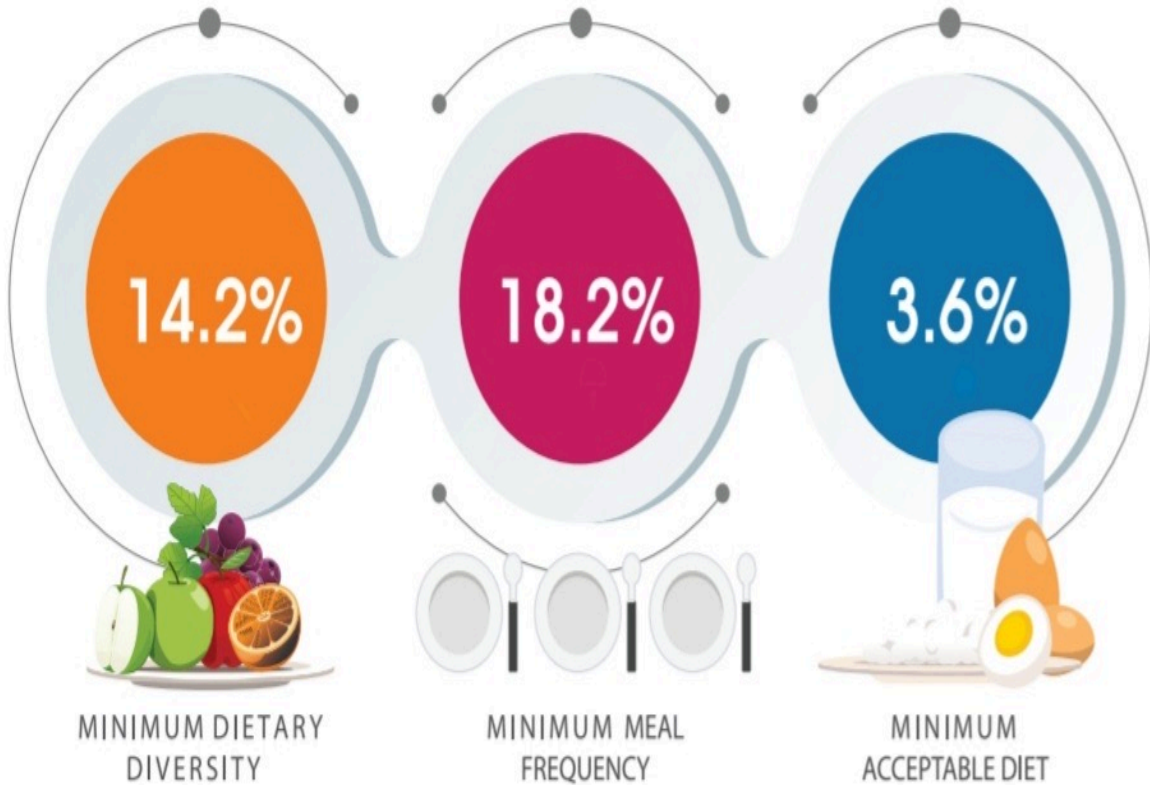
- *Poly unsaturated fatty acids* Omega 3 DHA (docosahexaenoic acid) highly concentrated in brain: helps modulating inflammatory response, regulate gene expression and influence cell membranes in highly functional areas, brain & retina
- Predominant breastfeeding in 1st- 28 days of life was associated with a *greater deep nuclear gray matter volume* at term equivalent age and *better IQ, academic achievement, working memory, and motor function* at 7 years of age *in very preterm infants*.
- Helps in *white matter development*

Maternal Nutrition: Breast milk is relatively deficient in iron (Fe) and zinc (Zn), but they are efficiently absorbed. Vit B1, B6, B12, D & DHA(Docosahexaenoic acid) levels in Breast milk depend on maternal nutrition.

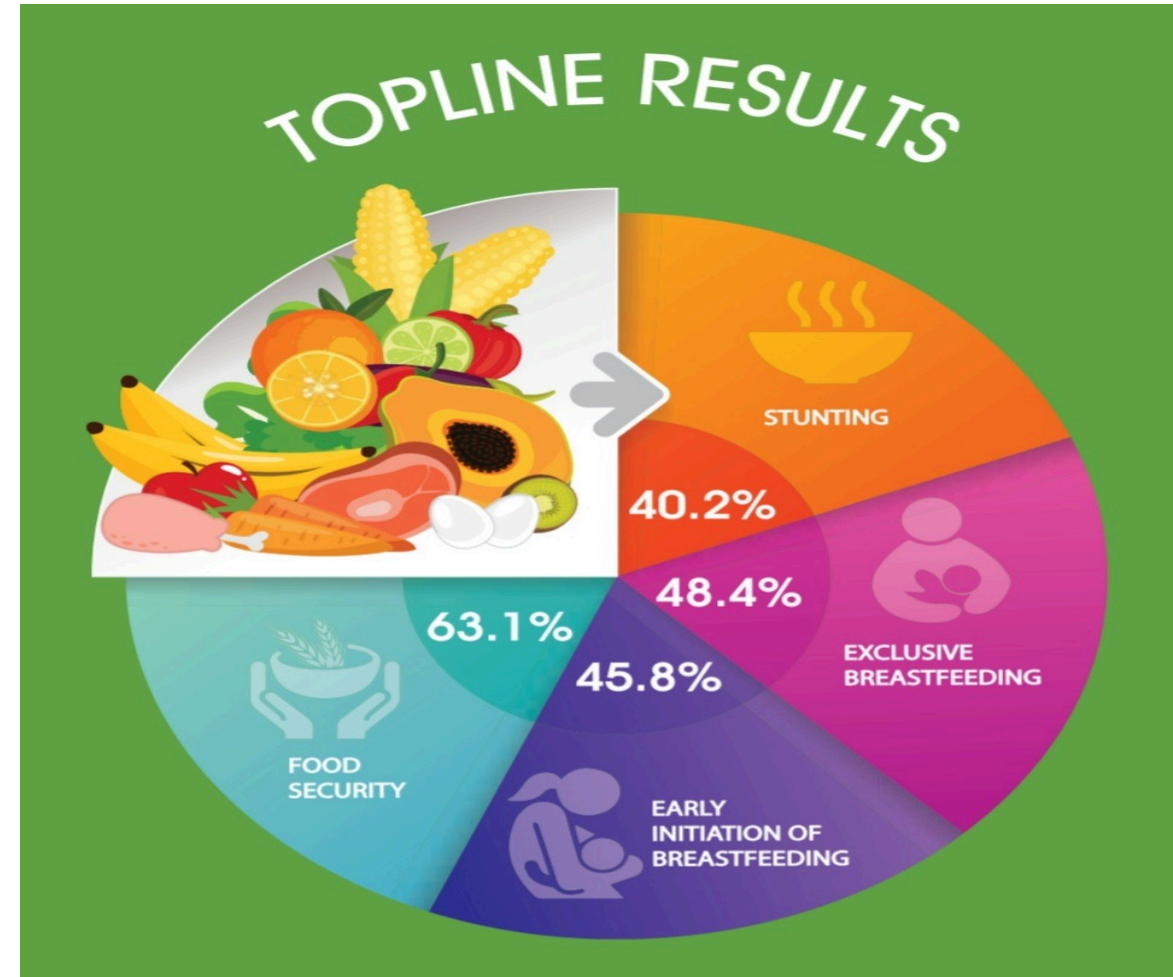
Magnitude: Cause & Effect of Problem

CAUSE

Complementary Feeding in Pakistan



EFFECT



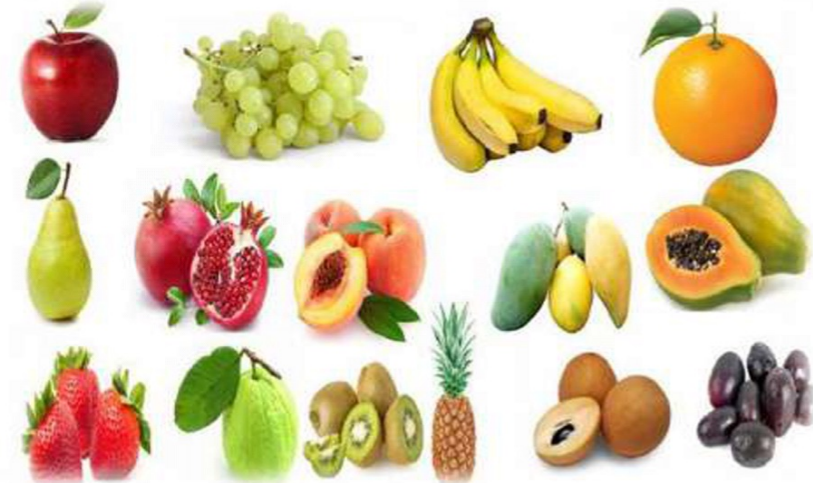
Complementary Feeding: Minimal Acceptable Diet: Food Diversity



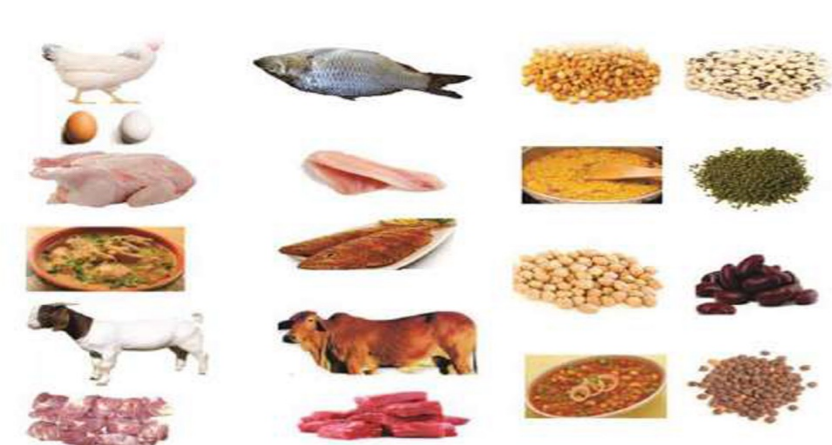
GRAINS



VEGETABLES



FRUITS



PROTEINS



DAIRY



OIL & FAT

Food Diversity:



FOOD PYRAMID



Responsive Caregiving: Is it optimal ?

Responsive caregiving:

- The ability of the caregiver to notice, understand, and respond to the child's signals in a timely and appropriate manner.
- Refers to parents and caregivers supporting the learning of babies by sitting close to babies during play
- Offering verbal and non-verbal gestures to communicate, support & assurance, as the baby explores and plays.
- Responsive caregiving is essential for ensuring children's health, nutrition, safety and security.
- It is negatively influenced by: Poor maternal physical and especially mental and emotional health
- Screen dependency and too much of screen time, is also turning as a barrier to responsive care giving

WHO
Recommendation
for Early Childhood
Development



1 RESPONSIVE CAREGIVING

All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.

Strength of recommendation: Strong
Quality of evidence: Moderate (for responsive care)



2 PROMOTE EARLY LEARNING

All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.

Strength of recommendation: Strong
Quality of evidence: Moderate (for early learning)



3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS

Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

Strength of recommendation: Strong
Quality of evidence: Moderate



4 SUPPORT MATERNAL MENTAL HEALTH

Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

Strength of recommendation: Strong
Quality of evidence: Moderate



Monitoring of Growth & Development: Identifying Waning Signs

Vital intervention for ECD; Regular monitoring of growth & development:

- Well baby clinics
- Breast feeding Clinics, promotion & support
- Anthropometry; weight, length/height, OFC
- Developmental mile stones (motor, cognitive, social)
- Vaccination status
- Identifying micro/macronutrient deficiencies
- Nutritional counselling
- Promoting positive parenting
- Responsive Caregiving

QUESTIONS



THANK YOU

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