More than 12,000 Rohingya refugees in Cox’s Bazar, Bangladesh, have been treated by the Islamic Medical Association Malaysia’s (IMAM) Response and Relief Team (Imaret).

Imaret has set up mobile clinics at the refugee camps there, sending four volunteer teams consisting of eight doctors. The team has been there since October 2017 and returned on January 16 this year.

Imaret chief coordinator Dr Ahmad Munawwar Helmi said the organisation’s mobile clinic was concentrated in the Thaingkhali refugee camp next to the main camps of Kutupalong and Balukhali, about an hour from Cox’s Bazaar.

He said among the health treatments carried out were outpatient, acute pain, minor wound, and maternity treatments as well as referrals to the Malaysia field hospital in the area.

He also added outpatient treatments were provided at the mobile clinics, treating those with minor injuries, acute pain and maternity consultations as well as referring those who need urgent medical care to the Medan Malaysia Hospital.

“As of January 16, 2018, some 12,600 patients were treated with the majority of them being women and children. 15 per cent were pregnant mothers and 20 per cent were children under five-year-old” he told local media, Berita Harian on January 24, 2018.

More than 650,000 ethnic Rohingya refugees escaped from western Myanmar to Bangladesh since August last year are currently sheltered at the refugee camps in Cox’s Bazaar, about three hours from the country’s borders. Malaysia is among the few countries which have been granted permission to open field hospitals in the refugee camps since December with a few non-governmental organisations (NGO).

Munawwar said the fifth Imaret team headed by Dr Jeffrey Abu Hassan is now in Bangladesh to continue with efforts in offering health and medical services to the Rohingya refugees.

He added, together with international NGOs, Imaret had set up a health complex in the Neo-Kutupalong refugee camp that has among others, treatment for pregnant mothers as well as low-risk maternity centre.

“Given the high demand for healthcare, Imaret will continue to send volunteer doctors to the refugee camps in Cox’s Bazar in the next three months,” he said. - NST, Kuala Lumpur, Malaysia, January 24, 2018

This picture taken on January 21, 2018 shows Rohingya refugees waiting for food aid. - AFP Photo
Dear Colleagues in APPA,

Greetings from India!

I would like to express my sincere thanks for the ongoing support given by APPA member societies. I am proud to report some of the highlights of our achievements in this year till date. First, at the outset, I would like to brief you about the successfully held APPA Strategic Planning Meeting on 19th April 2018 during the 121st Japan Pediatric Society Meeting. I would like to convey a big thanks to Dr. Shinichi Hirose, Congress President 121st Japan Pediatric Society Meeting and the entire team members for all the support and cooperation they provided to help us host the meeting.

The APPA Strategic Planning Meeting mainly focused on below mentioned 4 topics.
1) Governance, Communication
2) Member Relations, Finance, and Policies
3) Ethics and Procedures and
4) APPA Program Focus Areas

The discussion had taken place by dividing the members into 4 groups, each discussing one of the above topics. Once the group discussion was done, the lead person of each group was given the opportunity to present the views and future work plans and activities of their group.

During the meeting, 2 new committees were formed:
1) Conference Guidelines Committee which will be led by Dr. Shinichi Hirose and
2) Ethics Committee will be led by Dr. Chok-wan Chan

APPA Monogram is ready and will be distributed soon.

APPA Constitutional amendment committee has submitted its recommendations and it will be discussed and passed in the next council of delegates meeting.

Moreover, I would like to inform you that the APPA TAGs are working as per their mandate and some of the TAGs are doing really good work!

We hope that in coming months the different APPA Task Force would give in their best and help to achieve purpose of setting up task force on important issues.

Further, highlighting the 16th Asia Pacific Congress of Pediatrics (APCP) 2018 to be held in Bali, 25th - 29th August 2018; the organizing committee members are putting all their good efforts to make it a grand success. I request you to join in large numbers.

Thank you all. Looking forward for your continued support.

Regards

Dr. Naveen Thacker
President - APPA

Below are photos from the APPA Strategic Planning Meeting held at Room Heian, Hotel Okura Fukuoka in Fukuoka, Japan on April 19th, 2018
Health authorities in Jakarta, Indonesia, kicked off a special immunization program on Monday (December 11, 2017) to rein in an “extraordinary” outbreak of diphtheria that has sparked concerns about the Indonesian capital’s readiness to host the Asian Games from August 18th - September 2nd, 2018.

Diphtheria cases have spiked 42 percent since 2016, health officials say, with at least 32 deaths and more than 590 cases recorded across the archipelago, the bulk of them in densely populated Jakarta and neighboring provinces.

“If we have an extraordinary event like this, it might mean the Asian Games would not be a success and that could become a burden for us in the health department,” Jakarta governor Anies Baswedan told reporters at the program launch.

Diphtheria is a bacterial infection that spreads through close physical contact or through the air and can be fatal. Symptoms include fever and a sore throat, and the airway can sometimes become blocked.

On December 11, 2017, dozens of mothers lined up for their toddlers to receive free jabs at a clinic in west Jakarta. The program will be rolled out to other provinces in coming weeks.

Experts said the vaccination program was necessary and well-timed because of the risk of the disease spreading out of control at an event like the Asian Games, which is expected to draw hundreds of athletes from dozens of countries.

“Events like that have mass gatherings that make it easy for the disease to spread, so it is important now to provide as much (immunization) coverage as possible,” said Dr. Vinod Bura, the acting representative of the World Health Organization (WHO) in Jakarta.

Worrying signs that the disease might spread included rejection of vaccinations by some people and a lack of access to healthcare, health officials and experts said. “There are those who say (vaccination) is not good, but we must emphasize that this is beneficial,” Health Minister Nila Moeloek said at the launch. “If the benefits outweigh the disadvantages, this is a necessity.”

Rates of diphtheria in Indonesia are among the world’s highest, along with India and sub-Saharan African countries, even though vaccinations have helped reduce global cases over the past 30 years.

The WHO recorded about 7,000 cases around the world last year, down from 100,000 in 1980. - Reuters, Jakarta, Indonesia, December 11, 2017

Note
Palembang City in South Sumatra, Indonesia is also hosting the Asian Games 2018.
Malaysian Field Hospital in Cox’s Bazar To Continue Operation Until Year’s End

The operation of the Malaysian field hospital in Cox’s Bazar, Bangladesh, which caters to the medical needs of Rohingya refugees since December 1 last year, will continue until end of this year, according to Malaysian Deputy Health Minister Dr Hilmi Yahaya.

During the period, 144 staff from the ministry were deployed to Cox’s Bazar, with exchange made every fortnight for specialist doctors, every month for the paramedics and every three months for the logistics staff, he said.

“During the period, 144 staff from the ministry were deployed to Cox’s Bazar, with exchange made every fortnight for specialist doctors, every month for the paramedics and every three months for the logistics staff, he said.

The humanitarian crisis in the Rakhine region in Myanmar became critical since August last year as more and more Rohingya refugees entered Bangladesh daily, causing many refugee camps to be set up.

Malaysia is the first country to set up a field hospital in Cox’s Bazar to cater to Rohingya refugees who fled west of Myanmar due to military operations. To date, the actual number of Rohingya refugees cannot be confirmed but many claimed that there were more than one million Rohingya refugees in Cox’s Bazar.

- Bernama (Malaysian National News Agency), Sepang, Malaysia, February 13, 2018

The Malaysian field hospital was originally built as a temporary, stop-gap measure to aid the more than 650,000 Rohingya refugees languishing in camps here. It has provided treatment and conducted surgery on refugees as well as locals from nearby villages.

The set-up of the field hospital, provision of medical assets, and technical training of medical staff was organised by the Malaysian Armed Forces; while its operation is being handled by the Health Ministry, with the support from the National Security Council; the Ministry of Foreign Affairs; and non-governmental organisations such as the Malaysian Relief Agency, the Islamic Association Relief Team, Mercy Malaysia and Humanity Heroes.

Malaysia’s field hospital at a glance:
- 149 staff members (they serve four-week rotations)
- 39 medical experts; 16 medical personnel; 57 paramedics; 6 pharmacists; 4 lab officers; 4 x-ray personnel; 7 health supervisors; 6 general duty staff
- 2 surgical rooms for critical cases
- Ambulances and vehicles contributed by Saudi Arabia and the United Arab Emirates (UAE).

- New Straits Times, Cox’s Bazar, Bangladesh, January 28, 2018
Adolescence now lasts from the ages of 10 to 24, although it used to be thought to end at 19, scientists say. Young people continuing their education for longer, as well as delayed marriage and parenthood, has pushed back popular perceptions of when adulthood begins.

Changing the definition is vital to ensure laws stay appropriate, they write in an opinion piece in the *Lancet Child & Adolescent Health* journal.

But another expert warns doing so risks “further infantilising young people”.

**When puberty begins**

Puberty is considered to start when the part of the brain known as the hypothalamus starts releasing a hormone that activates the body's pituitary and gonadal glands. This used to happen around the age of 14 but has dropped with improved health and nutrition in much of the developed world to around the age of 10.

As a consequence, in industrialised countries such as the UK the average age for a girl’s first menstruation has dropped by four years in the past 150 years. Half of all females now have their period by 12 or 13 years of age.

**When the body stops developing**

There are also biological arguments for why the definition of adolescence should be extended, including that the body continues to develop.

For example, the brain continues to mature beyond the age of 20, working faster and more efficiently.

And many people's wisdom teeth don't come through until the age of 25.

**Delaying life's milestones**

Young people are also getting married and having children later.

According to the *Office of National Statistics*, the average age for a man to enter their first marriage in 2013 was 32.5 years and 30.6 years for women across England and Wales. This represented an increase of almost eight years since 1973.

Lead author Prof Susan Sawyer, Director of the Centre for Adolescent Health at the Royal Children’s Hospital in Melbourne, Australia writes: “Although many adult legal privileges start at age 18 years, the adoption of adult roles and responsibilities generally occurs later.”

She says delayed partnering, parenting and economic independence means the “semi-dependency” that characterises adolescence has expanded.

**Social policy**

This social change, she says, needs to inform policy, such as by extending youth support services until the age of 25. “Age definitions are always arbitrary”, she writes, but “our current definition of adolescence is overly restricted”. The ages of 10-24 years are a better fit with the development of adolescents nowadays,” Prof Russell Viner, president-elect of the Royal College of Paediatrics & Child Health, said: “In the UK, the average age for leaving home is now around 25 years for both men and women.”

He supports extending the definition to cover adolescence up until the age of 24 and says a number of UK services already take this into account.

He said: “Statutory provision in England in terms of social care for care leavers and children with special educational needs now goes up to 24 years,” as does provision of services for people with cystic fibrosis.

**Infantilising young people**

But Dr Jan Macvarish, a parenting sociologist at the University of Kent, UK says there is a danger in extending our concept of adolescence. “Older children and young people are shaped far more significantly by society’s expectations of them than by their intrinsic biological growth,” she said. “There is nothing inevitably infantilising about spending your early 20s in higher education or experimenting in the world of work.” And we should not risk “pathologising their desire for independence”.

“Society should maintain the highest possible expectations of the next generation,” Dr Macvarish said.

Prof Viner disagrees with Dr Macvarish’s criticism and says broadening adolescence can be seen as “empowering young people by recognising their differences”.

“As long as we do this from a position of recognising young people’s strengths and the potential of their development, rather than being focused on the problems of the adolescent period.” - BBC News, January 19, 2018
In Myanmar, access to adolescent health information is not well established for the community. Adolescent health education work are still limited although government and several Non-Governmental Organisations (NGOs) are more interested in investing in sexual and reproductive health for youth than before.

Some 19% of the total population of Myanmar are adolescents and who are the next generation of our country and that are of significant proportion of the country’s population. Moreover in the last couple of years, we observed that there are more sexual crimes among youngsters and also an increase in unwanted pregnancy rates. Being a single mother, is regarded as a burden for the community.

Although some life skills and health information are placed in school curriculum, teachers themselves are reluctant to teach on these issues due to cultural reasons and regard it as a taboo subject.

However, in this difficult situation we had carried out some important task for promoting adolescent health through one local NGO called - Tacotaw Altruist Network - also known as the White Jasmine Programme. It was organised by enthusiastic medical personnel and volunteers who carried out adolescent health education via a cascade model.

What we do is firstly, we tried to develop volunteers’ handouts which we referred mainly to WHO Adolescent Health Education guidelines with culturally acceptable words and also created methods on how to educate adolescents.

We trained about 30 volunteers within two years, whose task are to disseminate important health messages to adolescents by using attractive methods like small group discussions, storytelling and playing games.

The target population were adolescents staying away from parents because they were more vulnerable among all adolescents. They were the urban poor, orphans or from the war conflict areas of the country living in monastic schools administered by monks. They lack close guardianship and far from health informations.

Volunteers from the White Jasmine programme carried out multiple health education sessions to adolescents within two years. The number is about 800 adolescents in ten monastic schools situated in peri-urban area of Yangon township.

For future plan, we intend to carry out TOT (Training of Trainers’) to medical doctors and nurses for them to become trainers. They will then conduct volunteer training programmes to expand the number of volunteers. We will carry on with this programme although with limited resources and upgrade it further through evaluation. We hope that this programme will reach throughout the whole country.

Dr. Thet Htar Shwe Sin Win
Lecturer
Department of Paediatrics, University of Medicine-1, Yangon, Myanmar

Role play is an entertainment. It is a very useful health education method for children.
More than 400 people have been killed in Eastern Ghouta, Syria, a monitoring group said, as Syrian government forces backed by Russian warplanes continued their aerial bombardment of the rebel-held area.

The Syrian Observatory for Human Rights said on Thursday (February 22, 2018) that at least 403 people were killed in the “hysterical attack” that began on Sunday (February 18), including 150 children. Almost 2,120 others were wounded.

UN special envoy for Syria, Staffan de Mistura, stressed the urgent need for a ceasefire in comments made before Thursday’s UN Security Council meeting.

He added the ceasefire needs to be followed by immediate, unhindered humanitarian access and a facilitated evacuation of wounded people out of Eastern Ghouta and warned against this being a repeat of Aleppo.

Rebel-controlled Eastern Ghouta, a mostly rural area on the outskirts of the capital Damascus, has been under government siege since 2013. About 400,000 Syrians live there. The siege has resulted in huge inflation of the cost of basic food stuffs, a bag of bread now costs the equivalent of $5.

Malnutrition rates have reached unprecedented levels, according to the UN Office for the Coordination of Humanitarian Affairs, with 11.9 percent of children under the age of five acutely malnourished. Only one aid convoy was permitted inside the area in February, to the town of Nashabieh, but none were allowed in January and December.

Meanwhile, the UN Security Council failed to reach an agreement on a resolution put forward by Sweden and Kuwait that called for a 30-day cessation of hostilities to allow aid delivery and the evacuation of civilians from besieged Eastern Ghouta.

-- Al Jazeera, February 24, 2018

A chemical attack in a Syrian rebel-held town has sparked widespread international outrage and revulsion.

At least 85 people, including many women and children, were killed in Douma on Saturday (April 7, 2018), according to a statement by rescue workers and medical staff.

Syria’s White Helmets, who are the first responders in rebel-held areas of Syria, said the attack late on Saturday involved “poisonous chlorine gas”.

In recent years, the Syrian government has been accused of using chemical weapons as a tool against the armed opposition. - Al Jazeera, April 9, 2018

Malaysia strongly condemns the use of chemical weapons, by anyone, under any circumstances as the use of these weapons is abhorrent and an unacceptable violation of international law and that those responsible must be held to account.

Wisma Putra (Malaysian Ministry of Foreign Affairs) in a statement today (April 15, 2018) said, regrettably, in the Syrian context, this had not been possible due to the failure of the United Nations (UN) Security Council to agree on a dedicated mechanism for effective accountability for the use of chemical weapons in that country.

“Malaysia joins the UN Secretary General in expressing our disappointment at this failure. Malaysia is deeply concerned that the use of chemical weapons and the air strikes represent an escalation of the conflict in Syria, with dire consequences for the civilian population there, as well as region-wide ramifications,” it said.

Wisma Putra said Malaysia was also deeply concerned over the joint air strikes by the United States, France and the United Kingdom on Syria on April 14.

“Malaysia has always believed that in dealing with matters of peace and security, all parties must act in a manner consistent with the Charter of the United Nations and international law. Both provide for the UN Security Council’s prime responsibility for the maintenance of international peace and security,” it said.

It added that Malaysia also believed that no military solution could bring an end to the conflict in Syria and therefore, urged all parties involved to find a political solution through dialogue and negotiations.

-- BERNAMA (Malaysia National News Agency), April 15, 2018 Kuala Lumpur, Malaysia
INTERNATIONAL PAEDIATRIC EVENTS 2018

SWEDEN
The 36th Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID) 2018
Dates: May 28-June 2, 2018
Venue: Malmö, Sweden
Website: www.espidmeeting.org

BELGIUM
International Neonatology Association Conference
Dates: June 9-13, 2018
Venue: Suntec City Convention Centre, Singapore
Website: http://wpiccs.kenes.com/2018/Pages/default.aspx?

MALAYSIA
40th Malaysian Paediatric Association (MPA) Congress
Theme: “Marginalised Children-Addressing the Needs.”
Dates: September 5-8, 2018
Venue: Ipoh Convention Centre, Ipoh, Perak State, Malaysia
Website: mpaeds.org.my

JAPAN
International Conference on Pediatrics, Neonatology and Geriatrics
Dates: October 26-27, 2018
Venue: Osaka, Japan
Website: goo.gl/oEMkxB

SINGAPORE
The 3rd Primer in Paediatric Nephrology for Asia, Singapore & 3rd IPNA-AsPNA Junior MasterClass
Organised in conjunction with the 7th Wong Hock Boon Paediatric Masterclass.
Dates: August 14-18, 2018
Venue: NUHS Tower Block Auditorium, IE Kent Ridge Road, Singapore 119228
Secretariat contact: Ms Faridah E-mail: paev15@nus.edu.sg
Contact: 65 6772 4420 Fax: 65 6779 7486

NEPAL
XIXth Nepalese Congress of Paediatrics, NEPCON 2018 & 37th Anniversary NEPAS (Nepal Paediatric Society) Day 2018
Dates: June 23-25, 2018
Theme: “Challenges and Opportunities in Child Health.”
Venue: Hotel Shanker, Lazimpat, Kathmandu, Nepal
Contact: Nepal Paediatric Society (NEPAS)-Tel: 4412648 Mobile: 9803594327
Website: nepas.org.np E-mail: nepas2010@gmail.com
Facebook.com/Nepal Paediatric Society

SINGAPORE
7th Wong Hock Boon Paediatric Masterclass in conjunction with the 3rd Primer in Paediatric Nephrology for Asia Organised by the Department of Paediatrics, National University Hospital
Dates: Pre-Masterclass workshop: August 17, 2018 / Masterclass: August 18-19, 2018
Venue: NUHS Tower Block Auditorium, IE Kent Ridge Road Singapore 119228
Secretariat contact: Ms Faridah / Ms Patricia Chiang / Ms Bernadette Png
E-mail: paev15@nus.edu.sg / ruhkids@nuhs.edu.sg
Website: www.nuhkids.com.sg (under ‘Medical Events’) Contact: 65 6772 4420 Fax: 65 6779 7486

11th World Pediatric Congress (Pediatric Congress 2018)
The 9th Asian Congress of Pediatric Infectious Diseases (ACPID)
Dates: November 10-12, 2018
Venue: Fukuoka International Congress Center, Fukuoka
Sunpalace, 2-1 Sekijomachi, Hakata Ward, Fukuoka,
Fukuoka Prefecture 812-0032, Japan
Website: www.c-linkage.co.jp/jspid50-acpid9/en/index.html

SINGAPORE
9th Congress of the World Federation of Paediatric Intensive and Critical Care Societies (WFPICCS) 2018
Dates: June 9-13, 2018
Venue: Suntec City Convention Centre, Singapore
Website: http://wpiccs.kenes.com/2018/Pages/default.

MALAYSIA
40th Malaysian Paediatric Association (MPA) Congress
Theme: “Marginalised Children-Addressing the Needs.”
Dates: September 5-8, 2018
Venue: Ipoh Convention Centre, Ipoh, Perak State, Malaysia
Email: mpaeds@gmail.com Website: mpaeds.org.my

AUSTRALIA
The 32nd International Papillomavirus Conference (IPVC 2018)
Dates: October 2-6, 2018
Venue: Sydney, Australia
Website: www.kenes.com
E-mail: lprodanova@kenes.com
Tel: 972 8914 6012 ext 719

JAPAN
International Conference on Pediatrics, Neonatology and Geriatrics
Dates: October 26-27, 2018
Venue: Osaka, Japan
Website: goo.gl/oEMixB

FRANCE
7th Congress of the European Academy of Paediatric Societies (EAPS 2018)
Dates: October 30-November 3, 2018
Venue: Paris, France
Website: www.eaps.kenes.com/2018 E-mail: kcohen@kenes.com

SINGAPORE
7th Asian Congress of Pediatric Infectious Diseases (ACPID)
Dates: November 10-12, 2018
Venue: Fukuoka International Congress Center, Fukuoka
Sunpalace, 2-1 Sekijomachi, Hakata Ward, Fukuoka,
Fukuoka Prefecture 812-0032, Japan
Website: www.c-linkage.co.jp/jspid50-acpid9/en/index.html

INTERNATIONAL PAEDIATRIC EVENTS 2019

PANAMA
The 29th International Pediatric Association (IPA) Congress 2019
Dates: March 17-21, 2019
Venue: Panama City, Panama, Central America

- Compiled by Fairos Nazri, Executive Secretary, APPA
ASPID activities at WSPID 2017

ASPID activities during the 10th World Congress of The World Society for Pediatric Infectious Diseases
Shenzhen International Convention Center, China
2-5 December 2017

Societal Symposium:
Infectious Diseases of Global Concern
Chair: Prof. Usa Thisyakorn (Thailand)
Prof. Liu Gang (China)

Topics and Speakers:
► Is there a rebirth of old vaccine-preventable diseases in Asia?
  Assoc Prof. Salvacion R Gatchalian (Philippines)
► Challenges of dengue vaccine introduction/approval
  Assoc Prof. Pornthep Chanthavanich (Thailand)
► Congenital CMV: prevention and early therapeutic intervention
  Prof. Hiroyuki Moriuchi (Japan)

Special ASPID Executive Committee Meeting:
► 9th ACPID preparation
► Amendment of ASPID constitution
The Faculty of Medicine, Chiang Mai University, Thailand in collaboration with the Asian Society for Pediatric Infectious Diseases will organize a course that will address all aspects of Pediatric HIV based on evidence-based data to optimize clinical practice.

Course Duration:
12th-22nd December 2017

Venue:
8th floor (Living Library)
Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

Background and Rationale:
Globally, 1,000 children are newly infected with HIV daily with the primary mode of HIV acquisition through mother-to-child transmission during pregnancy, childbirth and breastfeeding. In well-resourced health provider settings, prevention of mother-to-child transmission of HIV has markedly reduced new pediatric AIDS cases. However, in resource-limited countries, the perinatal epidemic continues. Management of children with HIV/AIDS poses specific challenges particularly at a time of rapid change in the field of HIV. The Pediatric HIV/AIDS training course will both inform and update the experienced practitioners serving HIV-infected and exposed children.

Objectives:
- To provide knowledge and experience in the diagnosis and management including prevention of Pediatric HIV.
- To work toward improving the prevention and care of HIV/AIDS in children in various countries by ensuring transfer of best quality and relevant information and experiences.

Learning Experience:
This course consists of lectures and discussions. Case studies and ward rounds will be arranged accordingly. The course will be conducted entirely in English.
A strong body of foundational and emerging research suggests that multisensory stimulation—or the concurrent stimulation of tactile, olfactory, auditory, and/or visual stimuli—benefits the social, emotional, cognitive, and physical development of babies.

A baby’s brain creates up to 1.8 million new synaptic connections per second, and a baby’s experiences will determine which synapses will be preserved. Multisensory stimulation—what a baby feels, smells, hears, and sees—helps promote the long-term survival of synaptic connections. Stimulation is essential early in development; within the first 3 years of life, there is rapid development of most of the brain’s neural pathways supporting communication, understanding, social development, and emotional well-being.

**Multisensory Enrichment Increases Alertness in Preterm Infants**

<table>
<thead>
<tr>
<th>Change in Alertness (%)</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
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<tr>
<td>Baseline</td>
<td>7.8</td>
<td>30.1</td>
<td>11.1</td>
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<tr>
<td>Multisensory enrichment</td>
<td>34.4</td>
<td>14.8</td>
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Stimulating multiple senses sends signals to the brain that strengthen the neural processes for learning. Through consistent multisensory experiences, research shows that babies gain healthy developmental benefits, such as reduced stress in healthy and preterm infants and better quality and quantity of sleep in healthy babies, as well as improved weight gain which led to earlier hospital discharge in preterm infants.

Multisensory stimulation—what a baby feels, smells, hears, and sees at every moment—helps promote the long-term survival of synaptic connections during brain development.

Everyday experiences in a baby’s life can develop and stimulate his or her senses and provide parents an opportunity to nurture their baby’s ability to learn, think, love, and grow. A simple ritual of bath time and massage is an ideal opportunity to create a multisensory experience. Bath time provides an opportunity for increased skin-to-skin contact (touch stimulation) and direct eye contact, as well as the introduction of new textures, sights, sounds, and smells that can stimulate a baby’s tactile, visual, olfactory, and auditory senses. The sense of smell, in particular, is directly linked to emotional memory, a mother’s scent can help soothe a crying baby while a pleasant scent during bath time is shown to promote relaxation in both baby and parent.

**Making Bath Time Part of a Ritual Improves Sleep**

When bath time is part of an everyday ritual, the benefits have been shown to help generate a predictable and less stressful environment for the baby and parents.

Although science has made advances in understanding the long-term benefits of multisensory stimulation, there is more to be done to translate this research into everyday practice. By encouraging parents to view everyday rituals, such as bath time and massage, as opportunities for multisensory stimulation, experiences can be created that can contribute to a lifetime of healthy development.

**References:**

16th Asia Pacific Congress of Pediatrics (APCP) 2018 and
9th Annual Scientific Meeting of Indonesian Pediatric Society (ASMIPS)/PIT-IKA 2018

SDGs and Reducing Inequalities: How Far Have We Come?
25-29 August 2018

The 6th Asia Pacific Congress of Pediatric Nursing (APCPN)

Pediatric Nurses – A unified Voice towards Achieving SDGs and Reducing Inequalities
27-29 August 2018

Bali Nusa Dua Convention Center (BNDCC)
Nusa Dua - Bali, Indonesia

www.apcp-pitika2018.org