

goodhealth



Get him to
take those
tests - he'll
love you
for it!

Keep a check on his wellness

For your son, husband and father

We often bring you know-how on the tests *you* need to get done... This month, let's focus on the men in your life... **Kavita Devgan** brings you a comprehensive list of must-do tests, to keep them ship-shape and illness-free

goodhealth

FOR YOUR SON

In the womb...

...you should begin your earliest screening while he's still in your womb. Get an ultrasonogram at 20 weeks to rule out congenital anomalies. If you have a family history of congenital anomalies, chorionic villus sampling (an accurate test that extracts genetic information from the placenta, can tell if your baby has Down's Syndrome) is done as early as 9-11 weeks; from 13 weeks onwards, an amniocentesis test (carries an even smaller risk for miscarriage than the CVS test) may be conducted.

As soon as your child is born...

...your doctor will do a neonatal exam, from head to toe. In a good clinic or hospital, these checks are routine, and focus on your baby's eyes, ears, mouth, heart, lungs, genitals, skin, hands, feet and spine. But there are three tests that are crucial – make sure your clinic carries them out: A thyroid test 72 hours after birth rules out hypothyroidism – the most common preventable cause of mental retardation. The second test is the G6PD (or glucose-6-phosphate deficiency) that screens your baby for this metabolic disorder. The third test is the PKU (phenyl ketone urea) to look for other metabolic abnormalities such as Maple Syrup Urine Disease (a genetic metabolic error that can result in mental retardation, and if not dealt promptly may be fatal). As many as 60 percent of newborns are prone to jaundice (mostly, the illness is physiological, because the liver has not yet fully matured; it only matures by day five). The jaundice should clear on its own in a week (breastfeeding and exposure to

sunlight helps). Bilirubin – the pigment that's broken down by the liver – levels are checked by your doctor, and determined safe or high. Babies born to Rhesus negative mothers have a greater risk for jaundice.

For the next few months...

...make sure your baby is regularly checked (initially every 6-8 weeks and thereafter 3-6 months) for his growth and development (motor, cognitive, social, speech and hearing) till five years of age. His measurements – weight, length and head circumference – must be done at every immunisation visit, besides a complete physical. A genital exam is done at one month to make sure that the testes have descended to the scrotum. A cursory exam to check if both growth and development are age-appropriate is done at every visit thereafter (paediatricians in India now no longer use Western growth models, but ensure that Indian standards are applied for your baby).

Regular iron and calcium-level checks are also important. A doctor will look for any signs of pallor that suggest anaemia, and for wrist enlargement – a symptom of rickets (a Vitamin D or calcium deficiency may create such abnormal bone curvatures). Usually, the first test used to diagnose anaemia is a complete blood count (CBC). Infants and toddlers 6-24 months of age need lots of iron to grow and develop. Premature and low-birth weight babies are at even greater risk for iron-deficiency anaemia because they don't have as much iron stored in their bodies. A child's weight will give a clue of his nutritional status – whether

he's undernourished or over-nourished. The teeth start making an appearance at the age of six months, but it may take longer for them to actually show up. A yearly follow-up with the dentist is recommended from the age of three onwards.

For the toddler...

...eyes should be screened and tested once at three years and then once every year or when necessary (if your child watches television glued to it or has watering, red eyes; or a squint). Most abnormalities are treatable if discovered early; if untreated, this can be serious and lead to vision loss and blindness. A hearing test is recommended if you feel that your child isn't able to or is having difficulty speaking. The doctor will chart out a vaccination plan so that your child is not left exposed to a preventable disease*.

Pre-adolescent and teen years...

...children in this pre-adolescent age group can turn obese; therefore it's essential to measure their weight and counsel them (a good age to begin counselling, if needed, is 10 years) if they're obese/overweight/undernourished. All adolescents should have a blood-pressure check. Also, ensure that they undergo a lipid profile and blood-sugar testing, especially if there's a strong family history of heart disease and diabetes.

Experts: Dr Rajiv Chhabra, paediatrician, Artemis, Gurgaon; Dr Shekhar Vashisht, paediatrician, Moolchand Medcity, Delhi; Dr Samir Sud, ophthalmologist, Sharp Sight Centre, Delhi; Dr Shikha Mahajan, paediatrician, Dr BL Kapur Memorial Hospital, Delhi.

