Biru, Neonat Pediatr Med 2025, 11:1

Neonatal & Pediatric Medicine

Perspective Open Access

Pediatric and Child Health Epidemiology of Age Groups

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Introduction

The total number of still-births plus the number of deaths under one week old, per 1000 birth or the sum of late foetal and early neonatal deaths. The causes of perinatal mortality are generally attributed to trauma and stress of labour, toxaemia ante partum haemorrhage, maternal disease, congenital anomalies, infection and induced abortions. Rates and causes of perinatal mortality are less well documented in developing areas. Available data indicate that in some areas like Addis Ababa, Ethiopia, the perinatal mortality rate was documented as high as per few live births. The number of deaths under few days of age per few live births. The neonatal death reflects not only the quality of care available to women during pregnancy and childbirth but also the quality of care available to the new-born during the first months of life. Immaturity of the infant is the chief cause of these early deaths. Approximately infants who die within 2 days of birth weigh less than few grams. The number of deaths over few days but undergoes one year of age per few live births. The number of infant under one year of age dies per few live births. It is the sum of neonatal and postnatal deaths. The primary cause is immaturity and the second leading cause is gastroenteritis, which can be prevented by putting the new born immediately with the mother and advocating breast-feeding. The number of deaths between four years in a year per few children. This rate reflects the main environmental factors affecting the child health, such as nutrition, sanitation, communicable diseases and accidents around the home. It is a sensitive indicator of socioeconomic development in a community and may be few times higher in developing countries compared to developed countries. In most countries of the world, there is a relative neglect of the children of pre-school age. They are a vulnerable or special risk group in any population. Every child begins as a foetus, and the months before delivery are some of the most important in his life. Pregnant mothers should be checked regularly and advised on their nutrition and any other difficulties they have. Every mother should receive tetanus immunization to protect her new baby. Finally, skilled help during labour and delivery will provide the final step for a good start in life. Tuberculosis, diphtheria, whooping cough, tetanus, polio and measles can all be prevented by Immunization. These are some of the main causes of sickness and death among children. These methods of primary prevention are available and effective and should be given to every child. Everyone is greatly influenced by the traditional customs of his family, tribe, and country. Some of these traditional practices are good for health, such as breast feeding or the acceptance of modern medicine, should be supported. Those traditional practices and beliefs, which are bad, need to be gradually changed. This is another important area in which health workers can have a strong influence in improving health. Past medical history: This is made up of the illness the patient has had in the past. Past medical history section of paediatrics contains (past illness, child hood illness, pre-natal history, birth history).

Description

Find out if your patient has been hospitalized previously and for what conditions. Do the symptoms he/she has now resemble the one he had in connection with these past conditions? If so then they might be due to the same illness. In the case of children ask about what childhood diseases they have had. If a child has a rash now which resembles measles you do not have to worry about this condition if he has already had measles or if he has been immunized against measles. Poverty and ignorance are major sources of ill health. You may have to educate a poor mother with malnourished baby that the best treatment for her baby is to be breast-fed exclusively till the age of one or more. If a mother feeds the baby food containing unbilled water the baby may get diarrhoea. Teach the mother to boil water used for preparing food to infants. Immunization is a way of protecting children against the major diseases of childhood, which harm, cripple or kill thousands of children. Ask the mother about immunization status and if he/she is not properly immunized, take the opportunity of a minor illness to prevent major diseases by advice and vaccination. No proper history can be obtained without observation of the child and the mother. This will direct your history taking. The healthy looking child whose mother believes he is ill. History taking does not have to be long if he looks well. Inappropriate reaction of the mother the recent history may be irrelevant. Social history may be more important to get. The review of system is essentially the same as in the adult history. It is best organized from the head to down to the extremities. In the child, however, there should be increased emphasis on the symptoms related to the respiratory, gastrointestinal, and genitourinary systems. The high incidence of symptoms and diseases related to these symptoms obligate the interviewer to focus in this area. The principles and techniques of physical examinations in the case of small children you should make it habit to undress the child and examine the whole child. To examine the whole body we start with the head and end at feet in older children and adults. In order not to frighten small children it is best to examine things that are uncomfortable or frightening to them last so as not to lose their cooperation. This means the last thing to do in a child is auscultation of the heart, inspection of the ears with an auriscope and inspection of the throat with a throat stick. We use our eyes, ears and hands in addition to a few special items of equipment to perform the physical examination. The best way to assess nutritional status is to take body weight. The weight should be charted on a weight chart. Most weight charts have three curves. The upper line shows the average weight of healthy well-nourished children and this is an ideal growth curve. The middle shows the lowest weight that is still considered to be within limits of normal and the weights on this line are 80% of the weights on the upper line. The lower curve shows 60% of the

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Received: 27-November-2023, Manuscript No. NNP-23-121282; **Editor assigned:** 29-November-2023, PreQC No. NNP-23-121282 (PQ); **Reviewed:** 13-December-2023, QC No. NNP-23-121282; **Revised:** 03-January-2025, Manuscript No. NNP-23-121282 (R); **Published:** 10-January-2025, DOI: 10.4172/2572-4983.1000421

Citation: Biru G (2025) Pediatric and Child Health Epidemiology of Age Groups. Neonat Pediatr Med 11: 421.

ideal weight. According to Gomez classification any child whose weight is below this line is marasmic. The giving of medication to a child is a serious responsibility of a nurse. The need for accuracy in pouring and giving medication is greater than with adult patients. The dose varies with the size, surface area, the age of the child and the nurse has no standard dose as is customary for adult patients. Since the dose is relatively small, a slight mistake in amount of drug given makes a greater proportional error in terms of the amount ordered than with the adult dose. Since the possibility of error is greater in the giving of medication to children than to adults, and since a child's reaction to a dose ordered by a physician is less predictable than adult's reaction, the nurse must be alert to recognize undesired effects of the medication given. Infants will generally accept the medication put into their mouth, provided that it is in a form which they can deadly swallow. The medication should be given slowly in order to prevent choking. The nurse should sit-down and hold infant or if he cannot be removed from his crib, raises him to sitting position or if this is contraindicated elevate his head and shoulders. There is then less danger of his choking. Medication can be given from medication glass, the tip of teaspoon or rubber-tipped medicine dropper. If the medication is immediately vomited, the physician should be notified. The child as young as two years of age can be taught to swallow drugs. The child should be told to place the tablet near the back of his tongue and to drink the water, fruit juices, milk offered him in order to wash down the tablet. In younger seriously sick children, tablets crushed and dissolved in water can be given by spoon or through naso-gastric tube. The procedure of using an intramuscular injection is the same as for the adults. In children and infants anterior lateral thigh is often used for IM injection to reduce the risk of vascular and peripheral nerve injuries. The needle used for intramuscular injection must be long enough so that the medication should be given deeply into the muscle tissue in order to be absorbed properly. When a patient's gastrointestinal tract cannot accept food, nutritional requirements are often met intravenously. Parental administration may include high concentrations of glucose, protein or fat to meet nutritional requirements. Many medications are delivered intravenously, either by infusion or directly into the vein. Because intravenous administrations circulate rapidly.

Conclusion

The ability to gain access to the venous system for administering fluid and medications is an expected nursing skill in many settings. They are responsible for selecting the appropriate veni-puncture site and being proficient in the technique of vein entry. Ideally, both arms and hands should be carefully inspected before a specific veni-puncture site is chosen. Respiratory arrest means that there is no apparent respiratory activity. The child will be unresponsive, pale and dead like. Cardiac arrest follows quickly after respiratory arrest as soon as the heart muscle is affected by the anoxia, which occurs. The outcome for the child will depend to great extent on the speed with which resuscitation is begun. These three techniques will provide adequate oxygenation to major body organs for an extended period of time.