Critical care for sick preterm and term neonates has now come of age in India. It is now well established and excellent results leading to “intact survival” have encouraged the development of neonatal intensive care as a major specialty now in India. More and more pediatricians, particularly those early in their careers, are now taking up this specialty. Hence the imminent need for establishing proper NICU protocols relevant in the Indian context to ensure maintenance of uniform standards in neonatal care.

The ‘Manual of Newborn Critical Care’ edited by Dr. Dipak K. Guha which was recently released has been much awaited. Dr. Guha has been one of the pioneers in providing quality textbook of Neonatology, which for many years has been of help to medical students, residents and practicing Neonatologists alike. This pocket-sized manual is easy to read, quickly to refer to and gives a ‘step-wise’ approach to treat sick babies. The short and precise book covers a wide range of subjects from normal newborn care to common diseases and how to approach, investigate and manage them in a ‘check list’ fashion. The manual is very strong in providing useful information in tabular form with a lot of algorithms and line diagrams. This is done to ensure that common conditions are given importance and at the same time rarer conditions are not ignored. The flow of language is smooth and easy to understand. There has obviously been a thorough proof reading as the manual is devoid of any major typographical errors. The chapters on ‘Respiratory Support’ and ‘Fluids and Electrolytes’ are a treat to read and excellently written, making the understanding of the subject so easy. It is felt however that some more emphasis on protocols for the prevention and therapy of neonatal sepsis as also antibiotic usage policy in NICUs would have enhanced the scope of the manual specifically for the Indian neonatologist.

There has been a consistent and strong effort to provide well-researched nomograms/normal values, as well as standard practice guidelines for most disease states. However, no references have been quoted or a bibliography added at the end of the text. From a practitioner’s point of view these practice guidelines would be welcome coming from such an authority in the field like Dr. Guha. But this lacuna may be felt by neonatologists looking for specific literature evidence to support their practice.

Practical procedures are given good prominence in the manual and the neonatal practitioner in training can be benefited by the unique CDROM provided with the manual. This CDROM has delineated stepwise systematically all the minor and major medical procedures which need to be ever done in sick babies, The CDROM can be easily loaded onto a computer in the neonatal unit and all medical cum nursing staff can read directly, making this a very useful educational tool, This is a very innovative idea and enhances the value of the manual tremendously. The protocols for these procedures are given in a downloadable Pdf word document format with some line diagrams interspersed. The additional inclusion of video demonstration of important procedures would have made this manual unique. However, this was probably not done to keep the book economically priced and easily affordable.
The manual also has an excellent chapter on drugs commonly used in neonates. It addresses issues such as modification of doses as per the disease state as well as the practical modes of drug administration and dilution.

Overall, the manual should be an easy and reliable reference for every pediatrician treating any neonate for illness. It is highly recommended for its simplicity, yet rich content! A must for every neonatal unit in India!

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Neonatal period is the most vulnerable period of human life, more so in the developing countries. Any pediatrician needs to have a prompt and practical approach towards the management of neonatal emergencies in whatever level of neonatal care he/she is involved. This book which is contributed by eighty five authors provides sufficient text for such emergency situations. It’s a handy book with pleasant font size, point wise presentation and adequate figures (though the figures could have made a better impact with colour). Each topic is introduced with pathophysiology, includes algorithms, provides ‘nutritious’ food for thought in the form of potential newer strategies and finally summarizes the message. It includes topics of practical value like assessment of neonatal pain and analgesia, also deals with relatively sensitive issue of day-to-day practice viz., ‘Do not Resuscitate’, ‘Withdrawal of life support’, ‘Grief counselling’ etc. which help in making vital decisions by even a less experienced pediatric resident. Though, an occasional inclusion of non-emergency situation (viz., breast milk jaundice, caput succedaneum, etc.) does not matter much but omissions like management of Extremely and Very Low Birth Weight do strike. It assumes significance in this country where LBW is the single most important factor responsible for nearly 3/4th of neonatal mortality. Similar is the case with certain common neonatal problems viz., management of dehydration, drug dosage in renal impairment - the situations where quite a number of treating pediatricians may be in a fix. Then, antenatal management of common fetal problems esp. Rh. Iso-immunization an integral part of fetal medicine; management of newborn born to mothers with certain infections (e.g., an untreated HIV positive mother, a common situation now-a-days) which also need prompt management are the other areas which could have been included. The approach towards a sick neonate would have been complete if emergency triage of neonatal illnesses would also have been discussed especially in times when the IMNCI strategy is looking forward to reduce the neonatal mortality.

Overall, this book provides an ocean of knowledge which makes this book a genuine gift to any pediatrician involved with neonatal care.

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