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International Pediatric Association (IPA)

Executive Council

President

Andreas Konstantopoulos, Greece

Executive Director

William J. Keenan, USA

President-elect

Zulfiqar A. Bhutta, Pakistan & Canada

Treasurer

Peter Cooper, South Africa

Coordinator of Development

Naveen Thacker, India

Past President

Sergio Cabral, Brazil

Douglas McMillan, Canada

Joseph Haddad, Lebanon

Jay Berkelhamer, USA

International Pediatric Association (IPA)

Newsletter Editorial Team

Chief Editor

Prof. Manuel Moya (Spain)

Co-Editor

Dr. Samir Dalwai (India)

Edition summary

Page

Message from the President

2

Message from the Chief Editor

3

IPA ongoing activities

– IPAF Report

4

– IPA EC & SC Meetings

5

– Global Nutrition Report

5

News

6

Global Clinical Practice

9

28th IPA Congress

15

Calendar of events

16

Newsletter Editorial Team

contact information

newsletter@ipa-world.org

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Message from the President

Dear colleagues,

Greetings from the International Pediatric Association (IPA)!

Please allow me to share with you some of our recent news since our latest issue of our newsletter.



The International Pediatric Association (IPA) Executive Committee recently held a Strategic Planning meeting in London, UK, on December 12-13th, 2014. During this meeting we have discussed our vision and priorities for the future, as well as IPA's relationship with other key players on Global Child Health (WHO, UNICEF, UN). The Executive and Standing Committee members will meet again soon, end of February 2015.

Dedicated to our main goal of making the difference in the lives of our children by continuously serving as their advocates; we could not remain passive in grave violations against children rights. A new incident that took place in a school in Peshawar-Pakistan, causing the death of over 140 innocent people, most of them innocent school children was unfortunately added to the long list of similar events. The IPA has immediately condemned this act in the strongest possible terms and conveyed solidarity and condolences to the Pakistani people and families of all those innocent souls.

IPA has joined forces with the WHO, in spreading the word about the need for vaccination for the elimination of Measles and Rubella in Europe. The excellent infographic produced by WHO European Regional Office, has been distributed to all our European Member-Societies, urging them to spread this message as much as possible. Further details regarding this matter can be found at www.euro.who.int/measles.

Last but not least, preparations for our **IPA 2016 Congress**, scheduled to take place in **Vancouver-Canada, on 17-22 August 2016**, are smoothly progressing. The Congress Scientific Committee has already completed the preliminary version of the scientific program, in the light of ensuring speakers' participation from all geographical regions. With the main congress theme being **"Community, Diversity, Vitality"**, the Scientific Program will include an exciting mix of lectures, symposia, round table discussions, debates, meet-the-experts sessions, abstracts oral and poster sessions. For further information please visit www.ipa2016.com.

As already highlighted in our previous issues, this newsletter is the most powerful tool for reaching pediatricians all around the world. To this direction, I would like to strongly encourage you to send news and articles from your country/region. The IPA Newsletter secretariat will be expecting your input (newsletter@ipa-world.org).

With my warmest wishes for a happy and prosperous new year, full of good health and prosperity all around the world!

Prof. Andreas Konstantopoulos

President, International Pediatric Association (IPA)



IPA Executive Council on the occasion of the Strategic Planning meeting, held in London, UK

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Message from the Chief Editor

Dear Readers,

We are happy to announce that we have commenced a new volume for this publication, so we are in Vol. 10, issue 1.2015. Also we have begun the procedure to obtain the ISSN number, which will identify our newsletter as periodical publication, giving us an international registration. Newsletter maturity is going steadily up.



Fixed sections are as usual, Please see the President address. The Executive Direction is meritoriously active and besides their regular tasks their participation and interest in health events steadily continues as you may see in the note on the Global Nutrition Report in the IPA activities section. The IPA Foundation is running efficiently not only through its regular e-meetings but also with the judicious and transparent use of research and help resources. Concerning the preparations of the 26th International Congress of Pediatrics, to be held in Vancouver – Canada on 17-22 August, 2016, Dr. McMillan's vision as Congress President is higher than the usual addresses.

It is worth signaling the Global Clinical Practice section facilitated in this issue by Prof Z. Bhutta, presenting the newest possibility for the most adequate location of newborns according to their gestational age and somatic growth. This has been distinguished with a special issue of The Lancet. In this wide and carefully designed study it has been proved among other results, that the fetal growth and newborn size at birth is very similar around the world, then one single set of growth standards is a breakthrough for us to work.

To read IPA domestic or external activities will give you an idea of the ongoing silent work. The participation on the Vaccines program, The Second International Conference on Nutrition or in the Global Nutrition Report organized by The International Food Policy

Research Institute or in Non-Communicable diseases, etc, are clear examples of their continuous compromise in favor of children health. The domestic activities are no less, the permanent stimuli for Technical Advisory Groups is giving the preliminary results after a harmonization of their working schedule.

Finally the recovery of Dogramaci Award is not only important for the Congress scientific program but also for keeping the memory of Professor Dogramaci alive

News section is growing as is the number of pediatricians receiving the newsletter. I take the opportunity to express my gratitude to all Presidents of National and Regional Societies who have given us their e-mailing list.

We hope that you have had all the best for the season and we wish you a fructiferous year.

Manuel Moya
IPA Newsletter Chief Editor

Contact email for IPA Newsletter Editorial Team
newsletter@ipa-world.org



IPA Ongoing Activities

IPAF REPORT

Best wishes for a prosperous 2015 from the International Pediatric Association Foundation

As we embark on the New Year and renew our commitment to give all children the opportunity to grow, develop and fulfill their highest potential, I'd like to take a look back on the past year and extend my deepest thanks to all of you who made it so meaningful.

2014 was an unprecedented year of accomplishment for the International Pediatric Association Foundation, Inc. (IPAF) with nearly \$150,000 dollars granted to the International Pediatric Association (IPA) and other partners. These funds were allocated to:

- 14 country-based grant projects with member national pediatric societies in various regions;
- The Syrian Children Refugee Program led by the national pediatric societies of Jordan, Lebanon and Turkey, and
- Various IPA Technical Advisory Group (TAG) projects for 2015-2016 in 10 health-related priority areas.

Additionally, for the first time, IPAF hosted a regional fundraising dinner with representatives from the Turkish National Pediatric Society (TNPS), the Turkish National Pediatric Nurses Society (UNIPSTR), the Union of Middle-Eastern and Mediterranean Pediatric Societies (UMEMPS) and the Union of Arab Pediatric Societies (UNAPS).



The dinner took place during the 58th Turkish National Pediatric Congress in Belek, Antalya, Turkey, in conjunction with the 13th National Pediatric Nurses Congress, the 35th UMEMPS (Union of Middle Eastern and Mediterranean Pediatric Societies) Congress, and the 14th UNIPSTR Congress with the support of the Promotion Fund of the Turkish Prime Ministry. Prior to these events, a joint course on pediatric diseases, carried out by the American Academy of Pediatrics and Turkish National Pediatric Society took place on October 21-22 with almost 50 participants.



More than \$30,000 additional dollars was raised during this event to support future IPA activities.

The next evening, President of the 58th Turkish National Pediatric Congress and Secretary General Prof. Dr. Enver Hasanoğlu, TNPS President Dr. Feyza Darendeliler, IPA President Dr. Andreas Konstantopoulos and I welcomed 40 opinion leaders from over 20 countries to a special regional fundraising dinner, with the First Lady of Kyrgyzstan Dr. Raisa Atambayeva as guest of honor. The dinner highlighted major child health issues and our efforts to respond to the special needs of refugee children. Special emphasis was given to the common problems of childhood and the effects of disasters and wars on children!

Finally, I'd like to extend congratulations to Dr. Konstantopoulos, who was awarded honorary membership in the Turkish National Pediatric Society during the plenary session of the 58th Turkish National Pediatric Society Congress.



Thank you to all our regional leaders and founders for your support. We appreciate your partnership and look forward to our continued collaboration in the year ahead!

Errol Alden, MD, FAAP
Executive Director

IPA EXECUTIVE & STANDING COMMITTEE MEETINGS

As pointed out by the President Prof. A. Konstantopoulos, on February 28th, 2015 the IPA Executive and Standing Committees are going to meet again in London to deal with the usual IPA commitments. It is worth signaling that the Technical Advisory Groups will also participate in this meeting to present last year's activities and achievements. In the next issue, the relevant information and meeting outcomes will be published.

GLOBAL NUTRITION REPORT 2014

This important paper entitled Actions and Accountability to Accelerate the World's Progress in Nutrition was launched by the International Food Research Institute (IFPRI) at the second International Conference on Nutrition last November and deals with the progress of good nutrition in a global perspective but also at country level. Professor Z. Bhutta is a member of the Independent Expert Group who has written this report. It contains 15 Key Findings accurately describing the progress in good nutrition, the required actions to proportionally increase this progress, monitoring nutrition and reducing data gaps. According to these main headings the interest of the paper does not disappoint even the most interested in nutrition.

In addition there are 24 panels with a predominant focus in undernutrition and /or stunting in different parts of the world including the higher income economies. This is a fresh shot of the actions progress and of what should be done.

To end it is appropriate to quote the opening words of the Executive Summary, 'Good nutrition is the bedrock of human well-being. Before birth and throughout infancy good nutrition allows brain functioning to evolve without impairment and the immune systems to develop more robustly... and equips their bodies to grow and develop to their full potential'.

Reference

International Food Policy Research Institute. Actions and Accountability to Accelerate the World's Progress in Nutrition. Washington D.C. 2014. www.ifpri.org



News

58th TURKISH NATIONAL PEDIATRIC CONGRESS OCTOBER 22-26, 2014, ANTALYA, TURKEY

The 58th Turkish National Pediatric Congress was held in Belek, Antalya, Turkey on 22-26 October 2014 in conjunction with the 13th National Pediatric Nurses Congress, 35th UMEMPS (Union of Middle Eastern and Mediterranean Pediatric Societies) Congress and 14th UNIPSTR Congress with the support of the Promotion Fund of the Turkish Prime Ministry. Prior to these events a joint course on Pediatric Diseases carried out by American Academy of Pediatrics and Turkish National Pediatric Society took place on 21-22 October 2014 with almost fifty participants. Furthermore, four other courses took place in the framework of the congress; pediatric emergency and intensive care, neonatal ventilation, adolescence and assessment of child development.



At the Opening Ceremony, participants were welcomed by the President of the Congress and the Secretary General of Turkish National Pediatric Society, Prof. Dr. Enver Hasanoğlu. President of Turkish National Pediatric Society Dr. Feyza Darendeliler, Executive Director of American Academy of Pediatrics and President of International Pediatric Association Foundation (IPAF) Dr. Errol Alden, President of UNIPSTR Dr. Nasib Guliev, President of UMEMPS Dr. Joseph Haddad, President of International Pediatric

Association Prof. Andreas Konstantopoulos and First Lady of Kyrgyzstan Dr. Raisa Atambayeva. Prof. Konstantopoulos has been awarded with the honorary membership of Turkish National Pediatric Association in this session.

More than 1500 participants from almost 30 countries of all three congresses attended plenary and concurrent sessions, satellite meetings, workshops, poster discussions and oral presentations as well as interactive sessions and meetings with experts. More than 270 speakers and lecturers shared their experiences with participants in 11 Halls, in more than 50 sessions during these four days.

Participants shared experience and research results in different fields of pediatrics including growth, development, feeding, vaccination, resuscitation, infections, sepsis, RDS, obesity, congenital malformations, diseases of gastrointestinal, urinary, pulmonary systems, management of critically ill child from neonatal period to adolescence.



Prof. Andreas Konstantopoulos, IPA President, awarded on the occasion of the Congress

Special emphasis was given on the common problems of childhood and the effects of disasters and wars on children. An update on millennium development goals and lessons taken from the past experience were shared by the President of International Pediatric Association (IPA) Prof. Andreas Konstantopoulos. Situation of Syrian refugee children and efforts of

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www.ipa-world.org

Republic of Turkey to help them were presented by the representative of Disaster and Emergency Management Presidency of Turkey. Another important event was the Workshop of IPA Early Childhood Development Technical Advisory Group which was chaired by Prof. Andreas Konstantopoulos and Dr. Joseph Haddad.

TNPS Executive Board Members found an opportunity to come together with the UNIPSTR, UMEMPS and IPAF representatives at a dinner, where major issues of child health, special needs of refugee children and possible collaborative efforts to respond those needs were discussed with participants of the dinner.

Prof.Dr. Enver Hasanoğlu
Secretary General

İHSAN DOĞRAMACI AWARD TO BE PRESENTED AGAIN IN 2016

In 1994, İhsan Doğramacı established an award to be granted to persons who had given outstanding service to the International Pediatric Association. Professor Doğramacı himself had served as Chair of the IPA Executive Committee from 1968 to 1974, President of IPA from 1974 to 1977, and Executive Director from 1977 until 1992 when he was named Honorary President of IPA for life. The İhsan Doğramacı Award laureates, who received the honor at the time of the triennial IPA Congresses, are:

1995, Cairo

Husein Kamel Bahaa El-Din (Egypt)
Perla Santos Ocampo (Philippines)
José Jordán (Cuba)

1998, Amsterdam

Mohamadou Fall (Senegal)

2001, Beijing

Zaifang Jiang (PRC)

2004, Cancún

Robert J. Haggerty (USA)

2007, Athens

Tomris Türmen (Turkey)

Following the 2007 presentation IPA decided to make the occasion of the award a time for the laureate to make a scientific presentation to participants in the International Congress. Thus in 2010 in Johannesburg the laureate of the İhsan Doğramacı and Oration, Hoosen M. "Jerry" Coovadia of South Africa, paid tribute to the İhsan Doğramacı and spoke to the congress on "Ebb and Flow of Infectious Diseases among Children In Africa."

The family of İhsan Doğramacı, who passed away in 2010, has graciously offered to continue the Award and



Oration. IPA will select the awardee, who will receive USD10,000 and will speak on a topic of his or her choice at the International Pediatric Congress, beginning in 2016 in Vancouver.

Dr. Phyllis Erdoğan

OBITUARY

Sometimes less conspicuous people are indirectly important pillars for institutions. This was indeed the case of Mrs. Debby Keenan, who passed away a few weeks ago. The Newsletter echoes the sympathy of the IPA family towards Prof. William Keenan. Our thoughts are with the Keenan family.



Global Clinical Practice

BEING BORN STUNTED AND/OR WASTED NEED NOT BE INEVITABLE

Jane Hirst, José Villar, Stephen Kennedy and Zulfiqar A Bhutta, on behalf of The International Fetal and Newborn Growth Consortium for the 21st Century (INTERGROWTH-21st)

Impaired fetal growth is associated with a large proportion of stillbirths, as well as high neonatal and infant mortality rates, especially in low-middle income countries, and has long-term adverse effects on later growth, development and health. However, there is no consensus as to how babies should optimally grow *in utero*, or what defines 'healthy' size at birth. In fact, there are over 100 different fetal and newborn growth charts in use around the world, most of which are population-specific and of poor methodological quality.¹ This has significantly hampered our understanding of the etiology, epidemiology and long-term health consequences of impaired fetal and newborn growth, and limited research on potential interventions to address the problem. The lack of a unified approach to monitoring growth has almost certainly also resulted, at both population and individual levels, in a failure to identify babies that are stunted and/or wasted in utero and at birth, leading to missed opportunities to intervene both during and after pregnancy. Unfortunately, some of the differentials in fetal growth and birth size amongst populations have been mistakenly attributed to genetic diversity, and even considered 'normal' in some settings. This misconception was successfully challenged by the landmark study performed by the WHO Multicentre Growth Reference Study (MGRS), which produced the WHO Child Growth Standards describing optimally healthy growth from 0-5 years of age.²

Since their release in 2006, the WHO Child Growth Standards have been accepted and widely adopted for use in infants and children around the world.² They have provided a scientifically valid method by which the growth of all children can be compared, which has had a profound effect on the ability of countries to provide targeted interventions to prevent and treat stunting and wasting. Until recently, there were no equivalent standards for the fetus or newborn despite evidence that nutritional and environmental growth constraints often begin before birth.³ An additional challenge is the commonly held belief amongst obstetricians that differences in birth weight around the world are largely due to ethnic/genetic factors. This has resulted in recommendations that the 'healthy' ranges for fetal growth and birth weight should be adjusted, or customised, for parental ethnicity.^{4,5}

The INTERGROWTH-21st Project

The International Fetal and Newborn Growth Consortium for the 21st Century (INTERGROWTH-21st) was launched in 2008 to challenge the assumption that babies inherently grow differently around the world. We have conducted the largest, population based, multi-ethnic, multi-country, prospective study of fetal and newborn growth and development to date, involving over 300 researchers in 27 institutions. The conceptual and methodological approach used was the same as in the WHO MGRS (**FIGURE 1**). The project was conducted in eight diverse and geographically distinct urban areas where environmental, nutritional and social constraints on fetal growth were likely to be minimal, and women had access to evidence-based pregnancy and delivery care.⁶

The INTERGROWTH-21st Project comprised three complementary studies: the Fetal Growth Longitudinal Study (FGLS), the Newborn Cross-Sectional Study (NCSS) and the Preterm Postnatal Follow-up Study (PPFS). The study sites were in the cities of Pelotas, Brazil; Turin, Italy; Muscat, Oman; Oxford, UK; Seattle, USA; Shunyi County, a suburban district of the Beijing



municipality, China; the central area of the city of Nagpur (Central Nagpur), Maharashtra, India; and the Parklands suburb of Nairobi, Kenya. Nearly 60,000 consecutive deliveries were enrolled into NCSS, representing approximately 7,000 births at each site. Before commencing the project, all the sites agreed on a policy of providing ultrasound scans early in pregnancy. From the total population, 4,607 women with a certain last menstrual period and an ultrasound scan that confirmed the gestational age, who were at low risk of fetal growth problems - based on their social, reproductive and medical histories - were recruited to participate in FGLS. These women had ultrasound scans performed every 5 ± 1 weeks from 14 weeks' gestation until delivery to measure skeletal fetal growth. The methodology used to measure the fetus was highly standardised, performed on identical ultrasound machines and subjected to strict external quality control protocols in order to minimise inter- and intra-observer error. Within 12 hours of delivery, birth weight, length, and head circumference were obtained for all 60,000 babies in NCSS (including the FGLS participants) using the same methodology employed in the WHO MGRS. Information was also collected on pregnancy, birth and newborn outcomes. The growth of all babies born preterm (<37 weeks' gestation) in the FGLS cohort was followed closely until 8 months of age in PPFS.

Main findings

The primary finding from the INTERGROWTH-21st Project was that fetal longitudinal skeletal growth and newborn size at birth are strikingly similar around the world when maternal health, social and nutritional conditions are optimal, and women have access to evidence-based pregnancy and delivery care.⁷ These data are directly in keeping with the WHO MGRS findings on the similarity of growth in breast-fed, healthy children around the world.⁸ Further evidence to support the concept of a common pattern of early human growth is provided by the observation that the birth lengths in the FGLS babies were almost identical

to the distribution of birth lengths in the WHO MGRS population, despite the fact that the latter study was conducted nearly 10 years earlier. The total variability in fetal skeletal growth and length at birth due to between-site differences was 1.9% and 3.5% respectively, very similar to that observed in the WHO MGRS (3%).

These landmark findings led to the publication of the first international early pregnancy dating standards (using crown-rump length between 9 to 14 weeks' gestation)⁹; fetal growth standards (head circumference, femur length and abdominal circumference)¹⁰, and newborn size at birth standards (weight, head circumference and length for gestational age and sex, **(FIGURE 2)**¹¹. Standards for the postnatal growth of preterm infants, describing the growth of babies in PPFS without congenital abnormalities or major medical complications, are anticipated for release in 2015. All babies in the FGLS cohort are being followed to 2 years of age to develop the first international standards for neurodevelopmental assessment, based on a set of simple and replicable tests that can be scaled-up for clinical use in resource poor settings¹².

The public health significance of the INTERGROWTH-21st findings with regard to fetal growth and perinatal outcomes is substantial:

“The fact that when mothers are in good health, babies grow in the womb in very similar ways the world over is a tremendously positive message of hope for all women and their families,” Professor Zulfiqar Bhutta, Chairman of the INTERGROWTH-21st Steering Committee shares. “But there is a challenge as well. There are implications in terms of the way we think about public health: This is about the health and life chances of future citizens everywhere on the planet. All those who are responsible for health care will have to think about providing the best possible maternal and child health.”



Implications for clinical practice and research globally

These results offer paediatricians: a) new evidence-based tools to identify babies likely to have experienced growth and nutritional problems *in utero*; b) a common method for quantifying and comparing the prevalence of nutritional deficiencies in populations at birth, and c) the first evidence-based method for monitoring the postnatal growth of preterm infants. We estimate that each year an additional 13 million more newborns worldwide will be identified as being undernourished using the INTERGROWTH-21st Newborn Size Standards compared to current practice. “Being able to identify millions of additional undernourished babies at birth provides an opportunity for them to receive nutritional support and targeted treatment, without which close to 5% are likely to die in their first year or develop severe, long-term health problems,” says co-Principal Investigator of the Project, Professor José Villar of the University of Oxford. “The huge improvement in health care we can achieve is unprecedented.”

The project provides clear guidance on techniques for fetal biometry and newborn measurement, as well training and standardisation, all of which are available free online (www.intergrowth21.org). This unique resource has enormous potential to improve the quality of obstetric and newborn care around the world and correct recognition of babies with growth problems. The ability to recognise the earliest faltering of linear growth, or stunting, could enable more effective and timely interventions⁷, avoiding the potential for metabolic problems and obesity associated with rapid catch-up growth.¹³

It is estimated that approximately 15 million babies are born preterm every year¹⁴, with prematurity now accounting for the majority of neonatal and under-5 deaths.¹⁵ In the FGLS cohort, the rate of preterm birth was 4.5%, less than half the current estimated global rate.¹⁴ Thus, the message is clear, attention to maternal environment, wellbeing, nutrition and

medical care in pregnancy could prevent many preterm births. Work is ongoing to develop a deeper understanding of the causes, pathways and potential opportunities to prevent preterm birth, with increasing recognition of the complexity of the problem and need for tailored solutions if rates are to be decreased.

The challenge now will be persuading paediatricians, obstetricians, professional societies and decision-makers in maternal and newborn health to endorse and adopt these international standards into clinical practice. It is hoped that use of the same approach to growth from conception through to childhood can promote integration of care across the disciplines of obstetrics, midwifery and paediatrics. It will also assist in screening for babies with evidence of stunting and/or wasting at birth.

Whilst implementing the standards into clinical practice is important, recognising and responding to the public health importance of these findings is essential if we are to optimise the health of future generations everywhere in the world.

“Currently we are not all equal at birth, but we can be,” says Professor José Villar. “We can create a similar start for all by making sure mothers are well educated and nourished, by treating infection and by providing adequate antenatal care. Don’t tell us nothing can be done. Don’t say that women in some parts of the world have small children because they are predestined to do so. It’s simply not true.”

To learn more about the INTERGROWTH-21st Project and download the publications and standards, please refer to www.intergrowth21.org. The INTERGROWTH-21st Project was generously supported by a grant from the Bill & Melinda Gates Foundation.

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FIGURE 1

Figure showing the close overlap between skeletal size in infants of the INTERGROWTH-21st FGLS cohort compared to the distribution observed in the WHO MGRS at 1 year of age.

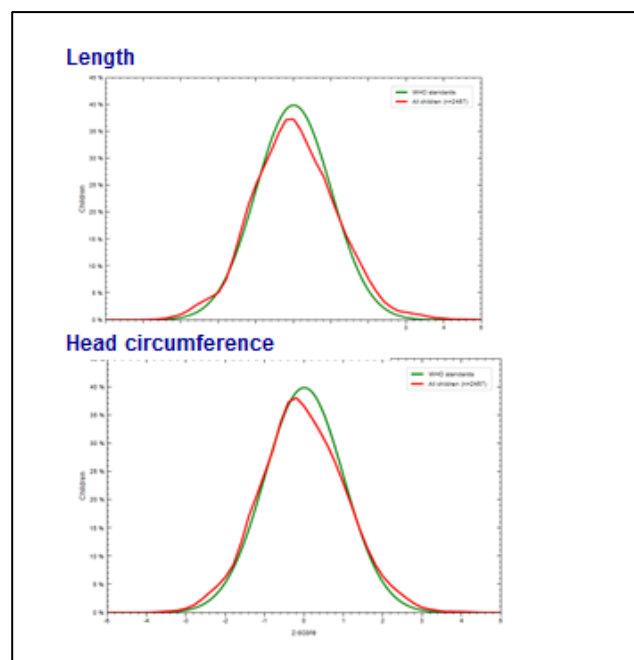
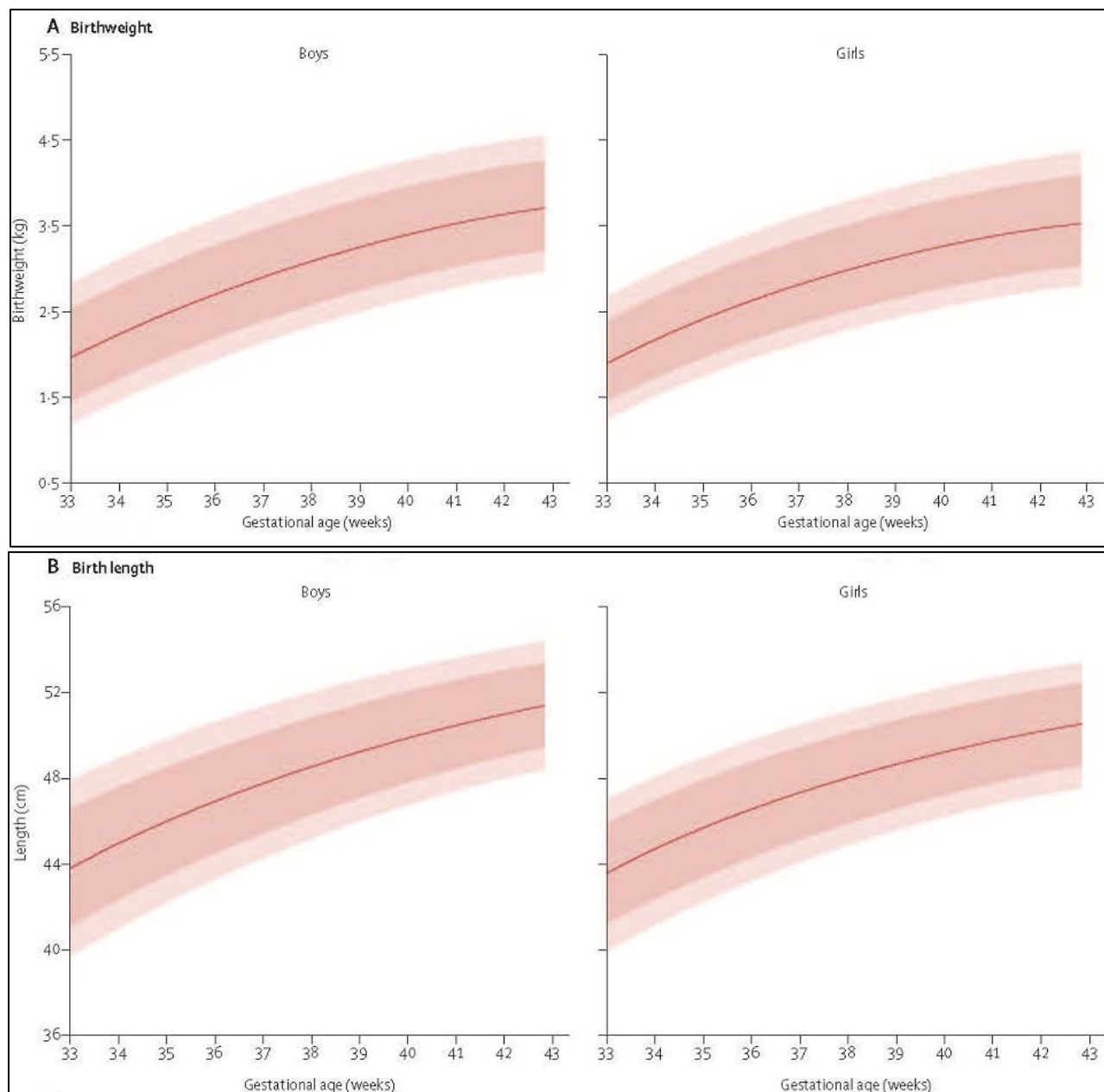


FIGURE 2

The 3rd, 10th, 50th, 90th, and 97th smoothed centile curves for (A) birthweight, (B) birth length, and (C) head circumference according to gestational age (Ref 11)



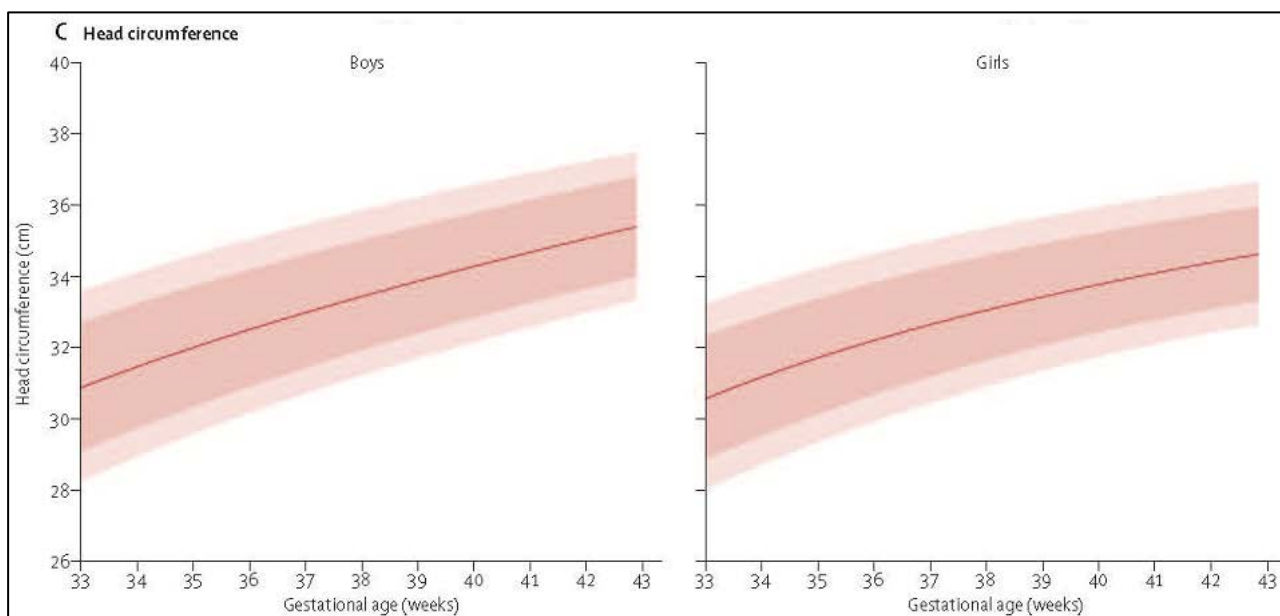


Figure 2 is also available in an appropriate size and higher resolution at International Pediatric Association's website under TAG-Nutrition-Resource Material. (www.ipa-world.org)



28th International Pediatric Association Congress

The 2016 IPA Congress in Vancouver, August 17-22, 2016 will have the theme of **Community, Diversity and Vitality**. For the International Pediatric Association, our most clearly identified community is the children and youth for whom we care. However, we also recognize the importance of families (especially mothers) and other members of the “village” who contribute to the health and happiness of our future generations.

As Pediatricians, we recognize the diversity of people in these important processes. These include not only members of the health care team (Nurses, Respiratory Therapists, Dieticians, Pharmacists, Psychologists, etc.) but also those who contribute to education, water, sanitation, transportation, and an economy which allows families to appropriately care for their children and youth. Most (but not yet all) recognize the need to preserve religious, ethnic, gender and other diverse identities with mutual respect as we collectively assist all global children, youth and their families. We strive for individual health and happiness which will contribute to the health and happiness of the whole society.

Vitality has many forms. It may be the tiny preterm baby struggling for life outside the womb after having emerged before being fully prepared. It might be the teenager struggling with the complexities of social adjustment along with depression (which often does not emerge to be addressed as soon as it should). These and other topics will be included in the IPA 2016 Congress to assist learning of, and provide renewed energy for, pediatricians and other health care workers to help those who may have less opportunities than do we.

Vancouver is a great venue for leisure time activities. However, plan to come to the Congress in 2016 so that you can **participate, contribute** your abstracts (and the prior work necessary for them) and attend the sessions which will help you **learn** how to better facilitate the health of children and youth in the future. **Make new friends and colleagues** which will contribute to both your personal and professional growth.

I have recently met with the Pediatric Chairs of Canada and suggested they plan to provide financial support for attendance at the IPA 2016 Congress of one or more of their trainees, and that they **assist in providing financial support (directly or through the conference organizers) for attendance of another trainee from a country with limited resources**. They were receptive and I know many have made this commitment. I now **challenge Pediatric Department Heads** elsewhere to consider similar assistance for their trainees and those from less well resourced countries. These people are the future of Pediatrics who will learn and meet future colleagues as they prepare to make their contributions to our children and youth. Those who wish to communicate further on this are welcome to e-mail me at doug.mcmillan@dal.ca.

In closing this letter, I wish you all the best this new year and ask you to consider the applicability of advice given to me by my father over 50 years ago: **“Always forge ahead yourself and help others along with you”**.

Doug McMillan
IPA 2016 Congress President

August 17 - 22, 2016



www.IPA2016.com

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www.ipa-world.org

Calendar of Events

52nd Annual Conference of the Indian Academy of Pediatrics (PEDICON)

January 22-25, 2015

Delhi - India

www.pedicon2015.org

2nd Mediterranean Congress of Pediatrics – 2nd Consensus on Pediatrics and Neonatology

April 14-16, 2015

Sofia – Bulgaria

<http://www.infomedweb.com/sofia>

The 118th Annual Meeting of the Japan Pediatric Society & the 11th Asian Society for Pediatric Research (ASPR) Congress

April 14-19, 2015

Osaka – Japan

<http://www.aspr.jp>

Pediatric Academic Societies Meeting

April 25-28, 2015

San Diego – USA

<http://www.pas-meeting.org>

The 20th Congress of Union of Arab Pediatric Societies & 15th International Conference of Jordan Pediatric Society

April 29 – May 2, 2015

Amman – Jordan

<http://www.araborganizers.com.jo>

European Society for Pediatric Infectious Diseases Meeting (ESPID)

May 12-15, 2015

Leipzig – Germany

<http://espid2015.kenes.com>

European Pediatric Association Conference (EPA/UNEPSA)

May 13-16, 2015

Florence – Italy

www.epa-unepsa.org/7th-europaediatrics

36th Union of Middle Eastern and Mediterranean Pediatric Societies Meeting (UMEMPS)

October 1-3, 2015

Athens - Greece

www.upemps2015.gr

54th European Society for Paediatric Endocrinology Meeting (ESPE)

October 1-3, 2015

Barcelona - Spain

www.espe2015.org

American Academy of Pediatrics 2015 National Conference (AAP)

October 24-27, 2015

Washington DC – USA

www.aapexperience.org

15th Asia Pacific Congress of Pediatrics (APCP) & 53rd Annual Conference of Indian Academy of Pediatrics (PEDICON 2016)

January 19-24, 2016

Hyderabad – India

www.apcppedicon2016.org

August 17 - 22, 2016

Community, Diversity, Vitality
28th International
Congress of Pediatrics
17-22 August 2016, Vancouver, Canada



International pediatric association
association internationale de pédiatrie
asociación internacional de pediatría



Canadian
Paediatric
Society

www.IPA2016.com