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05

Ditch the Bottle!

Pumping out milk and giving it via a bottle? The nutritional benefits of breastmilk are outweighed by the risks of bottles with rubber nipples. Here's why.

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The Physiology of Birth

Want to go in for natural delivery but worried your weight might hinder it? Think again.





1 Trimester



2 Trimester



3 Trimester



Birth

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Editor's Note

Dear Readers,

By now, most of you would have known about World Breastfeeding Week, which was held from 01 to 07 August.

We have been talking about the benefits of breastfeeding for a very long time now, and the Internet and social media have also helped to propagate this message effectively. However, even so, as per recent statistics by the National Family Health Survey-6 (NFHS-6), exclusive breastfeeding has declined from 63.7% (in NFHS-5) to 55.8% in NFHS-6.

What does this data tell us, exactly? We are back to where we started nearly a decade ago.

The causes are aplenty, and they are mostly valid—but that does not give us a pass in terms of accepting this dip in breastfeeding. If anything, it should be a wake-up call.

In my decades of practice, I have seen firsthand that awareness alone is rarely enough. Informing a mother about the undeniable health benefits of breast milk does not solve the acute physical, emotional, and practical challenges she faces in those early weeks. When a mother struggles with latching, sleep deprivation, or the anxiety of returning to work, advice without active structural support simply feels like an added burden.

So, we must move beyond awareness campaigns and build support systems that can support every new mother in her journey:

- **Within Our Medical Infrastructure:** We must offer compassionate, hands-on lactation support, train our nursing staff to address feeding difficulties promptly, and avoid turning to formula or bottle feeding as a default shortcut when challenges arise.



- **In Workplaces and Corporate Policy:** Transitioning back to work remains one of the largest obstacles to sustained breastfeeding. Organisations must step up by offering fair maternity leave policies, flexible working hours, and hygienic, dignified spaces for nursing and expressing milk.
- **At Home and in the Community:** Partners, families and communities must step in to share domestic responsibilities, providing the time, space and emotional reassurance a mother needs to establish her feeding routine.

When a mother stops breastfeeding earlier than she wished, it is not a personal shortcoming; it is a failure of the support system around her. We—all of us—share a collective obligation to fix those broken links. By fostering empathetic care and building robust support networks in our society, we can empower mothers to give their children the healthiest possible start in life. ♦

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Ditch the Bottle!

Expressed breast milk provides unmatched immunological and nutritional benefits, but delivering it through a bottle with a rubber nipple compromises your baby's oral development, respiratory safety, and long-term eating habits. We look at why this is so, and at safer alternatives to benefit your child's health and well-being.



Dr. D. Balakumaran

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Many mothers find it difficult to breastfeed beyond a couple of months, particularly when returning to work and struggling to maintain a strict nursing schedule. In response, many pump their breast milk and offer it in a bottle. However, as a pediatrician, I must emphasise that the issue is not the milk alone, but the hazards of the bottle itself. Feeding bottles with rubber nipples present significant metabolic, structural, and physiological risks to a developing infant.

The Mechanics of Harm

A common misconception is that using a glass bottle eliminates safety risks; in reality, the rubber nipple remains the core problem. A feeding bottle functions like a suction apparatus. After an initial push from the baby, milk flows continuously without requiring active effort, preventing the infant from self-regulating the flow. When milk flows uncontrolled, it directly strikes the back of the palate, right near the Eustachian tubes. Imagine pressing a bottle and spraying milk against a wall—the resulting micro-splattering and micro-aerosol formation happen inside the infant's mouth. These micro-droplets can easily enter the lungs, causing recurrent coughs, colds, and even pneumonia. Furthermore, milk forced against the back of the throat regularly enters the Eustachian tubes, leading to frequent middle ear infections.

Additionally, no matter how meticulously you try to sterilise a feeding bottle, rubber nipples cannot be completely sterilised. As a result, bottle-fed infants suffer from higher rates of recurrent diarrhea and gastrointestinal infections.

Satiety, Dental Decay, and Digestive Distress

In adults, satiety is regulated by how we chew and process food in our mouths. Infant milk consumption works on the exact same physiological feedback loop. When a bottle bypasses a baby's natural mechanics and forces rapid swallowing, the infant loses the ability

to recognise fullness. This leads to frequent overfeeding, vomiting, and heightened risks of night-time aspiration. Over time, infants develop a habit of falling asleep with a bottle in their mouth, setting the stage for widespread early childhood dental caries (tooth decay).

Structural Malformation of the Jaw and Dental Misalignment

Breastfeeding provides crucial physical exercise for an infant's soft, developing jaw. Sucking actively at the breast works the gums and promotes healthy facial bone development. In contrast, the passive, constant sucking mechanism required by a rubber nipple deprives the gums of essential exercise. Over time, this causes jaw misalignment, facial protrusion, and crooked or protruding teeth that require extensive orthodontic correction later in life.

Chewing Difficulties and Nipple Confusion

When babies receive milk through the easy 'shortcut' of a rubber nipple, they often develop nipple confusion, making it increasingly difficult for them to latch onto the mother's breast. More concerning, because these infants never learn the oral sensory feedback of satiety and chewing, they struggle significantly during the weaning phase. They often refuse solid foods, developing a psychological dependency on drinking liquid to fill their stomachs.

Safe Alternatives to the Bottle

Expressed breast milk remains the optimal choice for your baby, provided it is delivered safely. Instead of reaching for a bottle with a rubber nipple, mothers can utilise safer alternatives:

Spoon Feeding: Good for minimal feeding in a regular manner. .

A Paal Adai (Traditional Indian Feeding Cup) or Nifty Cups: A small, open metal spout cup that allows control over small sips without suction. Nifty cups are similar to paal adai but with the ability to hold more volume. ♦



Part 2

Your Baby's Journey, One Scan at a Time



Dr. Inthulan Thiraviaraj
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As pregnancy progresses, ultrasound moves beyond confirmation to comprehensive assessment. The scans performed during the second and third trimesters provide valuable insights into your baby's anatomy, growth, placental health and overall wellbeing.

By the time a pregnancy reaches its midway point, many parents assume that the most critical scans are already behind them. In reality, some of the most highly detailed and valuable assessments occur during the second and third trimesters. These crucial radiological investigations help clinicians thoroughly evaluate your baby's anatomy, monitor growth patterns, assess placental function, and determine overall readiness for birth.

Monitoring Growth and Placental Function

After the 28th week of pregnancy, clinical attention shifts increasingly toward tracking growth and overall fetal wellbeing. At this stage, Doppler ultrasound studies become particularly valuable diagnostic tools. These third-trimester scans are designed to assess:

- The baby's specific growth patterns
- Amniotic fluid levels
- Placental performance
- The efficiency of blood flow between the mother, the placenta, and the baby
- The optimal delivery of vital oxygen and nutrients to the fetus

Additionally, the third trimester provides an excellent opportunity for imaging specialists to reassess certain anatomical structures that may not have been clearly visible earlier in the pregnancy due to the smaller size of the baby and the continuously evolving nature of the organs. Also, new events in the baby or the mother such as infection, nutrition or development of diabetes or similar conditions can change the course of development and maturation of the unborn baby.



Preparing for Delivery: The Final Countdowns

Between 37 and 39 weeks, most expectant mothers undergo a final radiological assessment before delivery. This late-stage scan is crucial for mapping out the labour process, as it evaluates:

- The baby's position (e.g., head-down)
- The degree of engagement within the pelvis
- The location of the umbilical cord (ensuring it is not compromised)
- Amniotic fluid volume
- The baby's overall maturity

During this period, doctors also perform a comprehensive biophysical profile and monitor the baby's heartbeat using a Non-Stress Test (NST) or Cardiotocography (CTG). These combined investigations determine exactly how well the baby is coping inside the womb, assisting the medical team in planning the safest possible timing and method for delivery.

Reduced Movements: When Monitoring Matters Most

One of the most common and urgent concerns in late pregnancy is a sudden notice of reduced fetal movement. When mothers perceive fewer movements than usual, an immediate ultrasound assessment combined with NST testing provides critical reassurance and diagnostic data. Normal findings on these tests generally indicate that the baby is healthy and may simply have been resting during the observed periods of reduced activity.

A Final Reminder

Expectant parents should internalise the truth that obstetric care is never a one-size-fits-all model. By combining advanced imaging, laboratory blood tests, and clinical expertise, your medical team can monitor development closely, address potential concerns promptly, and guide families through one of life's most important journeys. ♦

Don't Poke, Don't Pour

ENT's Advice for Adult Ear Pain

While earaches in children are often caused by routine colds and throat infections, adult ear pain tells a very different story. Frequently triggered by physical trauma, aggressive cleaning habits, or referred pain from nearby joints and teeth, adult ear discomfort requires a precise medical approach rather than quick home remedies.



Dr. Meenakshi Sundarawaran

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Unlike children, whose ear pain typically spreads from a cold, throat infection, or nasal congestion, ear pain in adults is most commonly caused by direct injury or physical trauma.

Routine habits like inserting cotton swabs, earbuds, or other objects to clean or scratch the ear canal are counterproductive. Rather than helping, these tools cause micro-injuries to the delicate skin of the ear canal and introduce foreign bacteria, making trauma-induced irritation far more common in adults than middle ear infections.

Beyond Direct Trauma: Pressure, Otalgia, and Referred Pain

Attempting to manually dig out wax isn't the only driver of ear discomfort. Other frequent triggers include:

- **Pressure Changes:** Sudden barometric shifts, such as those experienced during airplane flights.
- **Accidental Injury:** Blunt force or accidental impacts around the ear.
- **Referred Pain (Secondary Otalgia):** Discomfort that originates elsewhere in the head or neck but radiates to the ear. Common culprits include impacted molars, dental infections, throat inflammation, or arthritis in the jaw joint (TMJ).

The Dangers of Home Remedies and Virtual Diagnosis

Because treatment varies drastically depending on the underlying cause, prolonged ear pain demands an in-person examination by an ENT specialist.

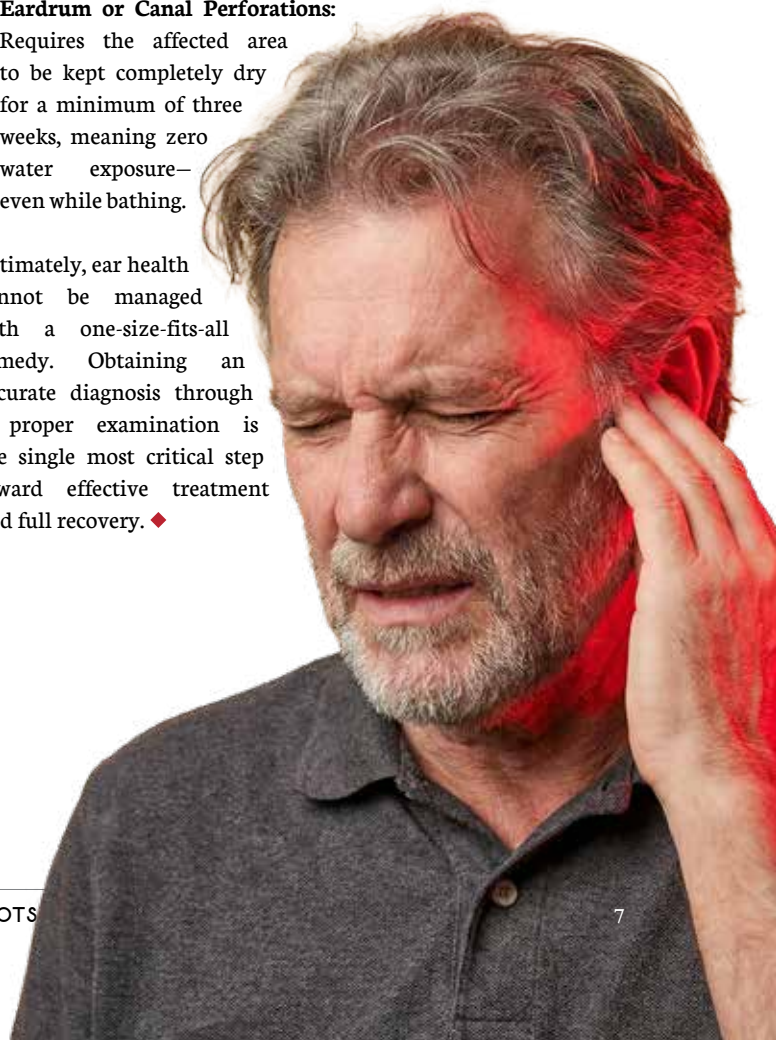
Doctors strongly caution against manipulating the ear canal or applying popular home remedies like coconut oil, which can trap moisture and severely escalate existing bacterial or fungal infections. Relying solely on online advice or virtual consultations is also risky, as ear issues require direct physical inspection with specialised optical tools.

Tailored Treatments: Why One Size Doesn't Fit All

Managing ear pain requires contrasting medical approaches based on the diagnosis:

- **Wax Buildup:** Managed safely with targeted wax-softening drops.
- **Ear Infections:** Addressed with prescribed anti-fungal or antibiotic ear drops. If an infection is located behind an intact eardrum, oral medications may also be necessary.
- **Eardrum or Canal Perforations:** Requires the affected area to be kept completely dry for a minimum of three weeks, meaning zero water exposure—even while bathing.

Ultimately, ear health cannot be managed with a one-size-fits-all remedy. Obtaining an accurate diagnosis through a proper examination is the single most critical step toward effective treatment and full recovery. ♦



Listening to Your Cycle

Menstruation is a lengthy phase of a woman's life that is riddled with a mix of facts, half-truths, and long-held beliefs that are often passed down through generations. We separate myths from facts, and point out when help is essential.



Dr. Kavitha Gautham

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For generations, menstruation has been shrouded in a mix of cultural traditions, half-truths, and well-meaning advice passed down through families. But when discomfort is normalised and myths replace medical facts, women often suffer in silence.

Menstrual health goes far beyond counting the days on a calendar or pushing through severe pain. It's about listening to your body and recognising when a symptom needs attention. By replacing age-old myths with evidence-based science, and understanding what is truly normal—and what isn't, you can make confident, informed decisions for your body at every stage of life.

1. Decoding Menstrual Pain: When Should You Seek Help?

Mild cramps that respond well to simple remedies and don't halt your day are a standard part of the menstrual cycle. However, severe pain that forces you to take time off work or school, or requires heavy painkillers cycle after cycle, is a clear signal to consult a gynaecologist.

Conditions such as endometriosis and adenomyosis are frequently the underlying cause and require proper medical evaluation or treatment. Contrary to popular belief, childbirth is not a guaranteed 'cure' for menstrual pain. While changes in the uterine lining after delivery may offer temporary relief for some, pain linked to conditions like endometriosis often returns once regular cycles resume.



2. The Fertility Fallacy: Why a Regular Cycle Isn't the Whole Story

Having a predictable, on-time period is a great sign of regular ovulation, but it isn't an absolute guarantee of fertility. Women can experience regular periods well into their 40s while still facing reproductive challenges—such as diminished egg quality, fallopian tube blockages, or underlying endometriosis.

Age remains a crucial factor in fertility planning. Women over 35 who are planning to conceive generally benefit from earlier evaluation, while those over 30 can gain valuable peace of mind by consulting a fertility specialist to assess their reproductive baseline.

3. Exercise and Periods: Why Moving Your Body Actually Helps

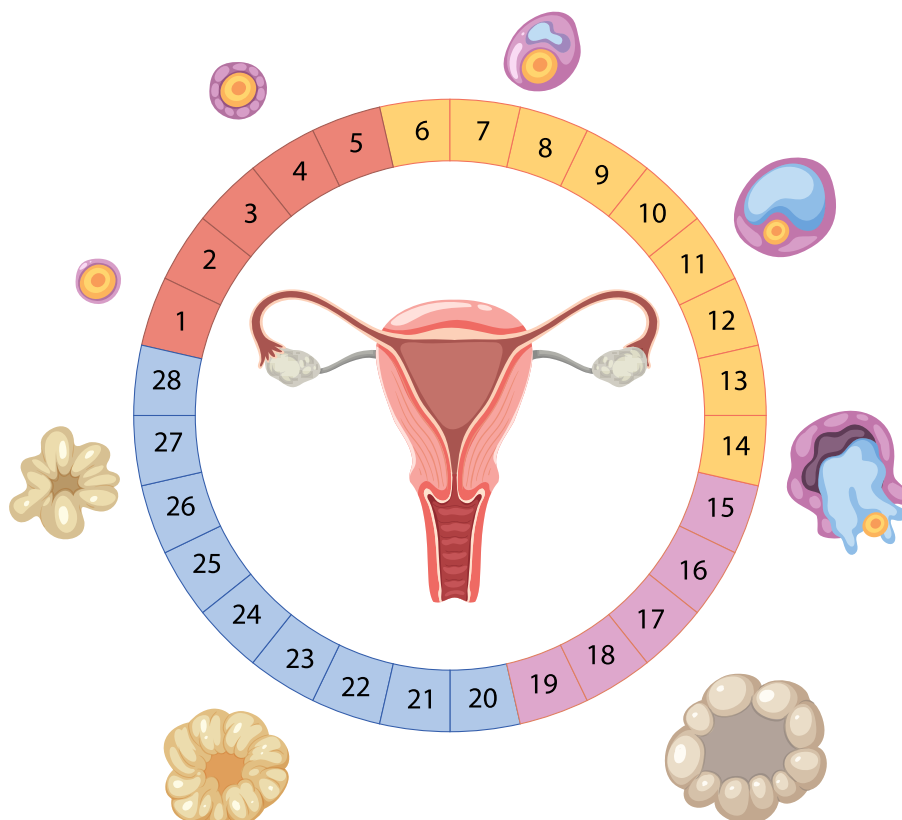
There is no scientific reason to skip your workouts during your period unless you are experiencing extreme fatigue or severe pain. In fact, gentle physical activity is highly recommended.

Light cardio and strength training improve blood circulation and trigger the release of endorphins—your body's natural feel-good hormones. Movement also helps reduce the secretion of prostaglandins, the hormone-like compounds responsible for uterine contractions, cramping, and period-related fatigue.

4. Period Products and Anatomy: Can a Cup or Tampon Get 'Lost Inside'?

As more women switch to sustainable and convenient options like menstrual cups and tampons, fears occasionally arise about these products getting lost deep inside the body.

Rest assured, this is medically impossible. The vaginal canal is a closed system; the cervix acts as a firm, narrow barrier at the top that prevents any object from traveling further into the uterus or upper abdomen.



5. Food Myths: Why You Don't Need a Special 'Period Diet'

Traditional advice often warns women against eating cold foods, sour dishes, or specific vegetables during their periods or postpartum. From an anatomical standpoint, there is no direct functional link between the digestive tract and menstrual shedding that justifies these restrictions. Unless you have personal dietary sensitivities, the best period diet is simply one that is balanced, nourishing, and comforting to you.

6. Menstrual Blood and Anemia: Dispelling the 'Impurity' Myth

One of the most persistent—and harmful—myths is the idea that menstrual blood is 'impure' or a form of bodily detox. In reality, menstrual flow consists simply of blood, cervical mucus, and the shedding uterine lining that builds up each month to support a potential pregnancy. Longer or heavier periods do not mean your body is 'cleansing' itself better.

In fact, abnormally heavy bleeding, passing large clots, or prolonged periods can significantly lower your haemoglobin levels, leading to iron-deficiency anaemia. These symptoms should always be evaluated by a healthcare professional rather than dismissed as normal.

7. Feminine Hygiene: The Dangers of Over-Cleaning

The belief that period blood is dirty often leads women to use aggressive hygiene products, which can do more harm than good. The vagina is a self-cleaning organ with a delicate, acidic pH and a healthy microbiome designed to keep infections at bay.

Using scented washes, intimate sprays, or antiseptic douches disrupts this natural balance. This can irritate sensitive skin, cause inflammation and itchiness, alter vaginal discharge, and actually increase your risk of bacterial and yeast infections. Warm water is all you need for external hygiene. ♦

Hormone Harmony

A Practical South Indian Diet Guide for PCOS (Part 1)

With a few strategic shifts, your daily meals can become your most powerful tool in stabilising hormones and reclaiming your health. In this article, we look at why diet and PCOS are so closely interlinked—and core principles that make all the difference.

By **Department of Lifestyle Management,**
BloomLife Hospital Pvt. Ltd.

If you have PCOS, somebody has likely already told you to "lose weight and eat healthy," offering zero specifics. After searching for a PCOS diet chart online, you probably landed on plan after plan built around quinoa and salmon—foods that have very little to do with the foods your home actually runs on. Managing Polycystic Ovary Syndrome (PCOS) does not require abandoning your culinary heritage. Here is a practical, South Indian-anchored approach you can start with this coming week.

Why Food Actually Matters in PCOS

PCOS is closely tied to insulin resistance, a metabolic condition where your body requires more insulin than usual to keep blood sugar stable. When insulin levels remain high, they signal the ovaries to produce excess androgens (male hormones). This hormonal shift is what drives classic PCOS symptoms: irregular periods, acne, unwanted facial hair growth, and stubborn weight gain.

What you eat directly impacts this cycle. Meals that cause rapid blood sugar spikes—such as refined flour (maida), polished white rice, and sugary beverages—demand heavy insulin release, feeding into the imbalance. Conversely, meals designed with a lower glycaemic load ask your body for significantly less insulin, allowing hormonal stress to calm down.

Core Principles Before the Plan

Before looking at menus, master these foundational habits:

- **The Plate Method:** Fill roughly half your plate with non-starchy vegetables, a quarter with clean protein, and a quarter with complex carbohydrates. This simple structural change optimises traditional Indian meals without sacrificing comfort.
- **Millet Over Polished Rice:** You do not need to eliminate rice entirely. Swapping a few meals to ragi, jowar, or kodo millet, and opting for hand-pounded or brown rice, significantly lowers your weekly glycaemic load.
- **Protein Anchoring:** Pairing carbohydrates with protein (eggs, curd, sprouts, dal or paneer) slows down glucose absorption into the bloodstream, blunting insulin spikes.
- **Meal Timing:** Maintaining regular meal times and avoiding skipped breakfasts keeps insulin levels steady throughout the day.
- **Trimming Sugar & Maida:** Refined sugars and maida-based snacks are primary culprits behind insulin surges. Cutting back here yields noticeable metabolic gains.

What to avoid:

Crash diets and extreme keto-style protocols without medical supervision can further disrupt endocrine function and are rarely sustainable over the long term. ♦



The Sodium Balance: Salt and Hydration

Sodium chloride—common table salt—is essential for normal bodily function. Yet, managing fluid and salt intake is a delicate medical balancing act, so recognising how your body signals fluid imbalance is critical for protecting your overall health.



Dr. Aiswarya M. Nair

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Most of us think of salt as something to avoid. While excessive salt intake can be harmful, the truth is that our bodies need the right amount of sodium chloride—commonly known as table salt—to function normally. For a healthy adult, about 5 to 6 grams of salt each day is sufficient to support nerve function, muscle activity and fluid balance. The challenge lies in maintaining this delicate balance, particularly as we grow older or begin taking long-term medications.

Why Summer Demands Extra Care

Our bodies rely on sweating to regulate temperature during hot weather. However, as we age—particularly after the age of 60—our ability to perspire gradually declines. This makes it harder to stay cool and increases the risk of dehydration, fatigue, heat exhaustion and poor overall well-being. For individuals taking medications such as diuretics, the risk becomes even greater. Diuretics help remove excess fluid from the body, easing the workload on the heart. However, they also increase the loss of sodium and other essential electrolytes. During the summer months, this combination of sweating and medication can lead to significant dehydration if not carefully monitored.

If you are taking long-term medications, especially for heart disease, hypertension or diabetes, it is important to consult your doctor when the seasons change. Medication doses may need adjustment to keep your body safely hydrated.

When Swelling Is a Warning Sign

Not everyone struggles with dehydration. Some people experience the opposite problem—fluid retention. Patients with heart or kidney disease often retain excess fluid because their bodies are unable to remove it efficiently. In these cases, consuming too much salt can worsen fluid build-up, which is why doctors may recommend restricting both salt and fluid intake. One of the earliest signs of fluid overload is ‘oedema’ or abnormal swelling of the feet, ankles, legs, abdomen or face. Swelling accompanied by breathlessness may indicate that the heart is no longer pumping efficiently and should never be ignored. Importantly, heart problems do not always present with chest pain, making persistent swelling a valuable early warning sign.

Not Every Swelling Means Heart Disease

Although oedema can indicate heart or kidney disease, it has many other causes. Obesity, varicose veins, prolonged standing, long-distance travel and even pregnancy can all result in temporary swelling due to poor circulation. However, it is important not to self-diagnose or drastically reduce your salt intake without medical advice. While swelling caused by

travel or prolonged sitting often settles with rest, swelling that persists for several days or keeps recurring should always be evaluated by a doctor.

The Bottom Line

Maintaining the right balance of salt and fluids is essential for good health. Listening to your body’s signals—and seeking timely medical advice when something doesn’t feel right—can go a long way in protecting your heart, kidneys and overall well-being. ♦



The Physiology of Birth

How Body Weight Influences the Birthing Journey

Every woman's body carries a unique rhythm into the delivery room, yet mothers with a higher BMI are often told their size will dictate their birth. The truth? A higher weight doesn't make a C-section inevitable or mean your body can't labour naturally. Let us understand how body weight subtly influences the timeline of birth.



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Good labour care is fundamentally built on observing progress, supporting movement, offering comfort, monitoring mother and baby appropriately, and intervening only when there is a genuine clinical need. Every labour possesses its own distinct rhythm. Sometimes, the most important gift a birthing specialist can offer a labouring woman—regardless of her body size—is time, movement, reassurance, and respectful support while her body carries out the profound work of birth.

When we discuss obesity during pregnancy, clinical conversations typically revolve around gestational diabetes, elevated blood pressure, or fetal growth patterns. Yet, an equally vital question remains: How does a higher body weight influence the actual process of labour? Having a higher BMI does not mean a woman cannot labour naturally, nor does it render a C-section inevitable. However, body weight can subtly influence the stages of birthing. Understanding these nuances empowers birthing teams and parents to approach the process with realistic expectations and patience.

Labour May Take Longer to Establish

The onset of labour relies on an intricate physiological dance between hormones, the uterus, the cervix and the baby. Studies indicate that women with obesity often experience a longer early phase of labour, where initial cervical dilation progresses slowly before active labour is fully established.

A slow start does not signify a ‘failed’ labour. When both mother and baby are coping well, allowing appropriate time for labour to establish naturally—rather than judging progress prematurely—prevents unnecessary medical interventions.

Uterine Contractions and Augmentation

For labour to advance, contractions must gradually become stronger, longer, and more coordinated. In some women with higher BMIs, uterine contractions can be slightly less efficient, which in turn leads to slower cervical dilation.

Consequently, augmentation with synthetic oxytocin is required more frequently in this group to assist the uterus. However, contraction strength varies widely among individuals and cannot be predicted by BMI alone.

Approaching Induction with Patience

Because higher body weight is associated with certain maternal health conditions, obstetricians may recommend an induction of labour. If the cervix is not yet favorable, the induction process itself requires extra time. Cervical ripening followed by active contractions can take many hours, and occasionally more than a day. Recognising this timeline beforehand helps couples approach induction with patience rather than assuming a lengthy process equates to a failed delivery.

Movement, Positioning, and Monitoring

Labour rarely happens smoothly when lying flat on a bed. Upright and mobile positions—such as walking, standing, using a birth ball, leaning forward, side-lying, or getting on hands and knees—enhance comfort and encourage the baby to descend through the pelvis.

For women with larger body sizes, changing positions may require extra physical support. Having a dedicated birth partner, doula, or supportive midwife is invaluable. The goal is not constant exertion; even small, frequent shifts in position offer immense mechanical benefit.

Additionally, continuous fetal monitoring or placing an epidural may require extra technical precision and time. Discussing these preferences during prenatal visits ensures the birth team can accommodate the mother’s needs seamlessly.

Navigating the Pushing Stage

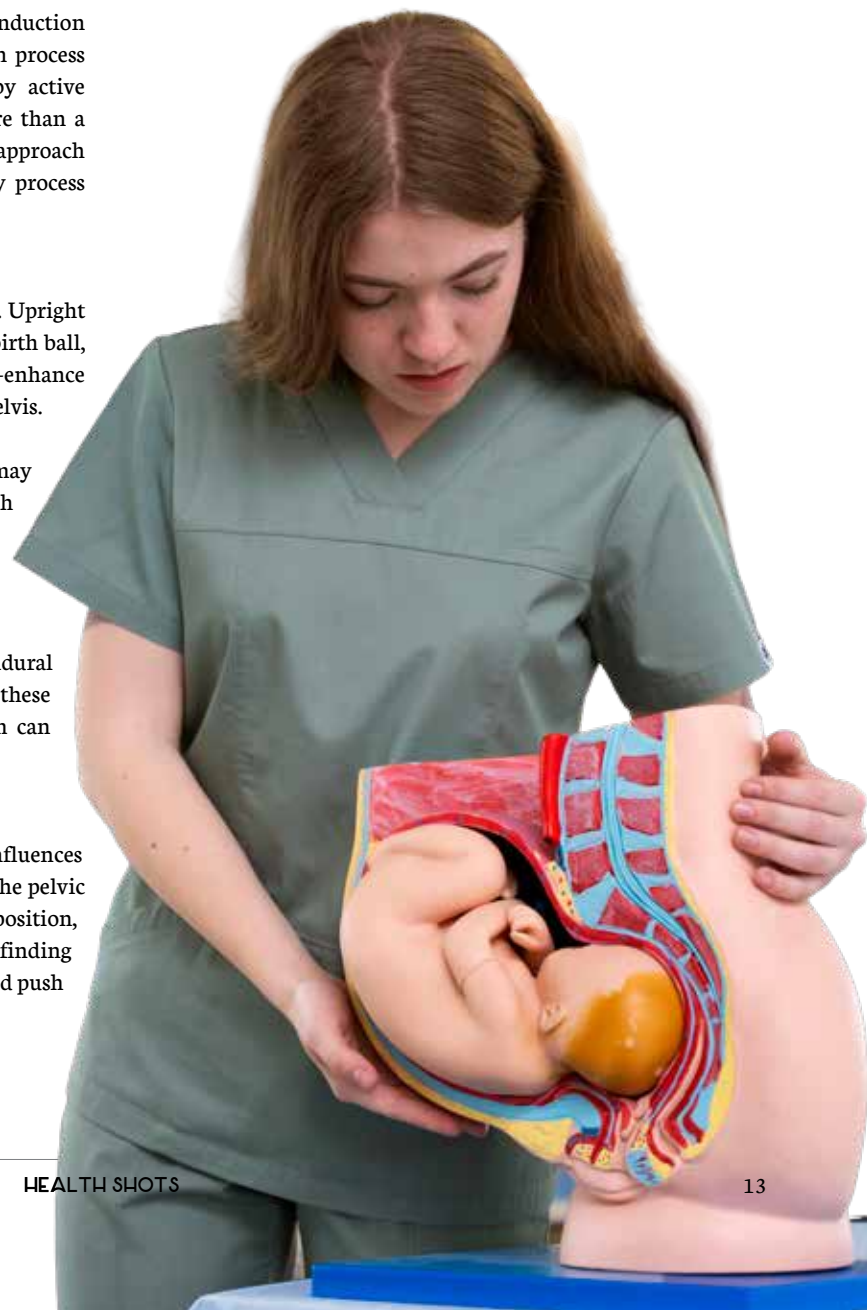
Once the cervix reaches full dilation, a mother’s position influences both her physical comfort and the space available within the pelvic outlet. Rather than forcing a single “ideal” pushing position, birthing professionals should support the mother in finding postures that allow her to feel grounded, breathe deeply, and push effectively with her contractions.

The Role of C-Sections: Statistical Risk vs. Individual Outcome

While statistical data shows a higher likelihood of medical interventions among mothers with a higher BMI, a C-section is never predetermined. Labour progress depends on maternal health, contraction patterns, obstetric history, and most importantly, how mother and baby are coping. A higher BMI should be viewed simply as one clinical factor among many, not as an automatic prediction of how a woman will give birth.

A Journey, Not a Race

To put it succinctly, for women living with obesity, labour may take longer to establish, induction may require greater patience, and monitoring or positioning may need extra physical support. However, childbirth should never become a race against the clock simply because of a woman’s body size. With individualised care, respectful support, and adequate time, every mother can be empowered through a safe and dignified birthing experience. ♦



The Insurance Approval Waiting

Game

Why do you get the insurance approval but not the hospital? The delay between your personal notification and the hospital desk's confirmation is simply a matter of digital processing, not administrative inaction.

Dr. Riya Prathab

Manager – Billing & Insurance
BloomLife Hospital Pvt. Ltd.

There is a familiar moment during hospital discharge that causes unnecessary stress for patients and families: You are sitting in your room, waiting to go home, when your phone buzzes with a text or email from your insurer saying your cashless claim has been approved. Thrilled, you head straight to the hospital insurance desk, only to be told that the hospital has not received the approval yet.

Naturally, frustration sets in. Patients often wonder why the hospital desk seems unaware of an approval that is already sitting in their inbox, leading to misunderstandings and heated exchanges. As a hospital health insurance specialist, I want to demystify this process—because what feels like an administrative roadblock is actually just a normal, temporary gap in automated communications.

Why the Approval Text Hits Your Phone First

In most cashless insurance cases, Third-Party Administrators (TPAs) and insurance companies process claim approvals through automated notification systems. When an auditor signs off on a cashless approval, the system triggers simultaneous alerts.

Because your personal mobile number and email address are directly linked to your policy account, the automated system sends an instantaneous SMS or email notification directly to your device.

The hospital, however, receives approval documentation through a formal channel—either via the insurer's secure corporate web portal or an official email server. Because institutional portals require

system processing, queue management, and verification through the TPA's internal workflow, there is often a short lag between the instant automated message sent to your phone and the arrival of the formal documentation at the hospital's desk.

Understanding the Processing Window

Receiving your approval text before the hospital staff sees it on their screen is a completely standard part of the digital workflow. It does not mean the hospital is delaying your discharge, nor does it indicate an error with your policy or billing.

Once you receive your automated notification, it typically takes approximately 20 minutes for the formal approval documentation to process, synchronise, and appear on the hospital insurance desk's system. During this short window, hospital coordinators are actively refreshing portals, verifying the breakdown of approved amounts, and updating your discharge file to ensure your final bill matches your insurer's authorization.

How to Navigate Your Discharge Smoothly

To avoid standing in unnecessary queues or experiencing undue stress during discharge, keep this simple rule of thumb in mind: Wait approximately 20 minutes after receiving your personal approval notification before approaching the hospital insurance desk.

Giving the system this brief window allows our insurance team time to download the official documentation, reconcile the financial authorization with your medical bill, and complete your paperwork. By understanding how this automated process works, you can approach your discharge with peace of mind, knowing that your approval is safely on its way. ♦

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