Hot topics from the web

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Neonatal-talk www.infantgrapevine.co.uk and **NICU-NET www.neonatology.org/nicu-net/join.html** continue to be very busy with many interesting subjects under discussion – a few of which are summarised below. Please bear in mind that the opinions expressed are not necessarily evidence-based and are intended as a basis for further discussion only.

Breastmilk

NICU-NET and neonatal-talk

A question from America about breastmilk identification and storage on NICU-NET stimulated a barrage of replies (mostly American) – some of which appeared on neonatal-talk.

All units appeared to use disposable 60mL containers/volufeeders with cap. One unit had their bottles supplied by the company that supplied the breast pumps. Some were stored in patient-specific boxes within the fridge/freezer, some in patient-specific fridge/freezers. Some were stored in ziplock bags.

Most units appear to go to great lengths to ensure mistakes do not occur in the administration of breastmilk. They double-check: mostly with two trained registered nurses, although some check with 'another member of staff' and some with the mother; and indicate this on the patient's notes/feeding chart. Some bottle labels were written by the mother, others consisted of barcodes which were scanned at the bedside and compared to the infant ID label +/- the nurse's badge. Surprisingly, one American respondee said they did not double-check breast milk before feeding at all. A Russian unit only uses fresh milk that the mothers pump into sterile containers and then give straight to their baby by tube or bottle.

Pacifiers

neonatal-talk

Aware of UNICEF/WHO recommendations that breastfeeding infants should not be allowed a dummy or bottle teat, an American nursing student questioned what units are doing with regard to pacifier administration. Her main concern was that the research she had read suggested that mechanisms for breast/pacifier sucking may be different and thus may cause nipple confusion and affect the outcome of successful breastfeeding. She had also read that increased pacifier use led to fewer feedings and thus less milk production. One respondee confirmed this latter finding, although others discredited it. Other replies (from around the world) showed that opinions still differ widely with regard to pacifier use. Some units ban their use, others ban them only in term babies. A suggestion for this was that 'breast shape' is only acquired at term – therefore giving a pacifier to a preterm baby will not cause nipple confusion and meanwhile provides non nutritive sucking. Several units used pacifiers for surgical patients and during painful procedures +/- sucrose. Most units did get parental permission before giving out pacifiers; one giving them to all babies unless the parents refused. One respondee from Iceland said that mothers should be educated – it is normal for babies to want to breastfeed hourly – they are not using Mum as a pacifier!

Enteral sterile water

NICU-NET

A doctor from Saudi Arabia expressed his concern that extremely premature infants are at risk from hypernatraemia from many causative factors, and that an increase in intravenous fluids may lead to hyperglycaemia and an increase in chronic lung disease. For some time he had been prescribing enteral sterile water with very positive results, and wanted the opinion of others. Replies from America, Scandinavia and Italy showed similar favourable results with no adverse effects reported. However, one respondee cautioned that correcting hypernatraemia too quickly could lead to cerebral oedema, seizures and death.

Suctioning of meconium

NICU-NET

In spite of the AAP Neonatal Resuscitation Programme guidelines that infants with meconium-stained amniotic fluid should receive naso/oro-pharyngeal suctioning and a previous study that suggests infants who are not suctioned are three times more likely to develop meconium aspiration syndrome[1], a recent study in the Lancet[2] found this is not so. The authors recommended that guidelines should be reviewed. The respondee from Israel who posted this information was reluctant to stop suctioning in his unit and was anxious to know what others were doing. It would seem that most units were continuing to suction although one unit only did so if the infant was floppy and not breathing.

1. **Wiswell et al.** Delivery room management of the apparently vigorous meconium-stained neonate Pediatrics 2000; **105**(1): 1-7.
2. **Vain et al.** Oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders *Lancet* 2004 **364**(9434): 597-602.

Clinical dilemmas

The discussion group kid_info@yahoogroups.com posts real clinical dilemmas (as NICU-NET does sometimes) and requests that both doctors and nurses respond suggesting appropriate investigations, treatment and diagnosis. The most interesting case in the last few weeks was of a full-term infant age two hours who 'went dusky' whilst breastfeeding on the post-natal ward. There were diverse thoughts as to investigations and possible diagnosis.