LETTER TO THE EDITOR

Dear Editor,

This questionnaire was developed to collect information over the optimal use/current practice of using SaO_2 in preterm infants with bradycardia/apnea syndrome. There exists a considerable body of literature on this theme, but little relevant information regarding optimal practice in the clinical setting. Therefore we are asking for help from other units in Europe, UK and the USA to provide information regarding their practice in this area.

I would be very grateful if you could publicise this questionnaire in *Infant* and encourage your readers to share their practice. I would be particularly interested to hear from the staff who are actually involved in treating this syndrome. Replies will be treated confidentially and all interested units will be informed of the results and accredited as necessary should publication follow.

Please fill out the questionnaire and fax it to 0049 7551915209. For further questions, comments, or enquiries, contact the Practice Group of the NICU, which you can reach by sending an email to norbert-lutsch@intensivmedicus.de

Yours sincerely

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Survey of current practice regarding preterm infants with brachycardia/apnea

Hospital/unit:							
SaO_2 limits in premmies	Upper limit:	Lower limit:	Monitor:				
Do you stimulate:	Brady's?		Apnea?		Brady/apnea?		
At which value do you stimulate the infant?	SaO_2 of:	80%	70%	60%	50%	40%	35%
How many seconds do you usually wait before you stimulate the infant?							
When do you start using O_2?	SaO_2 of:	80%	70%	60%	50%	40%	35%
How much O_2 is used?	10% more	20% more	50% more	100% more	How fast? In seconds or minutes:		
When do you start bagging the infant (mask/Ambi bag)?	SaO_2	60%	50%	40%	35%		
	HR (bpm)	60	50	40	35		
Do you have a fixed practice guideline?	Yes			No			
Do you have an unofficial guideline?							
Is practice in this case individual/intuitive?							

ERRATUM

The Advances in Practice guide entitled 'Reducing food allergy risk' published in the September 2005 issue of *Infant* contained an error.

The following paragraphs:

Mothers should be encouraged to exclusively breastfeed for 6 months and if not, at least 4 months[4].

If a mother is unable, or chooses not, to breastfeed there are some actions she can take which can reduce allergy risk. Van Odijk et al, in their review, stated that hydrolysed formula reduces the early manifestations of allergic disease when compared to standard infant formulae[3]. However the extent of hydrolysis of the milk appears **not to be important**. A recent study on high risk infants showed that both extensively hydrolysed casein and partially hydrolysed whey formula led to less allergic disease in the offspring, compared to infants receiving a standard infant formula. Interestingly the extensively hydrolysed whey formula had no effect. Further analysis revealed that when the mother herself had atopic dermatitis, only the extensively hydrolysed casein formula led to less allergic disease[5].

Should be replaced with:

Mothers should therefore be encouraged to exclusively breastfeed for 6 months if possible, but it should be emphasised that exclusive breastfeeding should continue for at least 4 months[4].

If a mother is unable or chooses not to breastfeed there are some actions she can take which can reduce allergy risk. Van Odijk et al in their review stated that hydrolysed formula reduces the early manifestations of allergic disease when compared to standard infant formula[3]. However the extent of hydrolysis of the milk and the form of the predominant milk protein appears **to be important**. A recent study on high risk infants showed that both extensively hydrolysed casein and partially hydrolysed formula led to less allergic disease in the offspring compared to infants receiving a standard infant formula. However, further analysis revealed that only the extensively hydrolysed casein formula led to less allergic disease when the mother herself had atopic dermatitis. Interestingly the extensively hydrolysed whey formula had no effect[5].