



## Hypothermia indicator for infants could be a winning innovation

John Zeal (pictured) has been nominated for the Medical Futures Innovation Award in the 'Best innovation to improve patient safety' category.

John Zeal's invention, ThermoSpot, is a non-invasive, low-cost hypothermia indicator for infants – a self-adhesive disc which is placed on the skin of the baby.

Providing the temperature is 35.5°C or more, it displays a bright green smiling face to represent the safe zone. Below this

temperature the disc turns black.

In the first 10-20 minutes of life following birth, the temperature of a neonate may drop by as much as 2-4° Celsius, while greater falls in temperature occur if proper care is not provided. Mothers are sometimes unaware of the importance of keeping their baby warm in order to maintain a body temperature within a span of 36.5-37.5°C.

## Ensuring informed choices in antenatal and newborn screening

A multidisciplinary learning programme has been launched by the Cambridge-based partnership of Homerton School of Health Studies and Jill Rogers Associates to support health professionals offering screening and diagnostic tests to pregnant women and newborn babies.

National antenatal and newborn screening programmes being implemented or piloted mean women are offered an increasing range of tests during their pregnancy or for their newborn babies.

The programme, *Screening choices: A resource for health professionals offering antenatal and newborn care*, was

commissioned by the UK National Screening Committee. It aims to give health professionals the skills they need to ensure women and their families can make

informed choices about offers of screening or diagnostic tests.

Decisions about whether to accept the tests offered can be stressful and raise dilemmas. Health professionals working in antenatal and newborn care must be able to give families the information and support they need without directing their decisions. They should be able to identify individual needs and ensure their service is accessible to all those who need it.

The programme is presented in a user-friendly website-style environment on a CD-Rom and the NELH website. It includes seven open learning units covering different aspects of screening and an invaluable toolbox of resources and information.

The CD is available free from: Jill Rogers Associates Ltd, 6 The Maltings, Millfield, Cottenham, Cambridge CB4 4RE and can be accessed at: [www.nelh.nhs.uk/screening/cpd.choices.htm](http://www.nelh.nhs.uk/screening/cpd.choices.htm)

## Scottish launch of BLISS resource for community health professionals

A survey commissioned by Pampers reveals that 75% of community health professionals in the UK do not receive training about premature or sick newborns on an ongoing basis. This has led to only a third of those community health professionals surveyed feeling confident in dealing with premature or sick newborns – at a time when parents of special care babies need the support of health professionals the most.

BLISS, the premature baby charity, has launched the Scottish edition of the UK-wide Community Health Professionals Information Guide. The resource is designed to help Scottish health visitors and community health professionals with the increasingly highly specialist knowledge required to support these babies and their families at home.

Of those health professionals surveyed, a little over half reported receiving training on premature or sick newborns as part of their initial training, while 60% reported relying completely on professional body journals for information on premature or sick newborns.

The guide, produced in collaboration with the Community Practitioners and Health Visitors Association (CPHVA) and the Neonatal Nurses Special Interest Group, is the first resource of its kind designed to provide health visitors and community health professionals in Scotland with information on the medical and emotional events that premature and sick babies and their families' experience.

Annie Hair, national vice-chair of CPHVA, said: "As hospitals seek to discharge babies into the care of their parents earlier, the role of the community health practitioner is becoming increasingly more important."

The guide will be sent to all registered members of the CPHVA and neonatal units in Scotland.

BLISS publications order-line, 0870 244 8506 or [www.bliss.org.uk](http://www.bliss.org.uk).



## RCN scorecard encourages nurses to have their say on SHA and PCT mergers

A scorecard to help nurses take part in consultations on reducing the number of Strategic Health Authorities (SHA) and Primary Care Trusts (PCT), has been launched by the Royal College of Nursing (RCN). The scorecard asks nurses to look at the proposals put forward by their local SHA, assess how they will affect services to patients and then put their concerns to the SHA during the consultation period.

Nurses are encouraged to look at SHA proposals and how they will impact in a number of key areas, such as possible changes to the quality of patient care and how easy it will be to access services.

Howard Catton, RCN head of policy, said: "It is crucial that nurses have a voice on this issue and that their opinions are not only heard but listened to. We will be looking closely at the feedback we get from nurses, particularly around any proposals that could have an impact on the ability of



the NHS to continue as the provider of primary care services. The patient must be at the centre of these reforms."

The RCN will be collating feedback from the scorecard to assess how the consultations were conducted and monitor any proposed changes in commissioning and provision of services.

[www.rcn.org.uk/publications/pdf/scorecard\\_commissioning\\_a\\_patient\\_led\\_nhs.pdf](http://www.rcn.org.uk/publications/pdf/scorecard_commissioning_a_patient_led_nhs.pdf)

## N<sub>3</sub>R aims to build neonatal nursing research capacity

The Network of Neonatal Nurse Researchers (N<sub>3</sub>R) was formed with the

aim of building capacity for neonatal nursing research in the UK. Since its inception in autumn 2004, N<sub>3</sub>R has continued to develop. By December 2005, approximately 50 neonatal nurses had expressed an interest in being part of the network.

Three N<sub>3</sub>R meetings have been held in Oxford and London which have included presentations from keynote speakers and shorter presentations from network members regarding their research activity and interests. An important part of these meetings has also been the opportunity for networking between N<sub>3</sub>R members. All of the meetings have evaluated positively and plans are underway for the next meeting to be held in Birmingham on 19th May 2006.

A website has been established, with plans to include a discussion board for members and a research degree directory.

Membership information:  
[neonatal\\_nurse.research@npeu.ox.ac.uk](mailto:neonatal_nurse.research@npeu.ox.ac.uk)  
 Further information:  
[www.npeu.ox.ac.uk/n3r/](http://www.npeu.ox.ac.uk/n3r/)

## David Cameron joins charity to call for improved GBS screening

In November last year David Cameron, MP, and members of national charity Group B Strep Support went to Downing Street to deliver a petition of 5,060 signatures.

The petition called for the Government to ensure that sensitive testing for group B Streptococcus (GBS) carriage is made routinely and freely available to all pregnant women in the UK and that health professionals are fully informed about GBS.

Caroline Weston helped deliver the petition at Downing Street. Caroline's first child, Thomas, had a GBS infection shortly after his birth in 2002. He made a full recovery. Sadly, no preventative measures were taken when her second child, Erin, was born in May 2003 and she died four days after her birth as a result of GBS infection. With her third child, Caroline received the recommended antibiotics and Ciara was born healthy and free from GBS in September 2004.

GBS is the UK's most common cause of bacterial infection in newborn babies. Without preventative medicine, approximately 1 in 1,000 UK babies develops GBS infection, resulting in 75 sick babies dying. Giving antibiotics through a vein from the beginning of labour to women in



Erin Weston who died four days after birth as a result of GBS infection.

certain recognised higher-risk situations, including women who carry GBS late in pregnancy, could prevent over 80% of GBS infections in newborn babies.

However, routine testing for GBS carriage isn't recommended in the UK and the test which is sometimes offered and widely available within the NHS is insensitive, giving up to half of women carrying GBS at the time a falsely negative result. Sensitive tests are routinely available in other countries where rates of GBS infection in newborn babies have plummeted after introducing screening.

At present in the UK, a reliable ECM (enriched culture medium) test exists, but is only available from a couple of NHS hospitals and privately from The Doctors Laboratory in London. The Health Protection Agency recently issued a standard operating procedure which recommends sensitive testing methods for GBS carriage. The test should be carried out after 35 and before 37 weeks of pregnancy.

Group B Strep Support: 01444 416176 or [www.gbss.org.uk](http://www.gbss.org.uk). The Doctors Laboratory: 020 7307 7373 or [gbs@tdlpathology.com](mailto:gbs@tdlpathology.com)

## Choice of anti-epileptic drug may make a difference to unborn babies

Data collected from a register of pregnant women with epilepsy shows that almost 96% of babies, whose mothers took anti-epileptic drugs (AEDs) during pregnancy, did not suffer any major birth defects. The data from the UK Epilepsy and Pregnancy Register recently published in the *Journal of Neurology, Neurosurgery and Psychiatry Online* (Sept 2005) did show, however, differences in risk between the AEDs in common usage in the UK.

“Until now, we’ve been unable to know the exact size and nature of the risk AEDs pose to the unborn child”, said Dr Jim Morrow, consultant neurologist at the Royal Victoria Hospital, Belfast, and national co-ordinator of the Pregnancy Register.

“These results are significant as they reveal that AEDs carry a small risk for pregnant women. However, this is just a start. We need more pregnant women with epilepsy to join the register, so we can test these results and continue to monitor the increasing range of drug treatments available.”

The UK Epilepsy and Pregnancy Register is a prospective, observational registration and follow-up study, established in 1996, to assess the risk to women with epilepsy and their babies.

Women can register themselves directly via the free phone number or the website.

The study is due for publication in the print version of *Journal of Neurology, Neurosurgery and Psychiatry* in 2006.

More information on the UK Epilepsy and Pregnancy Register: 0800 389 1248 or [www.epilepsyandpregnancy.co.uk](http://www.epilepsyandpregnancy.co.uk)

### Moving on....

After 25 years’ sterling service, Bonnie Green has decided to give up her post as Head of External Relations at BLISS, as from February 2006. Bonnie is a mine of information about neonatal matters and has been a driving force at BLISS, almost from the charity’s



inception. She will be sadly missed both by her colleagues and the many people in the neonatal

field used to working with her. Her forthcoming departure was marked by a reception for friends and colleagues at the Novartis Foundation HQ just before Christmas. The good news is that Bonnie plans to continue working on a part-time, freelance basis and so her knowledge and expertise will still be available.

The Evelina Children’s Hospital is London’s first new children’s hospital for more than 100 years. The 140-bed hospital, which is based on the St Thomas’ Hospital site, brings the majority of Guy’s and St Thomas’ children’s services under one roof and was funded by a grant of £50 million from Guy’s and St Thomas’ Charity and £10 million from the NHS.

Sir Jonathan Michael, chief executive, Guy’s and St Thomas’ NHS Foundation Trust, said: “Our aim has been to create a hospital that does not feel like a hospital, by involving children, their families and our staff in every stage of the design process. This is a supremely practical, state-of-the-art hospital, but one that is full of imagination, warmth and fun.”

The hospital has many play areas, as well as a 17-foot high helter skelter in the outpatients department for children to enjoy while they wait for their appointment.



Photo: Paul Tyagi.

## Neonatal simulation training programme gets underway

BLISS, the premature baby charity, and GE Healthcare have launched a partnership to develop a “neonatal simulation” training programme.

The objective is to improve the quality of neonatal patient care through the development of a scenario and clinical skills based multidisciplinary training curriculum in neonatology, based on

simulated rather than real clinical settings.

GE Healthcare is to fund the three year major research project, led by Dr. Lidia Tyszczyk, consultant in neonatal medicine at the neonatal unit, Queen Charlotte’s and Chelsea Hospital, London. The project will include the training of instructors in clinical simulation and debriefing techniques and the establishment of a clinical simulation room on the neonatal unit at Queen Charlotte’s and Chelsea Hospital.

Rob Williams, chief executive of BLISS, commented: “Clinical simulation is a relatively new teaching modality suitable for medical education at all levels. While simulators have achieved widespread use in the fields of anaesthesia, intensive care and emergency medicine, one has yet to be developed on this scale that may help improve the survival rates and quality of outcomes for premature and sick babies. We are delighted to be involved in the development of this research which will hopefully have a significant impact on the care of neonates in the future.”

For more information on BLISS, visit [www.bliss.org.uk](http://www.bliss.org.uk)