

BLISS launches glossy magazine for parents of sick babies

Little BLISS, a magazine designed for parents of sick and premature babies, has been launched by BLISS, the premature baby charity. The only magazine of its kind in the UK, it provides a great source of information for parents of sick and premature babies.

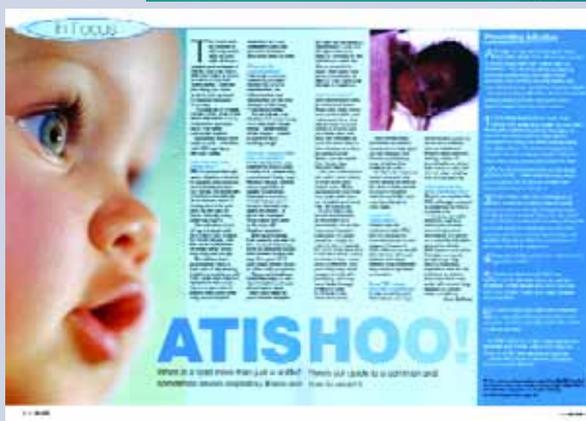
Published quarterly, Little BLISS is aimed at any parent whose baby has spent time in neonatal care and will include features on the health issues related to premature babies, real-life stories from parents and celebrities, news on technological advances and general interest stories from travel to shopping.

Justine Pepperell, Family Support Manager at BLISS, comments: "Little BLISS is a great way for parents to get the information they need in order to feel supported. Until now there have been no magazines exclusively for parents of these babies and it will help families to feel less isolated".

The magazine forms part of the Little BLISS Club membership, which costs £2 a month. As well as the magazine, members have access to the Little BLISS Club forum and will receive regular updates on BLISS services, local branch meetings and events for all the family.

Ten free copies of the launch issue have been sent to every UK NICU.

To subscribe, contact Shani Baldwin, 02078209471 or email: little@bliss.org.uk



Sickle Cell programme responds to HGC report

The NHS Sickle Cell & Thalassaemia Screening Programme has welcomed the publication of the Human Genetics Commission's report "Making Babies: reproductive decisions and genetic technologies" (January, 2006).

The report looks at reproduction and genetics and makes recommendations about an ethical framework for services.

One of the key areas in the HGC report was antenatal and newborn genetic screening. The report stressed the importance of women making informed choices about screening, rather than accepting it as a routine part of pregnancy care.

Dr Allison Streetly, Programme Director for the NHS Sickle Cell & Thalassaemia Screening Programme, said: "For some women, screening can be part of a journey that involves difficult and painful choices. It is essential that we provide timely, accessible and culturally sensitive information to help women and their partners understand the choices available."

NHS Screening Programme website: <http://phs.kcl.ac.uk/haemscreening/default.htm>

Guidelines on the use of palivizumab are reviewed

The Joint Committee on Immunisation and Vaccination (JCVI) convened an expert group to review the original guidelines on the use of palivizumab in the prevention of RSV infection in young children and has recently published the following advice:

Babies born at less than 32 weeks gestation should be removed from the recommendations for palivizumab use, as prophylaxis is not routinely recommended for these children. The following children should be recommended for palivizumab prophylaxis:

- **Group 1:** All children < 2 years with chronic lung disease, on home oxygen or who have prolonged use of oxygen.
- **Group 2:** Infants less than six months of age who have left to right shunt haemodynamically significant congenital heart disease and/or pulmonary hypertension.
- **Group 3:** Children < 2 years of age with severe congenital immuno-deficiency.

The group advised that more follow-up data was needed on children with chronic heart disease and RSV.

Sensor will alert doctors to the risk of fetal hypoxia

Researchers at the University of Warwick have developed a new sensor which can dramatically improve the amount of early warning doctors and midwives get of fetal hypoxia – when an unborn child's brain is starved of oxygen.

Current tests for fetal hypoxia require blood samples to be taken to a lab, leading to delays which means doctors may decide to proceed with a cesarean section rather than take the risk of waiting.

University of Warwick researcher Professor Nick Dale devised a fine-tuned probe to examine the chemical hypoxanthine which can be found in the blood.

An unborn child with more than 5 micromoles of hypoxanthine per litre of blood is at severe risk of fetal hypoxia.

Warwick Medical School researchers have examined the probes and believe they would give doctors in delivery rooms almost instant data on whether the unborn child faced fetal hypoxia, allowing them to make more informed decisions.

Professor Dale is working with Sarissa Biomedical Ltd to produce a medical instrument using the probes and take it to full clinical trials in delivery rooms.

Professor Nick Dale, tel: 024 7652 3729

Funding to boost ANNP numbers in Scotland

The Scottish Executive is providing funding for 18 neonatal nurses to study for an advanced qualification at Napier University to boost the number of ANNPs in Scotland.

Lewis Macdonald, Deputy Minister for Health and Community Care, highlighted the funding in a written answer to Conservative MSP Nanette Milne who asked what the Scottish Executive was doing to increase the number of neonatal specialist nurses.

Dr Claire Greig, Senior Lecturer in Neonatal Nursing at Napier's School of Community Health, said: "Providing structured education opportunities that fit with clinical needs is often a key motivator for staff and increases job satisfaction as they become even more able to meet patient needs.

"The MSc in Advanced Neonatal Nursing Practice programme has been running since 2000 and is suitable for experienced neonatal nurses who want to develop and move on to a higher level of practice. Candidates need the support and commitment of their clinical manager and

neonatal consultant throughout the programme.

"On successful completion of eight specific modules these neonatal nurses are eligible to be employed as Advanced Neonatal Nurse Practitioners. They may

Southend is first to install Draeger's Infinity® OneNet

Draeger Medical UK Limited has announced the first UK installation of its Infinity® OneNet shared network and Infinity MegaCare ECG management solution at Southend Hospital, Essex.

The hospital required a complete networking system that utilised its existing IT infrastructure, together with a single monitor platform flexible enough to meet the various acuity levels within different areas of the hospital.

Infinity OneNet lets hospitals run wired and wireless patient monitoring systems on the hospital's existing network infrastructure. Traditionally, patient monitoring has required its own dedicated network to guarantee security and performance. Infinity OneNet is an innovative approach to implementing life critical patient monitoring networks. It is both a network architecture and a

also choose to complete a dissertation over one more year of study to gain an MSc ANNP degree. Currently there are nine students on the programme funded by the Scottish Executive and a further nine are expected to commence later this year."



comprehensive suite of professional services that allows the hospital's existing enterprise network to provide patient monitoring in parallel with its commercial and administrative applications.

Infinity MegaCare is a web-based ECG management system that allows caregivers to review, edit, analyse, and confirm ECGs from any computer on the hospital network. A single Infinity MegaCare server can support millions of records and up to 100 concurrent users across multiple sites.

www.draeger-medical.com

Newborn hearing screening is now available to all

Parents of every newborn baby in England will now be offered the opportunity to have their child checked for deafness and hearing impairment shortly after birth. Over 1,600 babies will be screened every day as part of the NHS Newborn Hearing Screening Programme.

The programme uses a new test which is delivered either in hospitals by specialist screeners, or in the community by health visitors. This reduces the possibility of hearing impairment at birth being missed and enables testing at an earlier age than the traditional, less reliable infant distraction test.

Professor Adrian Davis, NHS Newborn Hearing Screening Programme Director, says: "Over 1,000 babies are born each year in England with deafness or hearing loss in one or both ears. It is essential that this is identified early. The programme does just that, enabling parents to access the appropriate support for their babies as quickly as possible."

