

Cot death charity announces new dummy advice for parents

Advice to parents from the Foundation for the Study of Infant Deaths (FSID) with regard to dummies or soothers includes: "Settling your baby to sleep with a dummy – even for naps – can reduce the risk of cot death. If breastfeeding, do not begin to give a dummy until your baby is one month old to ensure breastfeeding is well-established. Don't worry if the dummy falls out while your baby is asleep, and don't force your baby to take a dummy if he or she doesn't want it. Never coat the dummy in anything sweet."

A number of research studies have appeared in the last few years suggesting that babies who are regularly given a dummy when put down to sleep are less



likely to die suddenly and unexpectedly than those who are not. Meta-analysis¹ of all adequately designed studies by the American Academy of Pediatrics (AAP) found that the overall risk of SIDS was halved by dummy use, and as a result the AAP now recommends that a dummy should be offered every time an infant is put down to sleep, once breast feeding has been established. A more recent study² from California found an even greater protective effect of dummy use but was published too late to be included in the meta-analysis." www.fsid.org.uk

1. Hauck FR, et al. *Pediatrics* 2005; **116**(5): e716-23.
2. Li DK, et al. *BMJ* 2006; **332**(7532): 18-22.

News ways of supporting mothers to breastfeed

During Worldwide Breastfeeding Awareness Week, new data released by the Government, showed that 76% of UK mothers initiated breastfeeding in 2005, but 21% of them stopped during the first two weeks and only 48% of mothers were still breastfeeding after six weeks.

In an effort to help those mothers finding breastfeeding a challenge, Dr Suzanne Colson, from Canterbury Christ Church University, is studying 'biological nurturing', where babies are placed lying close to the mother's breast. Her research focussed on 40 healthy mothers and their healthy full-term babies, all of whom were breastfeeding at six weeks, as well as 14 bottle-feeding mothers and babies. She found that mothers who breastfed their infants semi-reclined or leaning back (as opposed to lying on their side), had the greatest success.

Mother, Beth Svaroska, who has benefitted from Dr Colson's findings said: "As a new mum I understood that breastfeeding was the optimal way to mother my baby. However, it was demoralising once I sat with my baby in my arms trying to latch her on as we couldn't seem to do what looked so easy in the pictures. By adopting a relaxed, reclined position and letting Abi use her own natural instincts to feed, breastfeeding started to become the natural experience I had hoped for. It was awesome to support Abi as she fed herself."

By challenging conventional breastfeeding advice, which suggests that the only 'correct' way to breastfeed is for mothers either to sit in a bolt upright position with their backs at right angles to their laps, or lying on their side, this new research could go a long way to helping those mothers who are experiencing difficulties feeding their infants.

SCBU at Wansbeck General Hospital receives equipment donated by BLISS

Hospitals around the UK were asked by BLISS to explain why they deserved to be awarded vital monitoring equipment. The six most outstanding answers were selected. The SCBU at Wansbeck General Hospital put forward a persuasive case and was presented with a Masimo pulse oximeter, purchased with money donated to BLISS by Candis magazine. George Brook, accepting the award on behalf of the unit, commented: "Nearly 300 sick newborns are cared for at Wansbeck each year. We are delighted to accept the superb new oxygen monitor. This kind gift couldn't have come at a better time as we prepare to become the lead unit in the trust for neonatal care".



Deficiencies highlighted in care for Scottish babies

The BLISS report, *Handle with care: a review of Scottish neonatal services*, shows that the service in Scotland is suffering from many of the same shortcomings as the rest of the UK. Almost 1 in 7 babies born in Scotland are admitted to a special care unit – around 8,000 babies each year. Admissions to Scottish units have risen by 402 infants from 2005 to 2006, whilst the number of cots has remained more or less static and not a single Scottish unit

achieves recommended staffing ratios. Scottish units also have a higher closure rate: 97% of units had to close in a six month period compared with 78% in the rest of the UK and every single Scottish unit exceeded its capacity at least once in a six month period.

Though these findings are concerning, some aspects of care see Scotland outperforming the rest of the UK – Scottish units are more able to cope with intensive care

demands and have more consultants with training in neonatal care than the rest of the UK. It is widely accepted that the Scottish neonatal transport system is the best in the UK and a greater proportion of Scottish nurses are trained in speciality. While these strengths are encouraging, it is essential that the issues of recruitment and retention of staff and unit capacity are addressed in order to ensure that vulnerable infants receive the best possible care.

Link between blood sugar levels and reduction in child deaths in ICUs?

New research funded by the National Institute for Health Research's Health Technology Assessment (NIHR HTA) programme will investigate whether controlling the blood sugar levels of children in intensive care helps reduce deaths and serious complications. The £1.4 million clinical trial follows a study of adults in ICUs, which found that there were 43% fewer deaths and similar reductions in serious complications in adults receiving treatment to control their blood sugar levels. However it is unknown whether this form of blood sugar management will help children.

The trial will compare conventional care versus strict control of blood sugar using insulin, and will involve 1,500 babies and children up to 16 years of age, across 10 regional paediatric ICUs around the UK. This research project has been commissioned as part of the HTA programme's work to support the Medicines for Children Research Network (MCRN), set up to target the development of safe and effective medicines for the treatment of youngsters aged newborn to 18.

www.hta.ac.uk/project/1533.asp

Traffic light system for assessment of fever in children



The National Institute for Health and Clinical Excellence (NICE) has introduced a 'traffic light' system (www.nice.org.uk) which provides all health professionals with a practical tool to assess and manage children younger than five years of age presenting with fever.

Feverish illness usually indicates an underlying infection. Despite advances in healthcare, infections remain the leading cause of death in children <5 years. In most cases the illness is due to a self-limiting viral infection. However, fever may also be the presenting feature of serious bacterial infections such as meningitis or pneumonia. A significant number of children have no obvious cause of fever despite careful assessment. These children are of particular concern because it is especially difficult to distinguish between simple viral illnesses and life-threatening bacterial infections in this group.

Response to Healthcare for London

Commenting on the report by Professor Ara Darzi which states that women should be offered genuine choice between delivering at home, in a midwifery unit or in an obstetric unit, Mary Newburn, Head of Policy Research at the National Childbirth Trust charity (NCT) said: "The NCT charity welcomes the emphasis in the Healthcare for London report on development of community-based and midwifery-led services.

There is clearly considerable scope for increasing the provision of home births and births in midwife-managed birth centres. We do have some concerns about obstetric services being concentrated in a smaller number of large hospitals in London, because this will mean women have to travel further and there is also a risk of care being less personal and individualised. These factors may also reduce access for more vulnerable families, including families without a car and families for whom English is not their first language. It's important that the new maternity community services are established as soon as possible and that good transport, advocacy and translation services are prioritised."



The team from East Cheshire NHS Trust receiving their award.

Maternity units recognised for innovative services

Health Minister Ann Keen MP and Laura Moffatt MP, Chair of the All-Party Parliamentary Group on Maternity (APPGM), presented awards to four outstanding maternity units at the Group's summer reception at the Houses of Parliament. A further four units were awarded highly commended. The awards acknowledged the units' inspiring work in improving local maternity services.

The awards were based on the three key themes in the National Service Framework for Children, Young People and Maternity:

1. *Promoting Normal Birth Award – joint winners*
– **Leeds Teaching Hospitals NHS Trust** who have reduced caesarean section rate from 24-27% three years ago, to 18-20% last year. This has been achieved by introducing a range of measures including setting up VBAC clinics, starting active birth classes,

- robust risk assessing around decisions to go for caesarean section and beginning daily consultant-led case reviews.
– **East Cheshire NHS Trust** who have developed a comprehensive range of protocols, antenatal education and clinical practice to promote normal birth
2. *Developing inclusive services for disadvantaged groups and communities award*
– **St Mary's Hospital, Manchester** for their service with refugee and asylum seeking families and specialist midwife.
3. *Involving women in improving local maternity services award*
– **East Lancashire Hospitals NHS Trust in Burnley and Blackburn** for the wide range of initiatives that are underway to encourage and support breastfeeding, including the use of peer supporters on the wards and offering a home visit to every breastfeeding mother by one of the supporters.