

Cough and cold medicine labelling to change

The MHRA has issued an urgent clarification notice confirming children's cough and cold medicines are not being withdrawn from the market. The notice can be found at: www.mhra.gov.uk/NewsCentre/CON014457

The industry will be supporting advice by the Commission on Human Medicines and voluntarily removing the doses for children under two years of age from the labels of many cold and cough remedies.

The affected products that will no longer be licensed for use in children under two years old are those containing any of the following ingredients:

- Dextromethorphan and pholcodine (antitussives)
- Guaifenesin and ipecacuanha (expectorants)
- Phenylephrine, pseudoephedrine, ephedrine, oxymetazoline and xylometazoline (decongestants)
- Brompheniramine, chlorphenamine and diphenhydramine (antihistamines) – but these products can still be given to children to treat allergies.

Children under two years can be given paracetamol and ibuprofen to lower their temperature.

A leaflet for parents and care givers, treating your child's cough and cold, is available at www.pagb.co.uk and www.mhra.gov.uk



Treating your child's cough and cold

Coughs and colds in children, toddlers and babies can be distressing for both you and your child but they will get better by themselves within a few days.

Here are three simple steps to help your baby, toddler or child who has a cough or cold:

1. Use either paracetamol or ibuprofen to relieve pain and lower your child's temperature if they are uncomfortably hot.
2. For a cough, simple cough mixtures containing glycerol, honey and lemon are best. For children over the age of two a range of over-the-counter cough medicines are available.
3. Vapour rubs and inhalant decongestants, which can be applied to a child's clothing, can be used to provide relief from a stuffy or blocked nose. In addition, for children under two, particularly those who are having difficulty feeding, plain saline nose drops from the pharmacy can be used to help thin and clear secretions.

Remember:

- Always read the medicine label and follow the advice.
- Always stick to the recommended dose.
- Do not use more than one cough or cold medicine at the same time.

If you are concerned about your child, particularly if they are under 2 years old, or about the correct medicine to use, then speak to your pharmacist, health visitor or nurse.

PHARMACEUTICAL ASSOCIATION OF GREAT BRITAIN (The UK trade association representing members of the pharmaceutical industry in the UK and Ireland)

PAGB

NCT calls for clearer formula preparation guidelines

The NCT is calling on formula milk manufacturers to update their information on formula milk preparation so it is clear, comprehensive and mirrors government guidelines. The new NCT factsheet *'Using infant formula: your questions answered'* includes a straightforward, step-by-step photo guide to making up a bottle of formula and explains what temperature the water needs to be to kill bacteria and reduce the risk of contamination. Pads of fifty factsheets are available for healthcare professionals to order.

Powdered formula milk is not sterile and therefore can possibly be contaminated with bacteria, which could cause illness such as meningitis and septicaemia. Although illness is very rare, WHO and FSA advise making up only one bottle at a time using water at or above 70°C to kill the bacteria and minimise the risk^{1,2}.

The latest infant feeding survey shows users of formula do not always make up the products using the safest method. Four in ten were not using water that had been left to cool for 30 minutes or less and 69% were not making up one feed at a time³.

Factsheet available from 0870 4448707 or www.nct.org.uk/usinginfantformula

References

1. WHO Guidelines for the safe preparation, storage and handling of powdered infant formula 2006. www.who.int/foodsafety/publications/micro/pif2007/en
2. Food Standards Agency. Guidance on preparing infant formula. www.food.gov.uk/news/newsarchive/2005/nov
3. Bolling K., Grant C., Hamlyn B., Thornton A. Infant Feeding Survey 2005. The Information Centre 2007.



Stuart Mills of Toshiba Medical Systems presents Debbie Mankelow, creator of the Baby and All Bag, with her award.

Latest innovations for parents celebrated at Tommy's awards

Toshiba Medical Systems recently announced a partnership with Tommy's Baby Charity to sponsor the Tommy's Innovation Award, part of the Parent Friendly Awards 2008.

The star-studded ceremony was hosted by Carrie Grant, who was joined by fellow celebrity mums Tamara Beckwith, Dr Linda Papadopoulos, Floella Benjamin, Nancy Sorrell plus Dr Miriam Stoppard.

The award, for the product that had changed people's lives during pregnancy or as a new mum, went to the Baby and All Bag – a baby carrier and useful

holdall, all-in-one, manufactured and marketed by Debra Clare Ltd.

The inspiration for the product came from mum Debbie Mankelow, who originally designed the Baby and All Bag for her own needs. Now fully certified by the British Standard for Soft Carriers and patent pending, the Baby and All Bag is available through high street and online retailers.

The award is a chance for parents to tell others about an innovative product or service for their baby that they couldn't have done without. The winner is nominated and voted for by parents.

Response to pneumococcal bacteria threat

Meningitis UK is concerned about a strain of the pneumococcal bacteria which is on the rise in England and Wales and can cause meningitis.

Meningitis UK's Chief Executive Steve Dayman said: "There are more than 90 types of pneumococcal disease and the current vaccine only protects against seven of the most common of these. It is also not currently known how long protection lasts. The new data which shows a rise in serotype 1 pneumococcal proves there is still a long way to go before the disease can be eradicated completely, so it is vital that research continues. Meningitis UK is funding research to develop more targeted pneumococcal vaccine strategies, which could provide longer lasting protection"

Tel: 0117 373 7373 or visit www.meningitisuk.org



Risk Manager for City Hospital Margaret Deary with Emma Yates and health visitor Heather Rouse.

Breast mums in Sunderland

A group of Sunderland mums have been celebrating after completing their breastfeeding peer counsellor course.

As part of the Bosom Buddies Breastfeeding support group, 20 mums from across Sunderland have completed La Leche training. The 10-week course, designed by La Leche League, trains mums who may have experienced problems with breastfeeding to help other mothers with their breastfeeding concerns.

The celebration took place at North Moore Fire Station where each mum was presented with a certificate and flowers. Midwives and health visitors joined the Bosom Buddies to celebrate their achievement. Breastfeeding mum Emma Yates said: "I really struggled to breastfeed but after visiting a Bosom Buddies session it really encouraged me to stick with it."

Health workers attend each meeting alongside the Bosom Buddies to provide full support to mothers.



Combined feeding is the fastest growing trend among today's mothers

The results of a feeding habits survey released in January and conducted by Philips Avent, reveals the changing attitudes towards baby feeding among new mothers over the past 30 years.

The survey showed that mothers today are more likely to breastfeed compared with five years ago and would breastfeed more often in public if it were more socially acceptable.

Mothers who gave birth in the last year are twice as likely (30%) to combine bottle and breastfeeding, compared with mothers who gave birth 21-30 years ago. Just over half of mothers who gave birth in the last year indicated a breast pump as the most important feeding item they purchased.

Parents are increasingly sharing the care of their baby. Just 10% of mothers who gave birth in the last year said their partners are never interested in feeding the baby, compared with 50% over 30 years ago.

With today's busy lifestyles, it is not surprising that expressing breast milk and combination feeding are on the increase. The survey also reveals how improvements in maternity leave and flexible working are giving mothers time to spend with their babies before returning to work. Over the past 10 years, the number of women taking a year off has more than doubled.

www.philips.co.uk/avent, tel: 01787 267000, email: avent.professional@philips.com

Pros and cons of delayed cord clamping are reviewed

A Cochrane Systematic Review¹ looked at data from 11 trials that included a total of 2,989 mothers and their babies to consider whether the umbilical cord should be clamped within a minute of birth or after two or three minutes. The review sought to establish whether the timing of clamping was significant in reducing the risk of excessive postpartum bleeding in the mother or had any advantages or disadvantages for the health of the infant.

Early or late clamping caused no differences for the mother in terms of greater risk of blood loss. However, delaying cord clamping for 2-3 minutes after the birth gave the infant increased amounts of haemoglobin in their first months of life, but may increase the risk of needing phototherapy to treat jaundice. Sometimes a newborn's liver is

slow to break down all of the red cells they had in the womb, particularly if they are left with more fetal blood from delayed cord clamping and phototherapy helps to speed the break down.

"If there is access to phototherapy treatment, there would appear to be no additional risk in delaying clamping the cord in healthy term infants, particularly as this appears to boost the infant's stores of iron. This may be of particular benefit for babies with poor nutrition," says lead researcher Dr Susan McDonald, Professor of Midwifery at La Trobe University.

Reference

1. McDonald S.J., Middleton P. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD004074. DOI: 10.1002/14651858.CD004074.pub2.