



Philips AVENT launches Baby Feeding Diary with tips from Vicki Scott

The early days of parenthood can be a confusing time that passes quickly. To help make things easier Philips AVENT has created the Feeding Diary for parents to complete and discuss with their healthcare professional.

Remembering when a baby last fed, for how long, or how much was taken per feed can be tricky when feeding around the clock. The diary enables parents to keep a record of feeds and any special events, and is full of practical advice from Philips AVENT's feeding and wellbeing advisor, Vicki Scott. It is also a place to jot down feeding questions, particularly for a healthcare professional to follow-up on later. The diary also covers bottle feeding and combination feeding, providing information and tips on whatever feeding choice is taken.

Vicki Scott says: "We hope parents find the diary a useful resource. The first part covers feeding choices while the diary will be personal to the family. We've also created a jargon buster and provided useful tips for the various stages of early development."

Free copies are available for healthcare professionals, call 01787 267 000 or email avent.professional@philips.com

Clinical networks have not succeeded in all areas

A report into the reorganisation of neonatal services in England by the House of Commons Committee of Public Accounts has highlighted unexplained variations in mortality rates between networks.

Following a 2003 review of neonatal services, the 180 neonatal units based in the English NHS and Foundation Trusts were organised into 23 geographical, managed clinical networks.

While there was widespread support for neonatal services to be delivered through clinical networks, these networks have developed at different rates and two areas have yet to establish a formal managed network. Networks have helped improve communication and co-ordination between units and have made progress in reducing the number of times babies have to be transferred long distances to obtain care, but there has been less progress on a recommendation for networks to re-designate units to ensure that the supply of intensive, intermediate and special care matches demand.

The NHS still has limited data on patient outcomes, other than mortality rates which show unexplained variations between networks. While these variations may be due to the demographics of the

population such as maternal age, obesity and smoking, other factors – such as access to care during pregnancy and speed of access to the right level of neonatal care – may also have an influence.

Key findings include:

- The reorganisation of neonatal services into clinical networks has had limited impact in reducing geographic variations in mortality rates.
- There are serious shortages of qualified neonatal nurses with an average of nearly three vacancies per unit.
- While most units have reviewed the types and intensity of care they should be able to provide safely, the re-designation has yet to be implemented in full.
- There are wide variations in costs and charges between units for the different levels of care provided, and units' understanding of costs is generally poor.
- Only half of networks provide specialist neonatal transport services 24 hours a day, seven days a week.
- On average, in 2006-07, each neonatal unit had to close to new admissions once a week due to a lack of cots.

Report at www.parliament.uk/parliamentary_committees/committee_of_public_accounts.cfm

Students midwives: delivered into debt

More than 90 per cent of final year midwifery students are struggling to find a job, according to a survey published by the Royal College of Midwives. The survey comes as midwifery becomes an all-graduate profession.

Eighty-one per cent said the move to degree-only training would have a negative financial impact on them. Ten per cent already had debts of £7,000-9,000. The RCM supports the move to an all-graduate profession but is concerned at the financial impact this will have on students and how it may affect recruitment.

RCM Student Services Advisor Sue Jacob said: "The outlook for jobs for recently qualified student midwives is bleak. We don't want student midwives to be used to fill gaps on wards, we need to find a way for them to get employment as midwives. Otherwise their education, talent, energy and the cost of training them will be lost."

www.rcm.org.uk

Parent support programmes

Two successful programmes have been extended to support vulnerable parents across the country, states a CNO Bulletin. A further 20 sites will test the Family Nurse Partnership Programme, a model of intensive nurse-led home visiting for vulnerable first time young parents.

Further investment and more schemes will build on the work being done to tackle social exclusion and health inequalities.

Run by the DH and the Department for Children, Schools and Families, the programme involves family nurses visiting young, disadvantaged parents from early pregnancy until the child is two years old. Nurses build close relationships with families and guide inexperienced teenagers towards adopting healthier lifestyles and improving their parenting skills. A further £30 million has been invested in the scheme, which forms a core part of the Child Health Promotion Programme.

May 2008 CNO Bulletin at www.dh.gov.uk/cnobulletin



Pictured (from left) are Kettering General Hospital NICU manager Chris Brandon-Cox, Trish Hawkie from Candis magazine and staff nurse Sam Lehmann at the presentation of the unit's new breast pump from BLISS at the end of May.

Donation of portable pumps to NICUs aims to reduce the number of babies missing out on breastmilk

As part of National Breastfeeding Awareness Week in May BLISS awarded almost half the neonatal units in the UK with a portable Medela Electric Swing Pump to help mothers express milk for their sick and premature babies.

The pump has a two-phase expression that imitates the baby's natural sucking rhythm and enables mothers to express at the cotside. The donation was supported by Candis and Medela.

New research released by BLISS shows that some new mothers of premature or sick babies are unable to breastfeed because they do not receive the support they need.

Thirty-eight per cent of mothers surveyed by BLISS did not breastfeed, even though almost all were aware of the benefits of breast milk, and most expressed milk to begin with. While in some cases

this may have been because breastfeeding was impossible, 17% said it was due to a lack of support from staff.

Twelve per cent of the mothers stated that no one had shown them how to position and attach their baby to the breast, and only 36% were told about the problems they might encounter and how to overcome them.

The research also indicated that over a third felt they were not helped to have skin-to-skin contact with their baby, even though it is widely accepted that this can help stimulate milk production and is important for making the transition from expressing to breastfeeding. Only 28% of those asked were shown how to hand express, while just 21% had access to portable pumps for cotside expressing.

www.bliss.org.uk

Report into perinatal mortality is available

At the beginning of this year, a copy of the CEMACH report Perinatal Mortality 2006 was provided to each trust with a copy of their individual trust report. This is the third annual perinatal mortality report issued since CEMACH became responsible for confidential inquiries into neonatal outcomes. A similar report has been produced and distributed to each Neonatal Network and SHA. Information on a number of maternal risk factors is included; maternal age, obesity, social deprivation and ethnicity remain important factors for perinatal mortality. CEMACH also explored the variability of perinatal mortality rates by provider and by network and found a wide variation of practice in reporting deaths for babies below 22 weeks' gestation.

Report at www.cemach.org.uk

Action demanded to tackle premature baby deaths

Action Medical Research is stepping up a call for urgent government action to help reduce the more than 25 baby deaths each week in the UK as a result of premature birth. Launching a website at www.standupfortinylives.org, the charity is urging the public to support their call to the DH and Department of Innovation, Universities and Skills for an independent Premature Birth Inquiry to develop the first national research strategy for tackling premature birth.

Britain is believed to have the highest rate of premature birth in Europe.

Professor David Field, president-elect of BAPM which is supporting the initiative, said: "Premature birth is often seen as a discreet event, yet the health impact of a child being born too soon can last a lifetime. Up to a third of women who have a pre-term labour will repeat the experience. Without more research, families will continue to suffer."

The government has increased the amount spent on research into premature birth (from £3.7m in 2004-05 to £5m 2005-06) the figures are far outweighed by the need, as Action Medical Research Campaigns Manager Patrick Olszowski explains: "The costs of caring for babies born prematurely, both initially and throughout later life, can be huge."

www.standupfortinylives.org,
www.action.org.uk

New president for RCM

Liz Stephens is the new president of the Royal College of Midwives. A consultant/caseload midwife, Liz has more than 30 years' experience in the NHS and has been an RCM council member for nine years. Throughout her career she has continued in clinical practice and is an active midwifery practitioner. Liz takes over from out-going president Maggie O'Brien.