

## It's not all sleepless nights for new parents

A survey, conducted by Philips AVENT, which studied the sleeping habits of nearly 200 new parents and their babies (up to two years old) challenges the previous negative associations of sleep deprivation among parents of young children. It revealed that new parents are getting more sleep than widely thought. Half of parents are half back to their usual 6-9 hours sleep a night by the time their baby is six months old and almost half of babies this age are sleeping through the night.

In addition the survey found a third of parents manage to get a good 6-9 hours sleep when their baby is newborn. Nearly 20% of parents with babies aged 3-6 months are managing to get more than a staggering nine hours sleep a night, although a quarter of babies aged 12 months and over still aren't sleeping through the night.

The old fashioned bedtime routine of 'bath – milk – bed', has made a comeback with 95% of parents establishing a bedtime ritual early on and accrediting this to a happy baby who sleeps well. Popular ways that parents cope with sleep deprivation were revealed to be napping when the baby sleeps and not worrying so much about getting the household chores completed.



Philips AVENT DECT monitor.

All parents surveyed reported checking on their baby at least once whilst they are sleeping and 85% more than once. The majority of the parents used a baby monitor, which perhaps helps to ensure a good night's sleep, as parents are able to relax in the knowledge that they can remain totally connected to their baby even whilst in another room.

Nearly 80% of parents with newborns use a monitor and 72% still use a monitor when their toddlers are 18-24 months old. This demonstrates that baby monitors are used for longer than widely thought and a good monitor is a useful tool for parents to keep an eye on active toddlers.

[www.mybabytalk.co.uk](http://www.mybabytalk.co.uk)

## The debate regarding an all-graduate nursing profession

Moving to an all-degree workforce at the point of registration has been recommended as a key strategy in modernising nursing<sup>1,2</sup>. The challenges it poses, however, have long been debated. The potential advantages of increased attractiveness of nursing as a career for some and enhanced quality of care have been contrasted with potential risks of deterring other potential applicants and concerns about proficiency in 'basics' of care and workforce retention. A Policy document review by the National Nursing Research Unit at Kings College London, based on a recent review<sup>3</sup>, concludes:

- There is some evidence that qualifiers from four-year degrees, and those who take post-registration degrees, are more competent than non-graduates in certain aspects of nursing and that experience further develops these enhanced competencies.
- An all-graduate workforce may have

higher expectations of career progress and job satisfaction than the current mixed workforce. Expectations will need to be recognised and managed to promote retention.

- Career progress, morale and retention of the existing diploma/certificate workforce will need careful assessment and management. Increased numbers of diplomates wanting to upgrade to graduate status has individual and organisational resource implications.

1. **Department of Health.** A high quality workforce. NHS next stage review. London: Department of Health. 2008.
2. **Nursing and Midwifery Council.** Developing new standards for nursing education in the uk: <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4617>, 2008.
3. **Robinson S, Griffiths P.** Moving to an all-graduate workforce at registration: Assessing potential effects on workforce profile and quality of care. London: National Nursing Research Unit, King's College. 2008.

[www.kcl.ac.uk/schools/nursing/nnru/policy](http://www.kcl.ac.uk/schools/nursing/nnru/policy)

## Health in Pregnancy Grant

The Health in Pregnancy Grant is a new payment available from 6th April 2009 to pregnant women between the 25th week of pregnancy and their expected date of delivery.

The grant is a one-off lump sum, expected to be £190 and is tax free; it does not depend on the amount of household income. The grant is designed to provide flexible financial help to support the general health and well-being of women in the later stages of pregnancy and to help them meet wider costs in the run up to the birth.

The mother may choose what she spends it on. From 25 weeks a practising midwife or doctor can sign the claim form to confirm the woman is pregnant and that appropriate maternal health advice has been given.

[www.direct.gov.uk/money4mum2be](http://www.direct.gov.uk/money4mum2be)

## The cost of preterm birth

Investigation into the financial burden of premature birth by Tommy's, the baby charity at Oxford University's Health Economics Research Centre, has found that premature birth costs the UK economy a staggering £939 million per year.

The cost on average of a preterm baby is one and a half times more than a baby born full term. Delaying all preterm birth by just one week could potentially save £260 million per year.

Jane Brewin, Tommy's Chief Executive said, "Given that the UK rate of premature birth is rising, this mammoth cost is set to grow even larger. A plan must be developed which will target medical research resources to reduce premature birth."

Along with the financial cost, the increase in babies born too early puts added emotional strain on families who must deal with the lifelong consequences of a baby born too soon.

Tommy's recommendations include:

- More funding for premature birth research now in order to save billions of pounds over the years to come.
- Identification of women at high risk so they can receive targeted treatment.
- More research into methods for delaying or preventing premature birth, such as delaying the contractions that start it. Early studies in this area have shown real promise.

## New technologies on trial to combat healthcare infections

New infection beating products are being evaluated in seven 'Showcase Hospitals' across England in a project led by the NHS Purchasing and Supply Agency (NHS PASA). Evidence of effectiveness is being collected along with the views of staff on how easy products are to use. NHS PASA will then work with the hospitals to make the successful products widely available across the NHS as quickly as possible.

Hand hygiene, high standards of cleanliness, bare below the elbows, deep clean of hospitals and screening patients for MRSA are all vital elements of the Department of Health's strategy for tackling infection, so too is sensible use of antibiotics. But now it is looking towards technology and design to play a part in the fight against infection.

The first review of new products is underway and includes evaluation of a vapour decontaminating system for use on equipment and clinical areas, a device to detect whether surfaces and equipment are sufficiently clean and a skin preparation product for disinfection of the skin prior to invasive procedures.

## Call for one-to-one nursing

Bliss recently launched its latest campaign to raise awareness of the shortage of neonatal nurses and the importance of one-to-one nursing for babies in special care. The campaign is backed by two of the Royal Colleges and three other professional bodies.

When critically ill, babies should receive the same level of nursing care as children and adults – one nurse to one patient. However, research conducted by Bliss over three years highlights a critical shortage of specially trained neonatal nurses.

The shortage of nurses also affects babies who need special and high dependency care as nurses often work across all three levels in the same hospital.

Bliss' report *Baby Steps to Better Care* 2008 stated that 1,700 more nurses were still needed to meet the minimum clinical standards set by BAPM in 2001. Bob Phillipson, Bliss Campaigns and Policy Manager, stresses the importance of this minimum standard: "The role of specialist nurses is crucial not only to the survival and healthy outcome of the baby, but also to the wellbeing of the family."

Elizabeth Thompson, mother of Eleanor

**Bliss**  
for babies born too soon,  
too small, too sick

born 12 weeks prematurely, says: "One-to-one care enabled us to know what was happening and be fully involved in her care. When we moved to another unit and lost this care, we felt out of control and it made that period of time very stressful."

In order to achieve one-to-one care for babies requiring neonatal intensive care, Bliss wants to see the following happen:

- People across the UK writing to their local politician and Health Minister calling for action.
- Ministers and local politicians working together with hospitals to agree an action plan of how to tackle this shortage.
- Services for sick and premature babies being raised not just up to the minimum standards, but to the best possible standards.

To take action towards one-to-one nursing care, visit [www.121nursing.org.uk](http://www.121nursing.org.uk).

## Need for licensed medicines for children

A new study published in the *British Journal of Clinical Pharmacology*, carried out by Professor James McElnay, a leading academic at Queen's University Belfast, has shown many people in Northern Ireland do not know medicines are being used outside their license to treat children.

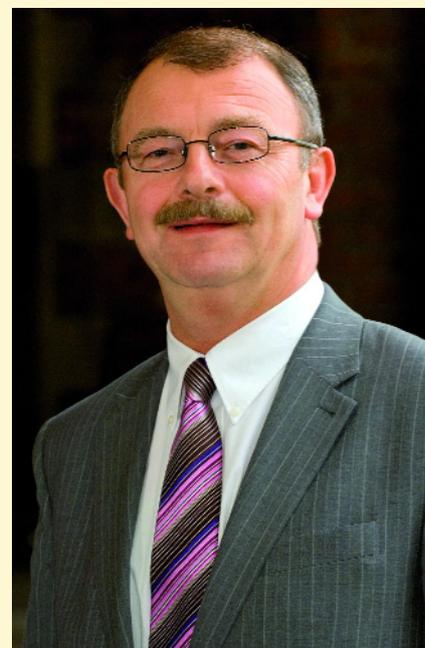
At least one third of children in paediatric medical and surgical wards and up to 90% of children in neonatal intensive care units are prescribed unlicensed medicines, according to previous European studies. It is generally considered to be the role of the prescriber or the pharmacist to provide information to parents about the unlicensed use of medicines in their children without causing undue confusion or distress. But the study acknowledges that this can lead to a lack of trust which could influence the treatment negatively.

A survey of 1,000 members of the public found that 86% of respondents claimed that they had never heard or

read about the unlicensed use of medicines in children. At the outset of the questionnaire, only 1.8% of those involved felt the use of medicines in children was unsafe, but after being told about unlicensed use of medicines the figure increased to over 62%. Ninety per cent of participants felt unlicensed medicines would increase the risk of side-effects, 92% felt parents should be informed about the use of unlicensed medicine in their child.

When asked what they would do if their children was prescribed such a medicine, 42% said they would use the medicine but check the child carefully for side-effects, while 40% indicated they would ask the doctor to change the medicine to one which has been fully tested and licensed for use in children. Eighteen per cent indicated they would simply accept that the doctor knew best.

Professor McElnay said: "There is a lack of medicines available for children which have undergone the strict testing procedures which take place for adult



Professor James McElnay

medicines. This puts children at a disadvantage when compared to adults. There is a need for more clinical trials in children so that more licensed medicines are available."