

## HTA reinforces warning on cord blood collections

The Human Tissue Authority (HTA) seems to be winning support for its campaign to ensure that all UK cord blood collections are lawful and safe. In July 2008, the HTA introduced regulation to ensure that cord blood can only be collected under an HTA licence by suitably trained staff. It is now writing to organisations to remind them of these regulations.

Roger Dainty, UK director of Nottingham-based cord blood bank Future Health, comments: "At present there is no national NHS policy regarding cord blood collections and each hospital is able to set its own rules. We thoroughly support the HTA's campaign to highlight the importance of making appropriate arrangements for legal and safe collections."

According to Future Health, in line with increasing evidence of the power of stem cells to heal and repair, more parents are taking an interest in cord blood banking, which cryogenically stores stem cells from the umbilical cord for up to 25 years.

Kent Law School's Dr Karen Devine agrees: "The need for qualified staff to perform the procedure is imperative if the sample is to be free from contamination and able to be stored for future use.

"However, in the rush to utilise the 'once in a lifetime opportunity' to save the cells, midwives are under pressure to perform a procedure that they may not be legally allowed to perform. Indeed, the National Litigation Authority will not indemnify those who do so. Untrained parents and birth partners who carry out the task are also acting unlawfully."

"While expectant families may act under the misconception that the collection process is a risk-free procedure, there is evidence to suggest that for the optimum number of cells to be procured, collection must be performed while the placenta remains *in-utero* and the cord is clamped early. However, these methods can pose potential health risks to mother and baby.

"It is extremely important for parents to



Cryogenically storing stem cells for the future. Picture courtesy of Future Health Technologies Ltd

confirm whether their delivering hospital is both licensed and has qualified staff available to perform the procedure."

## Charities form research partnership to save lives

Possible causes of stillbirth will be investigated as part of a research partnership launched by Wellbeing of Women (WoW) and Sands, the stillbirth and neonatal death charity.

The first project will focus on genetic testing to identify fatal heart rhythm problems in stillborn babies and will be based at UCL, Barts, and Great Ormond Street hospitals, under Dr Sudin Thayyil. The aim is to discover if heart arrhythmias may be the cause of some of the 70% of stillbirths that are currently unexplained.

The second project will be a survey of obstetric cholestasis in pregnancy which will be undertaken by Professor Catherine Williamson, Imperial College London, and Dr Marian Knight, University of Oxford. It will investigate how many pregnancies affected by severe obstetric cholestasis (OC) may end in a baby dying or being



born prematurely. OC is a liver disorder that affects approximately one in 200 pregnant women in the UK and can cause severe complications for the baby, including stillbirth. The researchers will investigate how common the condition is before 20 weeks of pregnancy and examine how women are treated in the UK.

Says Sands Research Manager Janet Scott: "We believe this will bring to light answers surrounding the unacceptably high stillbirth rates in the UK, and be a step towards a solution for the future."

## Cases of TB increase in the UK

Responding to figures from the Health Protection Agency that show a 5.5% rise in the number of cases of tuberculosis (TB) in the UK – from 8,679 reported in 2008 to 9,153 in 2009 – Bridie Taylor, Services and Education Director at the Meningitis Trust, says: "The increase in cases of TB in the UK is a concern to us as we could see a likelihood of TB meningitis cases rising and we see first-hand the devastation that this type of meningitis can cause".

TB meningitis is a life-threatening infectious disease that causes inflammation of the layers that surround the brain and spinal cord. TB infection usually begins in the lungs and in about two per cent of cases the infection can progress to TB meningitis.

This usually develops slowly with vague symptoms such as aches and pains, loss of appetite and tiredness, and usually with a persistent headache.

These vague symptoms can last for several weeks before the more specific symptoms of meningitis occur, such as joint/neck stiffness, a severe headache and a dislike of bright lights.

In the UK, there is an effective BCG vaccine which is offered to individuals who are at a greater risk of contracting tuberculosis. It is also recommended to health workers who may have been exposed to TB.

## Researching discharge from the neonatal unit to home

A team from the University of the West of England and the University of Bristol are researching the pathways that NICUs use when discharging babies to home, with a focus on those babies born before 32 weeks' gestation. Dr Sarah Manns explains: "We are keen to capture practices being carried out in as many units as possible, so that we might learn from your expertise. If you are happy to share your unit policy and philosophy, we would like to hear from you."

Contact Dr Sarah Manns at: [sarah.manns@uwe.ac.uk](mailto:sarah.manns@uwe.ac.uk).

## Funding boost for life-limited children is expected to offer families more choices

Children's palliative care charity ACT has welcomed a one-off £30 million boost for children who have a health condition that will shorten their life. This funding was unveiled by Health Minister Andy Burnham and should help deliver more care in the home to terminally ill children.

ACT says that the 20,000 life-limited babies, children and young people living in England will benefit from this investment and it should help them and their families to have greater choice in where they receive care and support. Further, it will help fund more community children's nursing and children's hospice at home services.

The charity's chief executive Lizzie Chambers (*pictured*) says: "Families who care for life-limited children struggle to provide care at home round-the-clock; they can't do it alone. Families tell us that they want real choices in where and how

care is delivered and want to have more support at home."

ACT hopes too that the funding will support more children to die within the home, rather than in a hospital



environment. For neonates with palliative care needs, less than one per cent are able to die at home with their families.

Adds Chambers: "I hope that this one-off investment will lead to a long-term commitment and the sustainable funding that children's palliative care services need."

## Lack of vital equipment hampers resuscitation of newborn babies

An alert published by the National Patient Safety Agency has highlighted incidences of a failure or delay in resuscitating neonates due to equipment failing or missing from the resuscitation trolley, difficulty by staff in using equipment and drug errors (including adult strength adrenaline).

In total, 622 incidents were identified within the Reporting and Learning System database as relating to problems with equipment and medicines in neonatal resuscitation, including 11 incidents of serious harm and death. In a sample of 100 lower harm incidents, two-thirds related to medical equipment and a third related to problems with medication. The two main themes regarding equipment were items missing from the trolley and oxygen not working or running out. The most serious medication incidents related to incorrect dose of adrenaline, including two incidents of tenfold errors and only adult strength, ie 1:1,000, available on the trolley.

The National Reporting and Learning Service has been discussing these data with the UK Resuscitation Council, and new initiatives are planned to give staff who may be required to attend to newborn babies, access to approved neonatal-specific training courses. The Resuscitation Council is also considering a proposal to redesign the neonatal resuscitation trolley/kit with touch screen technology to guide the resuscitation team leader and facilitate the logging of interventions, and electronic tagging of equipment to maintain stock control.

[www.babyfirst.com](http://www.babyfirst.com) is a resource for NICU staff and parents of premature infants with practical information on caring for babies during the first few months. The website is supported by Draeger Medical and NICUniversity, a web-based medical education centre for clinical professionals.



## Royal College of Midwives Annual Awards

Patron of the Royal College of Midwives, HRH Princess Anne joined the General Secretary Professor Cathy Warwick CBE in presenting this year's annual Midwifery Awards. Held this year at the Royal Garden Hotel in Kensington the awards, sponsored by Philips Avent, acknowledge the dedication of midwives and their teams to the women and families for whom they care.

Michelle Davidson and Carolyn Worlock won the award for Feeding Matters: an infant feeding teaching manual and toolkit. Feeding Matters is a Unicef-approved educational resource developed to enable professionals to empower patients to make and implement informed feeding choices to

meet their baby's nutritional needs.

Two other teams were shortlisted for the award: Jayne Jempson and James Barkshire for the Maternity Digipen, which replaces paper diaries and mobile phones with a Blackberry and a Digipen. Anything which is written, in a woman's notes, on a clinic record, or a partogram, is automatically 'read' and digitalised. The Blackberry technology also allows photographic evidence to be taken to aid clinical or safeguarding issues.

Also commended were Gail Bell and Phyllis Aitken for establishing the new support role Maternity Care Assistants, which provides care for mothers and babies that do not require the specialist skills of the midwife.