

Launch of new aeromedical perinatal service

AirMed has announced the operational launch of its perinatal service and successful completion of its inaugural combined obstetric and neonatal transfer.

The new Perinatal Service will be under the AirBorn banner and continues AirMed's close collaboration with the Oxford Radcliffe Hospital NHS Trust.

The Perinatal Service will provide support not only for the newborn child, but will also enable aeromedical transfers of mothers-to-be.

This new service has already completed its first successful mission. This involved a British woman who had gone into premature labour at 29 weeks while travelling abroad in Kazakhstan. Following comprehensive planning a combined neonatal and obstetric senior specialist-led team was dispatched on board one of AirMed's Learjet35As.

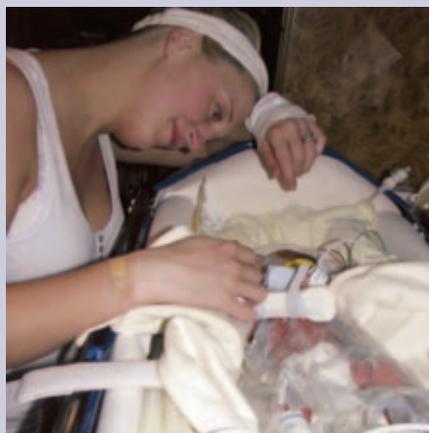
The Learjet 35A was equipped with double stretchers, including a BabyPod, which enabled carriage of both mother and baby post-delivery if required.

After assessment by AirMed's team it was agreed that the best course of action was to deliver the baby on-site prior to the air ambulance flight home due to the onset of acute sepsis. With close co-operation from the treating facility, baby Max, all 3lbs of him, was successfully delivered resuscitated and intubated.

Mum and baby were repatriated back to the UK where Max is continuing his care in a specialist neonatal unit.



Baby Max following a successful, albeit slightly earlier than planned, delivery.



Mum and baby doing really well on the flight home.

Novel rapid meningitis diagnostic test moves closer to market

Belfast Health and Social Care Trust has licensed its novel rapid meningitis diagnostic test to HiberGene Diagnostics Ltd, a start-up client company of NovaUCD, the Innovation and Technology Transfer Centre, Dublin, Ireland.

Diagnosis of meningitis is notoriously difficult, with ambiguous flu-like symptoms initially, which make early diagnosis very challenging. Standard laboratory tests take at least 24 hours, and there is a need for rapid, sensitive and specific tests to allow earlier confirmation of the diagnosis and earlier treatment. Standard laboratory tests take at least 24 hours, and there is a need for rapid, sensitive and specific tests to allow earlier confirmation of the diagnosis and earlier treatment.

The new test, which provides a reliable diagnosis in less than one hour, was developed by scientists in the Royal Victoria Hospital laboratories. The test uses a method known as loop-mediated isothermal amplification (LAMP) to provide the result. It has the potential to be used in emergency departments instead of hospital laboratories and is currently being evaluated at the Royal Belfast Hospital for Sick Children.

For more information contact:
beckypj@meningitis.org

Link between H1N1 flu virus and stillbirth

A new UK-wide study has found a five fold significant increase in the number of babies being stillborn or dying shortly after birth to mothers who were infected with the 2009 strain of the H1N1 flu virus. Baby deaths, among mums infected with the virus, who were admitted to hospital, were over five times higher than would normally be expected. This has prompted Sands, the stillbirth and neonatal death charity, to urge all pregnant women to be immunised against flu in time for the winter months.

The research, carried out by the National Perinatal Epidemiology Unit at the University of Oxford revealed that stillbirths and deaths of babies shortly after birth were higher in babies born to infected women admitted to hospital than mums not infected with the H1N1 flu virus. Babies of infected mums were also

more likely to be born prematurely than those born to non-infected mums.

In 256 mothers infected with the H1N1 flu virus, between September 2009 and January 2010, tragically seven of the babies were stillborn and three died shortly after birth. The findings equate to 39 babies in 1000 dying, before or shortly after birth, compared to 7 in 1000 in mothers not infected with the virus.

Within three weeks of vaccination a pregnant woman and her baby are well protected against H1N1 flu, yet in 2009 the uptake of the vaccine among pregnant mums was low. Only 56.6% of pregnant women who were in a higher risk category for flu, having a condition such as asthma for example, were vaccinated and 36.6% of healthy pregnant women with none of these additional risk factors, had the vaccination.

Janet Scott, Research Manager at Sands, says: "The association between the H1N1

flu virus and a marked increase in the number of baby deaths is alarming. I suspect many pregnant women have no idea that flu could potentially be a serious risk to their baby, yet early immunisation is an easy and effective way for mums to protect themselves and their babies against the potential threat.

"It seems clear to us that pregnant women should be better informed about the risks of flu to themselves and their baby so they can make an informed decision about getting vaccinated. These statistics are very worrying, and as the flu season approaches we would urge pregnant mums to go and see their GPs and get vaccinated. It will be a tragedy if any baby dies due to flu in the coming winter months because a mother did not realise the importance of vaccination in protecting her and her baby."

Contact: info@uk-sands.org

Strategic Vision for Maternity Services in Wales

In the Welsh Government's plan to reform maternity service in Wales, Lesley Griffiths, the Minister for Health and Social Services, states: "Ensuring every woman in Wales, irrespective of her location, social background, circumstances or ethnicity, has access to and receives safe high quality care, as close to home as possible is paramount." She continues: "The health of children is influenced by what happens throughout pregnancy and even before, so it is vitally important that efforts to ensure that the mother and child are safe and healthy need to start well before birth."

The document has five key themes for action. The Welsh Government expects the NHS to take action to deliver maternity services that:

- place the needs of the mother and family at the centre so that pregnancy and child-birth is a safe and positive experience and women are treated with dignity and respect
- promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

- provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

- employ a highly trained workforce able to deliver high quality, safe and effective services

- are constantly reviewed and improved.

Particular focus will be made on the following areas:

- Teenage pregnancies
- Perinatal and infant mental health
- Obesity, smoking and alcohol
- Education
- Breastfeeding support
- Workforce issues

The Welsh Government has established an All Wales Maternity Services Implementation Group, co-chaired by a service user and the Chief Nursing Officer, which is tasked with developing a formal set of indicators against which maternity services will be measured.

For the full report access:

<http://wales.gov.uk/docs/dhss/publications/110919matstrategyen.pdf>

Inadequate guidelines for the diagnosis of miscarriage

Current guidelines that help clinicians decide whether a woman has had a miscarriage are not reliable, and following them may lead to the inadvertent termination of wanted pregnancies. This is the conclusion of a series of papers published in the international journal *Ultrasound in Obstetrics and Gynecology*. "This research shows that the current guidance on how to use ultrasound scans to detect a miscarriage may lead to a wrong diagnosis in some cases. Health professionals need clearer evidence-based guidance to prevent this happening," says Professor Basky Thilaganathan, Editor-in-Chief of the journal.

A miscarriage is often confirmed by using an ultrasound scan to see whether there is any sign of a pregnancy sac or embryo in the womb, and women understandably expect that when a diagnosis of miscarriage is made there is no room for error.

One piece of research showed that the data behind the current guidelines are based on old and unreliable evidence. When there are suspicions that a woman has had a miscarriage, common practice is to use ultrasound to measure the size of the gestational sac and the embryo. One study shows that in some cases cut-off values to define miscarriage in these circumstances cannot be relied upon.

When there is doubt about the diagnosis of miscarriage, current guidance suggests the pregnancy sac should be re-measured seven to ten days later. If the sac does not grow, it is assumed that a miscarriage has occurred. However, a study led by Professor Tom Bourne from Imperial College London found that perfectly healthy pregnancies may show no measurable growth over this period of time.

"Currently there is a risk that some women seeking reassurance with pain or bleeding in early pregnancy may be told they have had a miscarriage, and choose to undergo surgical or medical treatment when the pregnancy is in fact healthy," says Bourne.

"For most women sadly there is nothing we can do to prevent a miscarriage, but we do need to make sure we don't make things worse by intervening unnecessarily in ongoing pregnancies."

Recommendations on toddler portion sizes

The Infant & Toddler Forum (ITF) has launched new evidence-based portion size ranges for children aged 1-3 years. The portion ranges can be used as best practice guidance by healthcare professionals to address parental anxiety around over- and under-feeding.

The guidance is available as a practical, downloadable factsheet from the website.

Portion size information for 1-5 year olds has been identified as an area where guidance is lacking and people are under-informed. In a recent ITF poll of healthcare professionals, only 12% answered a question on toddler portion sizes correctly. In addition, research carried out by the Forum last year showed that over three quarters of parents (77%) have never received clear

advice about toddler portions.

This new factsheet from the Forum helps healthcare professionals feel confident in advising families on limiting high calorie foods. The advice will also help to reassure parents and carers who worry their children aren't eating enough and dissuade them from coercing toddlers to eat larger portions than they need to.



www.infantandtoddlerforum.org

'Preparation for Birth and Beyond' resource pack

Aimed at all those in the NHS, local authorities and the voluntary sector who run groups for expectant and new parents, the Preparation for Birth and Beyond (PBB) resource aims to help practitioners meet the needs of mothers, babies and fathers, and provide guidance on how to engage and enable parents to give their child a positive start in life.

The PBB programme has been developed by a multi-disciplinary group of health professionals, voluntary bodies including NCT, and the Department of Health. It explores six themes, aiming to help mothers and fathers-to-be acquire the practical skills they need to cope with labour, care for their baby and nurture their own relationship as they grow into their new roles. The programme is based on the premise that if parents are confident and able to work together to bring up their baby, that child is more likely to thrive.

NCT is offering to run PBB courses for NHS trusts and children's centres, and has experience of engaging hard to reach families. The courses incorporate breastfeeding education to a BFI standard.

Contact: NCT 020 8752 2412
www.nct.org.uk

Nursing posts being lost

Cuts to frontline nursing staff are putting the lives of England's sickest babies at risk. Findings of a survey of England's neonatal units, published by Bliss, the special care baby charity, shows that cuts to frontline staff are adding pressure on nurses in what is an already over stretched environment. This comes after promises from the Government that nursing jobs would not be lost and that frontline services would not be affected in the drive to create efficiency savings.

Some key findings include:

- A third of neonatal units in England are cutting their nursing workforce by making posts redundant, freezing vacancies or down banding posts (ie demoting nurses already in post or replacing nurses who leave, with less qualified nurses)
- In 2010 Bliss reported that an extra 1,150 nurses were needed to meet Department of Health minimum stan-

ACT launches new palliative care website

Leading UK children's charity ACT has launched a new children's palliative care website www.30millionstars.org.uk and resource hub to support all professionals who work with life-limited or life-threatened children, young people and their families.

ACT was commissioned by the Department of Health to develop the new "30 million stars" website to showcase the wide range of innovative children's palliative care projects and resources that received funding from the Department of Health's £30 million funding programme for children's palliative care in England, which was announced in summer 2010.

The new website incorporates a

comprehensive search facility, enabling users to search a database of 328 funded projects completed by a diverse range of children's palliative care services and networks across England.

In addition many resources including care pathways, information booklets, good practice guides, research reports, e-learning modules and DVDs have been developed. ACT and the DH are able to make an impressive 167 of these resources available through the new website, so that learning can be shared as widely as possible, and the children's palliative care sector across England can benefit.



dards which were set out in the NHS Toolkit for High Quality Neonatal Services yet Bliss has found that a total of 140 nursing posts have been cut through redundancies, recruitment freezes or the down banding of posts.

- More than half of units are not meeting the Toolkit standards which state that 70 per cent of their registered workforce should be qualified in specialised neonatal care (qualified in specialty). Bliss is urging NHS Trusts to stop making short sighted cuts and instead use the Toolkit for High Quality Neonatal Services to find ways to make services run more efficiently, while providing high quality care.

The Government and NHS Commissioners must also make neonatal care a priority as a matter of urgency in order to bring it up to minimum standards to ensure the care of premature and sick babies is not compromised.

For more information and to email your MP to stop nursing cuts visit www.bliss.org.uk

