Breastfeeding reduces the risk of infant infection

Breastfeeding for at least three months may reduce the risk of hospitalisation for infection in infants, according to a UK study published in *Maternal and Child Nutrition*.[1]

Authors Sarah Payne and Maria Quigley from Oxford University analysed data from a survey on infant feeding practices and health outcomes in over 10,000 UK women.

A graded beneficial effect was found between longer duration of breastfeeding and hospital admission for infectious causes and for respiratory tract infections, with a significantly lower risk in infants breastfed for at least three months compared with those who never breastfed.

The results indicate that exclusive breast-feeding in the initial weeks after childbirth with continued breastfeeding (either exclusively or partially) for at least three months may confer significant health benefits.

Reference

1. **Payne S., Quigley M.A.** Breastfeeding and infant hospitalisation: analysis of the UK 2010 Infant Feeding Survey. *Matern Child Nutr* 2016; doi: 10.1111/mcn.12263.

Correction

The article *Reinforcing the role of a cardiac-focused physical examination for all infants* published in the November 2015 issue of *Infant* stated that the British Association of Perinatal Medicine (BAPM) supported the Cardiology for Paediatricians and Neonatologists Conference, Brighton 2015. This was misleading as BAPM neither financially supported nor endorsed the meeting; the authors apologise for the inaccuracy.

Scans reveal babies of mothers with gestational diabetes have more body fat

Infants born to mothers with gestational diabetes have more body fat at two months of age compared to those born to healthy mothers.

Scientists from Imperial College London used MRI scanning to measure body fat in 86 babies shortly after birth and then again when they were 8-12 weeks old. The research, published in the journal *Diabetes Care*,[1] revealed that although babies born to mothers with gestational diabetes had no differences in body fat content at birth, by two months of age they had 16% more body fat compared to those born to healthy mothers. Most of the babies in the study were breastfed.

Before going into the MRI scanner, sleeping babies were given mini ear muffs and placed in a special moulded beanbag.

The reasons behind the differences are unknown, but possible explanations include changes in the baby's metabolism while *in utero* or differences in the composition of breast milk from mothers with gestational diabetes.

Gestational diabetes is becoming more common and babies born to these mothers are at an increased risk of developing diabetes when they grow up. Professor Neena Modi, President of the Royal College of Paediatrics and Child Health (RCPCH) and co-author of the paper, says: "This research adds further to the RCPCH long-standing call for obesity research that focuses on prevention in infancy."

Reference

1. **Logan K.M. et al.** Development of early adiposity in infants of mothers with gestational diabetes mellitus. *Diabetes Care* 2016;39:1-7.

Book review

Year Book of Neonatal and Perinatal Medicine 2015

A.A. Fanaroff, W.E. Benitz, S.M. Donn, J. Neu, L. Papile, L.J. van Marter (Editors)
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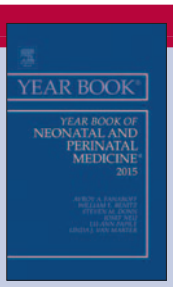

The ever-increasing torrent of research means it is difficult to stay up to date within one's own narrow subspecialty, let alone keep abreast of important studies more widely. This book aims to help busy clinicians and academics deal with this problem in neonatal and perinatal medicine.

The premise is straightforward: interesting and important research studies published in 2015 are selected by 25 eminent clinicians and clinical academics (from the US and the UK). The format is easy to read and digest; the study abstract is printed and followed by a short, half-page commentary putting the work in context and explaining why it is important or innovative. Chapters include The fetus; Genetics and teratology; Respiratory disorders; Infectious diseases and immunology; Cardiovascular system; Gastrointestinal health and nutrition, and Haematology.

I found this book genuinely interesting, it introduced me to entirely novel research areas (the association between climate change and male:female birth ratios, for example) as well as highlighting important work within my field that I had missed. It is somewhat heavier on neonatal rather than perinatal studies, but certainly provides an easy to access and often insightful review of the major neonatal topics published in 2015. Whether it is worth the somewhat steep price tag is a more personal decision.

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