

Fantoms

Ben Stenson, Associate Editor

POSTMORTEM – WHO SHOULD DECIDE?

Most are aware that even when the cause of death is believed to be known, a postmortem examination can uncover new information that may change the counselling given to parents and be of relevance to future reproductive choices. Without pathology the interpretation of the effects of new therapies and trial outcomes is impaired, yet postmortem rates have been in decline for some time. It is easy to blame the lack of availability of perinatal pathologists or a reluctance of parents to give consent since the difficulties in relation to organ retention, but the attitudes of clinicians to the consent process are also pivotal. In a series of three articles with an accompanying commentary, Snowdon *et al* explore the attitudes of clinicians and parents to postmortem examinations within the context of perinatal trials. A theme of clinicians seeking to protect parents from further distress emerges as one of the contributors to low postmortem rates. Perhaps because of this same protective theme Snowdon and colleagues were only permitted to approach the parents of a small minority of the infants who died during the study period to ascertain their views. Some parents were happy to give consent simply because the postmortem may help others. Some were almost talked out of giving consent by their caring doctors. Well intentioned paternalism may limit the choices available to parents and weaken the reliability of research findings.

See pages 198–211

NEONATAL TRANSPORT AND RECONFIGURATION OF SERVICES

A shamefully large number of women and infants in the UK must still be moved out of tertiary perinatal centres in search of available neonatal intensive care cots elsewhere. One of the pleasant side effects of the strictures imposed by the reductions in junior doctors' hours and the gradual reconfiguration of services has been the need to develop robust arrangements for neonatal transport. Historical arrangements were unsafe for patients and staff, and left neonatal units understaffed whilst transports took place. Now properly funded and governed regional transport services are springing up from all directions. Some of those involved in the process share their valuable insights into the development of these new services.

See pages 212–223

ANNPS AGAIN

Wherever they are born infants need appropriately skilled carers to manage their initial stabilisation prior to transport. The Ashington evaluation group demonstrate that a service provided by Advanced Neonatal Nurse Practitioners (ANNPs)—in a delivery unit with no resident medical paediatric staff—can deliver this care at least as effectively as other, more traditional models.

See page 241

FOOD FOR THOUGHT

Vaccarino and Ment describe the latest insights into injury repair and neural plasticity in the developing brain. Robertson and Wyatt provide a detailed review of what can now be offered by nuclear magnetic resonance (NMR) imaging.

See pages 190 and 193

MARKERS OF INFECTION

Ng reviews the bewildering array of tests available for identifying sepsis and monitoring response to treatment. We still await the test that can tell us whether or not infection is present when we are starting antibiotics on the basis of clinical concern. If you are measuring more than a few of these markers you had better check the haemoglobin whilst you are at it.

See page 229



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