

Fantoms



Ann Stark, Associate Editor

WE ARE WHAT WE EAT

Optimal nutrition to support growth in preterm and ill infants continues to be an elusive goal. In a multicentre study that included tertiary and special care units in a single region, postnatal growth restriction was universal in preterm infants who survived to discharge, although the extent varied among units. This variation could not be explained by differences in patient characteristics, including severity of illness, and underscores the importance of continued examination of our nutritional practices.

See page 427

MATERNAL NUTRITION

Two studies remind us that maternal nutrition also affects neonatal outcome. In a case control study using a food frequency questionnaire, folate supplementation and increased consumption of fish and carbohydrate rich food at the time of conception, and iron supplementation in the last month of pregnancy, were associated with a reduced risk of small for gestational age at term. In another report, iodine deficiency was identified in a sample of 3.5% of pregnant women, with borderline deficiency in 40%. Although the incidence of maternal subclinical

hypothyroidism is unknown, increased attention may be needed to avoid this preventable cause of poor neurodevelopmental outcome.

See pages 430 and 435

DO YOU HEAR WHAT I HEAR?

Great progress has been made in implementing universal neonatal hearing screening (UNHS), resulting in early detection and intervention in many children with permanent hearing impairment. In a review of advances in UNHS in the past three years, Kennedy and McCann identify remaining gaps in our knowledge about accuracy of detection and the effect of early intervention on improved language. In addition, they raise the important issues of infrastructure and funding required for any universal screening program.

See page 378

TIMING OF PERINATAL BRAIN INJURY

Results of the Scottish perinatal neuropathology study provide support for our increasing recognition that brain injury in infants with birth asphyxia often starts before the onset of labour. The study reviewed clinical data in 137 of 174 early neonatal deaths and detailed neuropathological data in 70 of 88 infants whose parents had previously consented to autopsy. The relatively low rate of autopsy consent relative to its value in many cases highlights a recurring theme in these pages.

See page 398

SCORES FOR RISK ADJUSTMENT

Several scoring systems are available to assess illness severity in newborns in order to adjust for risk and allow fair comparison of outcomes. In a study from 12 neonatal units in northern Italy, clinical risk index for babies (CRIB) and CRIB-II were superior to score for neonatal acute physiology (SNAPPE-II) in predicting mortality in very low birth weight infants. However, all three were imperfect, primarily because factors in addition to those included in the scores also influence survival.

See page 418



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