

# Fantoms



Ben Stenson, Deputy Editor

## PATIENT SAFETY

Freer and Lyon ask whether the safety alerts and recommendations that can follow the identification of adverse events can effectively exchange one uncertain risk for another. They illustrate this with a survey of the response to an alert about best practice for confirming nasogastric tube position. An accompanying perspective from Vincent and colleagues outlines the difficulty faced by the National Patient Safety Agency in striking a balance between evidence and action and raises the issue of variability in practice as a threat to patient safety.

See pages **F314** and **F327**

## HIGH FREQUENCY OSCILLATION

Depending on whether your cup is half full or half empty, the routine ventilation from birth of infants of 28 weeks gestation or less is equally effective or equally harmful whether you use high frequency oscillatory ventilation or conventional ventilation. Marlow and colleagues report the respiratory and neurological outcomes at 2 years of the 585 surviving infants enrolled in a randomised controlled trial. The initial mode of ventilation had no impact on respiratory or neurodevelopmental morbidity at 2 years. See also the accompanying perspective by Eichenwald.

See pages **F315** and **F320**

## CONSENT

McKechnie and Gill review recent research exploring issues around parental consent for neonatal research. Although some professionals might wish to protect parents from the burden of research and consent, the professionals seem to be more worried than the parents. Parents want to decide for themselves and the majority are happy later with the decisions that they made. Most are comfortable with their baby being enrolled in more than one study at a time. Parents are often unaware of the involvement and role of the ethics committee and have commented that knowledge of this would have made them feel less burdened. Few clinical staff obtaining research consent have had any training in this area.

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## FETAL LUNG VOLUME MEASUREMENTS AND PROGNOSIS IN CONGENITAL DIAPHRAGMATIC HERNIA

Bonfils and colleagues report measurements of fetal lung volume made using MRI in 22 infants with antenatally diagnosed diaphragmatic hernia. The mean lung volume in 10 surviving infants was just 47% of that predicted for gestation, whereas it was 25% in the 12 who died. Lung volume less than 30% predicted was universally fatal in this series. We published this paper online first and a rapid response (click on read e-letters on the journal website) from Gaillot *et al* reports survival in 3 infants with lung volumes of 17, 22 and 28% predicted. We clearly need to know more before these measurements can be used to guide individual decision making.

See page **F363**

## HISTORY LESSONS

O'Donnell and colleagues have unearthed a fascinating and diverse collection of historical observations on neonatal resuscitation, many of which would certainly cause a sharp intake of breath in someone who was conscious, if not in the collapsed patient. Don't try this at home! Peter Dunn describes the work of Paul Portal, Man Midwife, in 17<sup>th</sup> century Paris. Aside from the decline in the liberal use of fresh butter much of his observation translates well to the present day.

See pages **F369** and **F385**

## THIS MONTH IN ADC

Davison S M, Mieli-Vergani G, Sira, J, Kelly D A. Perinatal hepatitis C virus infection: diagnosis and management.

See page **781** of *Arch Dis Child*



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