

# Fantoms

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## FAMILY CENTRED CARING

That optimal care of newborns—whether they are healthy or critically ill—includes caring for their parents, is addressed by two papers and a commentary. In a study comparing psychological functioning of parents of infants who did and did not require neonatal intensive care unit (NICU) admission, Carter *et al* found, not surprisingly, that NICU parents were more likely to experience anxiety, especially if their babies were premature. The study also adds to the limited data available on how a newborn's hospitalisation affects the father. More surprising is the finding that most NICU parents reported little anxiety or depression. As the commentary by Redshaw notes, this finding may be related to a NICU environment that is exceptionally supportive for parents or result from how and when the measurements were made.

See pages 96 and 109

The effect of caring for the whole family is also demonstrated by the impact of the initiation of strategies to promote breastfeeding. Broadfoot *et al* report that babies born in hospitals that adopt the Baby Friendly approach were more likely to be breastfeeding at 7 days of age. That only half the babies in these hospitals were breastfed at 1 week suggests that both continued monitoring and more education and lactation support are needed.

See page 114

## WHOLE HEARTED APPROACH TO HLHS

The outlook for infants with hypoplastic left heart syndrome (HLHS)—a rare but serious complex congenital heart lesion—has changed markedly in the past 25 years. Earlier recognition and stabilisation, staged surgical palliation, and advances in intensive care have contributed to dramatically improved survival for children with this formerly lethal condition. Theilen and Shekerdemian review the contemporary

management of HLHS and point out the importance of combined surgical and medical expertise in optimising outcomes.

See page 97

## NUTRIENTS IN PRETERM INFANTS

Providing vitamin A supplementation to children in the developing world substantially reduces mortality and morbidity. Although preterm infants are likely deficient in vitamin A, little evidence is available to guide the measurement and administration of this essential micronutrient to our most vulnerable patients. Mactier and Weaver review what is known and identify the gaps in knowledge, especially in the assessment of vitamin A status and related outcomes.

See page 103

The effect of vitamin C levels on outcome is also uncertain, as this nutrient may have both antioxidant and pro-oxidant activity. In their trial, Darlow *et al* randomly assigned one of three protocols of vitamin C supplementation to preterm infants, achieving different plasma concentrations. However, the three supplementation protocols did not significantly alter the extent of prolonged oxygen supplementation and retinopathy of prematurity—the primary outcomes. The trend toward reduced oxygen supplementation in infants with sustained higher vitamin C levels suggests the need for further study.

See page 117

## NUTRITIONAL SUPPLEMENTS FOR MOTHERS

The search continues for safe, effective, and inexpensive nutritional interventions to improve pregnancy outcomes. Hafeez and co-workers conducted a trial of zinc supplementation for pregnant women in Pakistan, where zinc deficiency is prevalent. Unfortunately, they were unable to demonstrate an improvement in birth weight—the primary outcome.

See page 170

## HAZARDS OF FEEDING

The dark side of aggressively feeding preterm infants is the concern that it may lead to necrotising enterocolitis (NEC). Patole and de Klerk provide a systematic review and meta-analysis of observational studies that suggest that using a standardised feeding protocol may substantially reduce the incidence of NEC. Rees *et al* report that surgical management of NEC varies considerably among surgeons. Data from randomised trials are clearly needed to optimise prevention and treatment of this devastating condition.

See pages 147 and 152

## PERILS OF EXTREME PREMATURITY

Birth at or before 25 weeks of gestation is fraught with perils. Using the large database of the US National Institute of Child Health and Development Neonatal Research Network, Hintz *et al* compare mortality and early morbidity during two time periods in the 1990s, showing decreased mortality and an apparent increase in morbidities in the more recent group. In a report from the EPICure study in the UK, Wood *et al* evaluate factors associated with disability at 30 months after extremely preterm birth. Adverse outcomes were more common in boys. However, potential opportunities to improve outcomes may arise from modification of other risk factors they identified.

See pages 128 and 134