



More babies are gaining from Prematil than from any other preterm formula.

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These lipids are known to be important for a baby's growth and the early development of its brain and eyes. In fact their inclusion in preterm formulae is strongly recommended by leading nutritional experts.^{2,3,4}

The importance of these LCPs is already reflected in

the dramatic increase in the use of Prematil since they were added, as more and more health professionals now see them as a vital part of modern day infant feeding.

Parents can be reassured that, thanks to Prematil, preterm babies no longer need to miss out on the vital LCPs they need for healthy growth and development when they cannot be breastfed.

For further information, write to: Scientific Dept., Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE or call 0181-573 9966.



milupa Experts in Infant Nutrition.

IMPORTANT NOTICE: Breastfeeding is best for a baby. A doctor, midwife, nurse, health visitor, dietitian or pharmacist should be consulted for any advice needed. If an infant milk is used, it is important for a baby's health that all preparation instructions are followed carefully.

¹ Medicare Audits June 1994. ² ESPGAN Committee Report. Comment on the content and composition of lipids in infant formulas. Acta Paediatr Scand 1991; 80:887-896. ³ Farquharson et al. Infant cerebral cortex phospholipid fatty acid composition and diet. The Lancet 1992; 340:810-813. ⁴ Uauy et al. Effect of dietary omega 3 fatty acids on retinal function of very low birthweight neonates. Pediatr Res 1990; 28:485-92.

The newborn infant

One brain for life

Edited by **Claudine Amiel-Tison & Ann Stewart**

Foreword by **Yukio Fukuyama**

Published by **INSERM**

This book deals with cerebral adaptation and function in the human infant, before birth, at birth and shortly after, including factors which may influence them. It also considers the immediate and later consequences when disturbance occurs and when to recognise them.

Perinatal staff, be they obstetricians, anaesthetists or paediatricians are chronically overworked. This book aims to provide them, in a palatable form, with data and the current thinking of neurologists, psychiatrists, experimental psychologists, dysmorphologists and many others. The two main objectives are improvement in communications between the disciplines involved in perinatal care and the promotion of a broader understanding of the need to preserve brain integrity through the mishaps and vicissitudes so often surrounding birth.

A section on malpractice in perinatology is included. Defensive medicine, a boomerang effect of the malpractice crisis in developed countries, is affecting professional relations both between colleagues and with the patients. The refusal to face up to the topic only aggravates misunderstandings between physicians and

attorneys, insurance companies or parents. The perceptive reader will realise that the information in this book can actually help many physicians to justify their decisions, rather than being used against them in malpractice suits.

Multidisciplinary panel of contributors covering six topics

- Part I: The optimal length of gestation: When is it best for the human infant to be born?
- Part II: The switch-on effect of birth: Does the birth process trigger extrauterine adaptation?
- Part III: Safety of full-term birth: Can complete safety be guaranteed and at what cost?
- Part IV: Birth after extremely short gestation: Is normal development possible at the lower limit of viability?
- Part V: Recognition of mild degrees of brain damage: If brain damage does occur, can even mild degrees be recognised?
- Part VI: Perinatology and the law: Does the threat of litigation influence perinatal practice?

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By J H M Buckler

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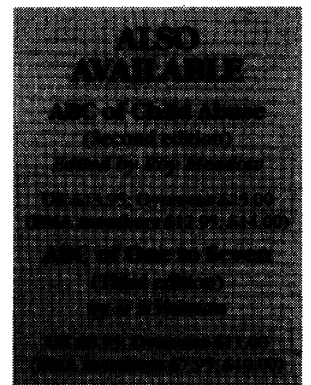
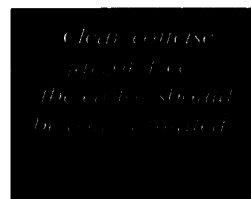
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Edited by M Elena Garralda

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