Neonatal secretion of secretin

I. M. ROGERS, D. C. DAVIDSON, J. LAWRENCE, and K. D. BUCHANAN

From the Departments of Surgical and Medical Paediatrics, Stobhill Hospital, Glasgow, and the Institute of Clinical Science, Queen’s University, Belfast.

Rogers, I. M., Davidson, D., C., Lawrence, J., and Buchanan, K. D. (1975). Archives of Disease in Childhood, 50, 120. Neonatal secretion of secretin. The plasma levels of secretin have been measured in mothers after labour, and in their babies at birth and on day 4 of life. The mean cord venous level was higher than the maternal level, and there was a significant correlation between the individual maternal and cord values. The level had again increased by day 4, and at this time the secretin level was inversely proportional to the blood glucose level.

It has already been shown that gastric acidity in neonates is lower on day 4 of life than at birth (Miller, 1941). Recent studies, however, have revealed that the fourth day plasma gastrin level is higher than at birth (Rogers et al., 1974). A similar rise in glucagon plasma levels has occurred by day 4 and may act to inhibit the gastric secretory effect of the raised gastrin levels at that time (Rogers et al., 1974).

Secretin also reduces acid response to gastrin (Johnson and Grossman, 1968), and in this study we set out to see if a rise in plasma secretin levels on day 4 might also act to further inhibit the gastrin-induced gastric acid secretion. There have been no previous recordings of secretin levels in the neonate.

Methods and materials

Maternal and cord venous samples were taken at birth from 22 mothers and babies (the same subjects which were studied in an earlier investigation: Rogers et al., 1974). A further 3 ml venous sample was taken from 19 of these babies on day 4 after a 4-hour fast. 2 of the original babies were excluded because regular sedation with phenobarbitone had been required and one was excluded because of early discharge from hospital. The blood glucose was also measured in the cord and day 4 samples and informed consent was obtained from all the mothers studied.

Labour was spontaneous in 11 mothers and was induced by rupture of the membranes and intravenous infusion of oxytocin in 9 mothers. The remaining 2 mothers had an oxytocin infusion during the course of an otherwise spontaneous labour and were included in the oxytocin group. Pethidine was routinely administered for labour pains.

Radioimmunoassay technique. The blood was removed into a heparinized tube and separated as soon as possible. The plasma was stored frozen at −20°C and transported frozen to Belfast. Plasma for secretin assay was then extracted with ethanol (Heding, 1971).

Pork synthetic secretin (SG 18773, Batch ES XX1-14A, donated by Dr. Michael Donetti, Squibb) was used for standards and labelling. Secretin was labelled with 125I (Radiochemical Centre, Amersham) by the method of Holohan et al. (1973) and antibodies were raised to pork natural secretin (Buchanan, Teale, and Harper, 1972) (donated by Dr. V. Mutt). The antibody BB101 was used at a final titre of 1:36 000. The antibody appeared specific for secretin in that no cross-reaction was noted with pancreatic glucagon, large gut glucagon-like immunoreactivity (GLI), human insulin (MRC), gastric inhibitory polypeptide and motolin (both donated by Dr. J. C. Brown), 99% pure cholecystokinin-pancreozymin and vasoactive intestinal polypeptide (both donated by Dr. V. Mutt), and human synthetic gastrin (ICI). Extracts of human jejunum and the neonatal plasma samples cross-reacted in the assay in an identical manner to the standards. Using a highly purified 125I secretin (R. W. J. Flanagan, unpublished observations), a sensitivity of 6 pg/ml, was achieved.

Results

The cord level was higher than the maternal level (P<0.001, no. = 22) (Fig. 1), and there was a correlation between individual maternal and cord values (P<0.005). An increase in the mean plasma secretin level had occurred by day 4 of life (P<0.005, no. = 19) (Fig. 2) but there was no
Neonatal secretion of secretin

**FIG. 1.**—Plasma secretin levels in maternal and cord blood. The cord level, mean 91 pg/ml ± 3·6 SEM, was higher than the maternal level, mean 12·5 ± 3·6 pg/ml, and the individual values were significantly correlated.

**FIG. 2.**—Plasma secretin levels in the cord vein as compared with the levels in a peripheral vein on day 4 of life. The day 4 level, mean 288 pg/ml ± 58 SEM, was higher than the cord level of 92·8 ± 23·9 pg/ml.

**FIG. 3.**—Relation between the plasma secretin level and blood glucose on day 4 of life. Blood glucose was measured in mg/100 ml.

individual correlation with the cord level. There was no apparent relation between the blood glucose and plasma secretin level in the cord blood but an inverse correlation had developed by day 4 of life (P<0·001) (Fig. 3).

No relation was apparent between the secretin level either at birth or on day 4 and duration of labour, Apgar score, sex of the baby, birthweight, or type of labour, i.e. spontaneous or induced.

**Discussion**

It has been shown by several authors that secretin inhibits the gastric acid secretion induced by gastrin (Nakajima, Nakamura, and Magee, 1969; Johnson and Grossman, 1968). Hence, the higher secretin levels on day 4 may act to inhibit the acid secretory effect of gastrin on day 4. A similar conclusion has been reached with respect to glucagon (Rogers et al., 1974).

The correlation between the maternal and cord levels suggests that secretin may be transferred across the placenta from mother to baby. Further studies are intended to clarify this point.

The inverse correlation between blood sugar concentration and plasma secretin levels on day 4 remains to be explained. There is abundant evidence that secretin stimulates insulin release (Unger et al., 1966; Jarret and Cohen, 1967; Deckert, 1968), and that it may therefore be a hormone of importance in the entero-insular axis for glucose. Further support for this view came from Chisholm, Young and Lazarus (1969), who found that plasma secretin levels rose after the ingestion of glucose. However, work from this laboratory has shown that plasma secretin levels fall after oral glucose in man (Buchanan et al., 1973) and are suppressed after intraduodenal or intravenous infusion of glucose in the dog (K. D. Buchanan unpublished). These conflicting results may be explained by different specificities of the two radioimmunoassays employed in these studies. Chisholm et al. raised their antisera against impure pork secretin (Sigma: biological potency 40 clinical units/mg) which also served as their standard, but used pork synthetic secretin as their labelled hormone. Our assay system uses purified materials throughout in antibody production, labelled hor-
and midwives their co-operation. In regulating fuels during starvation R. A. (1941). Observations on the gastric acidity during the first month of life. *Archives of Disease in Childhood, 16,* 22.


Correspondence to Mr. I. M. Rogers, 24 Westfields, Rookery Park, Bishopbriggs, Glasgow.

References


Neonatal secretion of secretin.

I M Rogers, D C Davidson, J Lawrence and K D Buchanan

Arch Dis Child 1975 50: 120-122
doi: 10.1136/adc.50.2.120

Updated information and services can be found at:
http://adc.bmj.com/content/50/2/120

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/