

PAEDIATRICIANS AND INFANT MILK FORMULA COMPANIES

The influence of infant formula manufacturers on paediatricians has been debated for decades. I remember attending my first College spring meeting a few years back and the heated discussion about the appropriate “place” for sponsors. We revisit this issue in a controversy format. Drs. Wright, Waterson and Weaver present two sides of the debate. Given the myriad benefits of breast feeding, and concerns about the influence of infant formula manufacturers, it would seem that support of the Baby-Friendly Initiative and breast feeding through six months of age, should be emphasised by all participants in the healthcare system. Breast feeding rates in England remain low compared with many other European countries. If rates were to rise to 75%, I believe that the debate about infant formula would be much more muted.

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CT SCANS IN CHILDREN WITH CYSTIC FIBROSIS

An article last year in *BMJ* renewed concerns about the amount of radiation children are exposed to in routine radiographs, particularly computer tomography of the head¹. In an important contribution to the care of children with cystic fibrosis, Jimenez and colleagues from Spain compare the information gleaned from six pre-selected CT cuts as from a full pulmonary CT scan. They found that the results are similar. The use of CT in children with cystic fibrosis is explored in an accompanying perspective by SC Langton Hewer.

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HOSPITALISATION RATES IN DENMARK

Kamper-Jorgensen and colleagues describe Danish hospitalisation rates for children aged 0–5 years from 1980 to 2001. The findings are surprising—there has been a 62% increase in the incidence of hospitalisations from

infection during this time period. Not surprisingly, the length of hospital stay has declined dramatically. The authors note that the increase in hospitalisations may be due to changes in practices and utilisation, an actual increase in morbidity as more young children have entered child care, or the practice of defensive medicine. The importance for the healthcare system of this increase is to ensure enough space and appropriate staff to accommodate this change. Although the impact on the annual total number of patient-days has remained unchanged, more services are usually provided in the first 24–48 hours of hospitalisations and, as a consequence, more medical errors tend to occur during this period.

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TRANSLATING RESEARCH INTO PRACTICE

A new section debuts this month in *ADC*. Drs. Heraghty and Henderson highlight and discuss selected papers about paediatric asthma published in 2005. Not only do they discuss the findings of these studies, but more importantly their clinical implications. We have added many similar features over the past few years, including Archimedes, abstracts from *Journal Watch Pediatric and Adolescent Medicine* and *ADC Education and Practice*. When I first began reading *ADC* regularly I was quite attracted to Lucina and the Archivist—at that time few journals contained this type of material, now it is far more common.

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THIS MONTH IN FETAL AND NEONATAL EDITION

- Another reason to use a pacifier—in a randomised clinical trial involving 40 very low birth weight infants undergoing screening for retinopathy of prematurity, Boyle and colleagues found that the two groups who were given pacifiers had lower pain scores than those given sterile water or sucrose solution. (See page F166)
- The change in terminology from congenital hip dislocation to developmental dysplasia of the hip highlights that some infants develop hip disease beyond the neonatal period. Australian investigators describe the factors associated with late diagnosed DDH in 27 (2.1%) of 1281 infants with DDH born between 1988 and 1996. I find the literature on DDH confusing because of the lack of a “gold” standard for diagnosis and the more recent introduction of ultrasound, which has made it difficult to compare studies. Interpretation of ultrasound of the hip seems somewhat subjective. (See page F158)
- The short and long term outcomes for male compared with female very low birth weight infants tend to be worse. Thomas and colleagues provide yet another clue as to why this is true. After adjusting for numerous factors, they found that at 1 year corrected age, among premature infants (23 to 28 weeks gestational age) who participated in a randomised controlled trial comparing high frequency oscillatory ventilation and conventional mechanical ventilation, males had significantly poorer lung function. (See page F197)
- Premature infants benefit from breast milk. However, because infants less than 34 weeks are usually too immature to suck, many of these mothers struggle to establish milk expression. In a randomised controlled trial, investigators from the Institute of Child Health, London, did not find that the use of intranasal oxytocin in 51 mothers delivering infants less than 35 weeks gestational age was very helpful. This has become a very active area of investigation in the US, with various amounts and timing of oxytocin being studied. (See page F169)

REFERENCE

- 1 Hall P, Adami H-O, Trichopoulos D, et al. Effect of low doses of ionising radiation in infancy on cognitive function in adulthood: Swedish population based cohort study. *BMJ*, 2004;328:19–21.