

Highlights from this Issue

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LIGHT DRINKING IN PREGNANCY

It is well known that high levels of alcohol consumption during pregnancy are risk factors for childhood mental health and learning problems although there is less clarity regarding the risk of occasional or light drinking. In this issue Sayal and colleagues investigate this using data from the Avon Longitudinal Study of Parents and Children study. Light drinking was defined as <1 glass per week in the first trimester. Children were assessed at age 11 years by Strength and Difficulties Questionnaire (parents, teacher) and key stage 2 examination results. 39% of women has consumed <1 glass per week. By multiple assessments of outcome this did not appear to be associated with any adverse mental health or academic consequences at age 11. In terms of policy this is a further dataset that can be used to influence although as the authors discuss it is not known whether a declaration that light drinking is safe will have an impact on perceived safety of heavier drinking and lead to higher overall alcohol consumption during pregnancy. *See page 107*

RISK FACTORS FOR DEVELOPMENTAL COORDINATION DISORDER

Developmental coordination disorder (DCD) is a motor disorder of unknown aetiology which interferes with a child's ability to perform tasks, for example, riding a bicycle. There are specific diagnostic criteria and it is well recognised that DCD can have a considerable impact on quality of life including limited participation in physical, educational and social activities and emotional concerns. It is common (5% of school age children) and preterm birth is a significant risk factor. Zwicker and colleagues explore perinatal and neonatal risk factors in very low birth weight children (<1250 g) assessing 157 children at age 4–5 who were free of cerebral palsy or major learning difficulty. Testing was by the Moving Assessment Battery for Children, using a diagnostic cut off of ≤15th percentile. Forty-two per cent of the cohort had DCD with male sex and low birth weight being independent predictors. The authors suggest these

infants should be followed carefully for detection of this common but under recognised disorder giving the potential for early identification and intervention. *See page 118*

ASTHMA IN CHILDREN CONCEIVED BY IVF

Infants born after in vitro fertilisation (IVF) show an increased risk for preterm birth, low birth weight and neonatal morbidity with the potential for morbidity later in life, even when the increased risk of twins with the resulting increase in morbidity, is factored in. Kallen *et al*, by analysis of the Swedish Birth Register (2 628 728 children born between 1982 and 2007; 31 918 by IVF) show an increased risk of asthma in children conceived by IVF from 4.4% to 5.6%. Asthma was defined by at least five prescriptions of anti-asthmatic drugs over a 5-year period (Swedish Prescribed Drugs Register). This large dataset suggests the effect is real. The risk was higher for infants born pre term with respiratory problems although the main risk factor was parental sub fertility (years of unwanted childlessness). In an accompanying editorial Michael Davis discusses the wider issues of discovery versus risk in the context of assisted reproductive technology including IVF. *See pages 92 and 89*

NEONATAL AND INFANT SEPSIS IN DEVELOPING COUNTRIES

Neonatal sepsis, the third most common cause of death in this age group, results in half a million deaths per year, mostly in the developing world. WHO recommended first line treatment for neonates where there is no obvious focus is penicillin/ampicillin and gentamicin with many countries now using third generation cephalosporins. There are, however, increasing problems with antibiotic resistance. In a systematic review and meta-analysis Downie and colleagues look at 19 studies (13 countries) with more than 4000 blood culture isolates and show resistance/reduced susceptibility to the above antibiotics in more than 40% of

neonates; slightly less in older infants. Data for cephalosporins was no better than the more traditional combination. The commonest causes of neonatal bacteraemia were *Staphylococcus aureus*, *Escherichia coli* and *Klebsiella* spp. The issue of combating antibiotics resistance and potentially revising guidance is discussed in the accompanying editorial. *See pages 146 and 90*

DEATHS FROM CYSTIC FIBROSIS

Deaths in childhood from cystic fibrosis (CF) are now uncommon with almost all paediatric patients transitioned into adult care. Data from the UK CF register (4000 patients with CF under age 16) showed 18 deaths between 2007–10 and the median predicted survival in the UK is now almost 42 years. Urquhart and colleagues report a retrospective review of deaths in childhood from CF in two large centres; 11 over 10 years. Most were unexpected and 10/11 in hospital, half of which were ventilated. The article discusses these cases in some detail and the continued need for palliative service input/provision. It is interesting to reflect on how much the care of this patient group has advanced in the last 20–30 years and that serious morbidity and mortality is becoming much more of an issue for adult rather than paediatric services. *See page 123*

IN E&P THIS MONTH

The excellent 'how to use' series looks at *Helicobacter pylori* testing this month. In an excellent review, which includes international guidance and recommendations, the authors go through indications for investigation, tests available, treatment and follow up highlighting specific scenarios relevant to paediatricians in practice. The important point is made that there is inadequate evidence to support a causal relationship between the presence of *helicobacter* and abdominal pain in the absence of peptic ulcer disease and that routine testing is not indicated in children with recurrent abdominal pain unless there are specific pointers to significant upper gastrointestinal disease.