BOOK REVIEWS


It is arguable that nutrition and metabolism in pregnancy cause more people to talk more nonsense more vehemently than any other aspect of obstetrics. As the author states, he ‘firmly believes that well-designed nutrition programs could greatly benefit mothers and their unborn infants throughout the world’ but ‘I am also equally convinced that conclusive scientific evidence supporting my belief is lacking’ and that ‘the cause of maternal nutrition will be better served by those who prefer to be scientifically rigorous than militant’. Amen to that. Everyday practice is littered with dogma, either not supported or refuted by the evidence in the literature. Dr Rosso admirably reviews the many papers showing that pre-pregnancy maternal weight for height (the body mass or Quetelet index) is much more important than weight gain in pregnancy, and that for the bulk of the pregnant population who are of normal or above normal weight for height, weight gain is of little significance. And yet almost no-one in clinical practice routinely calculates the body mass index at booking (although it is the single most important predictor of low birth weight we know of). While in the UK each year, assuming that weighing and recording each pregnant woman’s weight takes only two minutes at each of the average 12 antenatal clinic visits, a total of more than 36 years of client/staff time are wasted in fruitless communion with weighing scales! Add to this the many women who have labour induced unnecessarily for physiological weight loss at term, and the consequences of misinformation are staggering.

Dr Rosso reviews the huge literature in masterly fashion. He gives a precis of the most important papers, and his comments and analysis are objective and helpful. He covers the physiological changes of pregnancy, emphasising the central role of plasma volume expansion (and laying the myth that pregnant women commonly suffer from ‘anaemia’ rather than haemodilution). The section on maternal metabolism of vitamins and minerals documents that for most women in the developed world a normal diet is more than adequate for pregnancy needs, and the many claims for dramatic results from supplementation both in pregnancy and the neonatal period should be treated with deep suspicion. The section on fetal growth clearly indicates the difficulties of defining ‘intrauterine growth retardation’, with its many causes (infective, chromosomal, metabolic, as well as nutritional). The concept of ‘normal weight growth retardation’ (a good sized baby who has failed to reach its genetic growth potential) is well explained and explored. Recommendations emphasise the importance of a long term population strategy for nutrition, and the relative futility of short term intervention in pregnancy in women with a background of chronic dietary insufficiency over many generations.

This is an important book which will act as a valuable resource for workers in the area of nutrition, as well as providing a manageable introduction for those who wish to enter it. It is very readable, as well as being scholarly. The only improvement I can think of would have been a summary of conclusions, which could then have been photocopied onto brightly coloured paper and force read to all those conducting antenatal care!

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Most very sick babies are cared for without consulting books. Nevertheless every baby unit needs a large book for help with rare conditions and to check normal values, drug dosages, and the like. The other function of large texts is to provide junior staff with detailed information about common problems. There are at least two other major American neonatal texts but the biggest rival in the UK must be Roberton’s large Textbook of Neonatology. How does this book compare?

The editors (from Boston, Chicago, and San Francisco) have recruited 66 contributors, of whom 65 work in the USA. There are 20 sections with a total of 116 chapters. The introductory section includes chapters on the history of neonatal care, ethical considerations, and the evaluation of treatment. Other large sections cover fetal growth and development, genetic diseases, infections and immunology, stabilisation and initial evaluation, and general principles of care. With the exception of the skeleton all major organ systems have their own section.

Chapters range in size from two pages on the foetus and circumcision to 40 pages on cardiac malformations. In typical American style the authority of most chapters is enhanced by a lot of basic science at one end of the chapter and large numbers of references at the other. For instance there are 187 references cited in the chapter on maternal substance abuse. Lengthy lists provide another typically American feature. For example, a list of the causes of fetal hydrops takes up two thirds of the page. Although many of these lists are very useful, I will not be consulting the list on 42 causes of low birth weight.

I found something pertinent in this book about all the recent rarities that have challenged us locally. It is more encyclopaedic than Roberton’s large textbook. It certainly has a larger pharmacopoeia (137 drugs listed compared with Roberton’s 59), and even the dose of diptheria antitoxin is stated.

It is disappointing that the book is generally stronger on basic science than on practical advice. The reader has to labour through 27 pages covering lung development and physiological ventilation to find barely three (not very good) pages on the practicalities of mechanical ventilation. This is unbalanced; the central technique of neonatal intensive care deserves more than three pages in a thousand page book. Similarly in the chapter on the management of bronchopulmonary dysplasia almost more space is given to an incomprehensible diagram about free radicals than to the management of the disease itself.

Roberton’s large Textbook of Neonatology is a much better read than this book. On the other hand this book’s account of the American way challenges parochial tendencies in non-Americans. And you get a lot of facts for your money.

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