Background and aims Autoimmune problems in mums are known to affect the newborn due to transplacental passage of antibodies. It is reported that maternal autoimmune hypothyroidism can lead to transient but potentially serious effects in newborn babies warranting treatment. This has led to the practice of screening babies to help in early diagnosis and treatment. Unfortunately, clinical practice in this area still suffers from conflicting evidence.

We carried out this retrospective review of our practice of assessing neonatal thyroid function in maternal autoimmune hypothyroidism to help inform our practice locally whilst contributing to the discussion towards building a consensus nationally and internationally.

Methods Newborn babies born between January 2012 to March 2014 to mothers with autoimmune hypothyroidism problems had their thyroid functions checked on day 3 and 10 respectively. They were also monitored clinically for signs and symptoms of hypo/hyperthyroidism.

Results Overall 31 babies were screened in the study period, of which none warranted treatment for transient or permanent hypo/hyperthyroidism. The review also highlighted difficulties in implementing this guidance, as majority of the babies did not get investigated as per schedule.

Conclusion In our experience, babies born to mothers with autoimmune hypothyroidism did not develop transient hypothyroidism. There is a need for a larger scale study to look at the possible adverse effects of maternal autoimmune thyroid problems in the newborn.

Objective To determine whether the complementary approach of manipulative osteopathic treatment accelerates complete meconium evacuation and improves feeding tolerance in very low birth weight infants.

Methods This study was a prospective, randomised, controlled trial in premature infants with a birth weight 1500 g and a gestational age 32 weeks who received a visceral osteopathic treatment algorithm 3 times during their first week of life or no treatment.

Results Passage of last meconium occurred after a median of 7.5 days (95% confidence interval: 6–9 days, n = 20) in the intervention group and after 6 days (95% confidence interval: 5–9 days, n = 21) in the control group (p = 0.11). However, osteopathic treatment was associated with a 12 day longer time to full enteral feedings (p = 0.02), and a longer hospital stay (44 days longer in the intervention group; n.s.). Osteopathic treatment was tolerated well and no adverse events were observed.

Conclusions Visceral osteopathic treatment of the abdomen did not accelerate meconium excretion in VLBW-infants. However, infants in the osteopathic group had a longer time to full enteral feedings and a longer hospital stay what must be interpreted as negative side effect. Further investigations are needed with modified protocols focused on cranial osteopathy in this vulnerable group of patients. Currently the application of visceral osteopathic techniques cannot be recommended in VLBW-infants without further clinical trials.