SA Journal of Child Health

EDITORIAL

Neonatal care – normal mothering or medical intervention?

For the vast majority of newborn babies, birth and adaptation to extra-uterine life happens as a completely normal process that does not require medical attention at all. For them, even the administrative routines of hospital admission are bypassed: they are cared for in 'nurseries' rather than in hospital wards, and they are usually registered together with their mothers (or not at all) in the obstetric service. Unavoidably, perhaps, the normal newborn infant and its mother's mothering ability are frequently virtually ignored and left to the most junior staff, who have almost certainly had inadequate training to deal with difficulties.

And yet in the neonatal period arguably lie the origins of influences that have the potential to alter life's course. The aim of keeping healthy children healthy is influenced strongly by good mothering behaviour in respect of care, feeding and nutrition, immunisation and healthcare-seeking behaviour, early childhood education and environmental control. Unfortunately, these aspects of bringing up baby are not automatically known and mastered by primigravid, isolated or disadvantaged mothers, and the occasion of a new baby's birth represents an opportunity and an obligation for the healthcare worker to practise real preventive medicine. In particular, it is an opportunity to help counteract misperceptions and inappropriate or useless social fashions and trends in respect of issues such as feeding and immunisations.

Decisions about infant feeding are usually made even before the baby is born and depend on society's expectations, availability of choices, maternal education and family support. The advice given by health workers is similarly dependent on their level of interest and information, and may not reflect up-to-date scientific knowledge. When in addition newborn babies have to be cared for in hospital because of prematurity, size or illness, the hospital feeding routines may differ markedly from best practice.

SAJCH this month carries several articles that refer to practice in neonatal care. Adhikari and Coutsoudis[1] describe how action research involving focus groups could be used to modify routine feeding practice in a neonatal unit. Raban and co-workers[2] surveyed paediatricians to identify their enteral feeding practices. It is imperative that health workers caring for newborn babies be knowledgeable about appropriate feeding of babies who cannot suckle on mother's breast.

The care of newborn babies in hospital is not a choice between mothering or medical intervention. Medical best practice knowledge must be applied and continually updated to support mothers of healthy babies, while informed mothering behaviour and participation in care must also extend to premature and sick newborns.

This issue is devoted entirely to articles on newborn babies. This is entirely appropriate, as neonatal complications are the single biggest contributor to childhood mortality rates. Kalimba and Ballot[3] review the outcome of extremely low-birth-weight infants who were not offered full intensive care at Charlotte Maxeke Academic Hospital, and conclude that more effort should be put into effective antenatal care and attempts to prevent extremely preterm delivery. Velaphi *et al.*[4] gave prophylactic phenobarbitone to infants with perinatal asphyxia and could not demonstrate a superior outcome compared with untreated infants in terms of seizures or mortality. Jodeiry *et al.*[5] from Iran confirmed that standard policy recommendations regarding bilirubin measurements after discharge are valid for their environment, while Dhlamini *et al.*[6] recommend that measurement of neutrophil CD64 antigen be included in the work-up of suspected neonatal sepsis, as it has a high negative predictive value in ruling out infection. Govender *et al.*[7] give a critical perspective on the practice of requesting radiographs in a neonatal intensive care unit and recommend standardisation of indications in order to limit ionising radiation of vulnerable newborns. Ramsamy and co-workers[8] found an unusual complication in their case of neonatal meningococcal meningitis, and finally Sarmast *et al.*[9] describe a rare, tail-like appendage as yet another manifestation of spinal dysraphism.

Our CPD section again sets questions on the subject matter covered in this issue. While offering CPD points, its bigger aim is to contribute to raising the standard of neonatal care.

With good wishes,

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