Why do premature babies have an increased risk of ADHD?

Preterm babies have an increased risk of developing attention deficit hyperactivity disorder (ADHD) and other psychiatric problems, including anxiety, social difficulties and autism. Dr Jonna Kuntsi and her team, at King's College London, are investigating why. They hope their work will eventually allow earlier identification of children's difficulties, so families of premature and sick babies can get help sooner and pave the way to better therapies.

Children with ADHD tend to be overactive and impulsive, with a short attention span. They may seem restless, easily distracted and often fidget constantly. They can have trouble with schoolwork and underachieve academically. They can also have problems forming positive relationships with friends and family. Estimates suggest around two thirds of children with ADHD find their problems persist into adult life, when they can experience additional, sometimes severe, difficulties.

“We hope to boost understanding of how premature birth puts babies at increased risk of developing ADHD, by looking for changes within the brain in adolescents who were born early,” explains Dr Kuntsi.

The team has been awarded a project grant of approximately £170K by the charity Action Medical Research.

Obese mums put baby at risk

A study published in BJOG has shown that obese or overweight women have a higher chance of adverse maternal and neonatal outcomes.

A team from Queen’s University and the Belfast Health and Social Care Trust monitored more than 30,000 mothers-to-be over an eight-year period. Obese women were three times as likely to have a stillbirth, premature delivery or a newborn requiring neonatal care, as women of normal weight. The results show that there is also an increased risk of hypertensive disorder, gestational diabetes, induction of labour, caesarean section, postpartum haemorrhage and macrosomia. Unsuccessful breastfeeding and other postnatal problems were also found to be more prevalent in overweight and obese women.

Listening to bereaved parents

Working with Sands and Bliss, researchers at the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford are carrying out a study of the maternity care experience of parents who have recently had a stillborn baby or a baby who has died in the neonatal period. The study is funded by the Department of Health.

The results will provide up-to-date information about care and the experiences and perceptions of women and their partners and will be used to help improve maternity services for families who experience such a loss.

Because it is not possible to survey all bereaved parents whose baby died in 2012, a sample group of women have been invited to take part in the study. The Office for National Statistics (ONS) has used birth and death registration records to select women to take part in the survey and is mailing letters and questionnaires to these women. The names and addresses of the women, although known to the ONS, are not known to the researchers.

The first invitations to take part were sent to women in October 2012 and NPEU researchers Maggie Redshaw and Rachel Rowe were pleased that many women felt able to respond to the survey. The second wave of invitations has recently gone out.

There is more information about the study at www.npeu.ox.ac.uk/listeningtoparents

Bliss fund to improve family facilities in neonatal units.

Bliss launches £250,000 fund to improve family facilities

Bliss, the special care baby charity, is working with the True Colours Trust to launch a new grants programme to support the development of family-friendly facilities on neonatal units throughout the UK. Together they will provide over £250,000 over the next two years to support direct improvements on neonatal units.

The Bliss Baby Charter Grants Fund supported by the True Colours Trust will invite any neonatal unit that has completed the Bliss Baby Charter Audit to apply for a small grant (up to £1,000) or large grant (up to £10,000) to help improve facilities for parents and families of premature and sick babies. The audit is used by hospitals to look at key aspects of a unit’s support for the whole family to help staff make family-centred care a reality.

The grant will allow units to purchase small items such as lockers, comfortable chairs and breast pumps, as well as support the refurbishment of parent bedrooms, the creation of parent kitchens, and the opening of quiet rooms for sensitive discussions, which would often fall outside usual NHS budgets.

The first round of small grants will be in May 2013, with further rounds open monthly. The first round of large grants will be in June 2013 and then on a quarterly basis.

For more information about the scheme please contact Zoe Chivers at Bliss on 0207 378 1122 or email zoec@bliss.org.uk
**Birth and Beyond Supporter training**

The first volunteers of NCT’s peer support project have completed their training and received their Open College Network (OCN) accreditation certificates.

NCT has trained over 50 volunteers to help support hundreds of pregnant women and new parents from hard to reach communities. The Birth and Beyond Community Supporters (BBCS) project is a voluntary peer support scheme, helping to reach out to new and expectant parents at risk of isolation. The three-year pilot project is funded by the Health and Social Care Volunteering Fund (Department of Health).

The project is training black and minority ethnic parents in the West Midlands and East Lancashire, young parents from service families in North Yorkshire and asylum seekers and refugees in West Yorkshire, to help support other parents in their community. In each area a local project manager will recruit and train women as community peer supporters. The plan is to train more than 240 peer supporters, 60 in each of the four areas.

The training involves:
- developing listening skills
- learning about confidentiality, appropriate relationships and boundaries
- finding out about local services and support organisations so that the volunteers can accompany parents to clinics or group meetings.

**Diet survey reveals wide gaps between recommendations and practice**

In March, the Department of Health (DH) published results from the Diet and Nutrition Survey of Infants and Young Children (DNSIYC) 2011.

DNSIYC is a one-off survey providing detailed information on the food consumption, nutrient intakes and nutritional status of infants and young children aged 4 to 18 months. The survey complements the National Diet and Nutrition Survey (NDNS) rolling programme, which covers children and adults aged from 18 months upwards. DNSIYC involved an interview, a four-day diet diary, blood samples and estimates of breast milk intake, fluid intake and body composition; 2,683 children took part in the survey between January and August 2011. The government uses the results to develop public health policy, monitor diet and nutrition patterns and assess whether these meet expert recommendations.

**Key findings**

- **Breastfeeding:** 22% had never been breastfed. Of those who were breastfed, 57% were not breastfed beyond three months of age.

- **Breast milk substitutes:** 32% of infants aged four to six months consumed follow-on formula. The DH recommends that breast milk substitutes should not be introduced before a child is six months old.

- **Complementary feeding:** complementary foods were introduced before the age of three months for 10% of children, and before five months for 75% of children. The DH recommends introduction of complementary foods at around six months of age.

- **Cow’s milk:** children aged below one year generally consumed no more than a quarter of a pint of whole milk per day; 15 per cent of those aged four to six months consumed whole cow’s milk. The DH recommends that cow’s milk should not be introduced as a main drink until after 12 months.

- **Energy:** 75% of boys and 76% of girls exceeded their estimated requirement for energy.


**Best Beginnings phone apps**

Two mobile phone apps for pregnant women and mothers of babies up to six months’ old will be launched in July by the charity Best Beginnings.

Called Bump Buddy and Baby Buddy, the apps have been created by a team of healthcare experts and parents. The apps provide evidence-based information in a bite-size format and support women’s emotional and physical transition to parenthood. The charity hopes the free apps will provide a tool for young women from more disadvantaged sectors of society.

Best Beginnings welcomes feedback from professionals using the apps on how best to integrate them into mainstream maternity services.

For further information email: apps@bestbeginnings.org

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**Pictured, from left, Angeliah Kyamumi, Fatou Kanyi Sallah and Kiran Neha receiving their certificates.**

**The Bump Buddy phone app.**