Premature babies have high death and disability rate

Bryan Christie *Edinburgh*

One of the largest studies to examine disability rates among extremely premature babies has found that just under half grow up with some form of neurological or developmental disability. Severe forms of disability were present in 23% of babies born at 22-25 weeks, and boys were more likely to be disabled than girls.

The findings provide the clearest indicators to date of the chances of these babies having a disability and will help inform both parents and health professionals of the risks faced by such children. The results are based on a study that assessed the development at 30 months of all very premature babies born in the United

Kingdom and Republic of Ireland over 10 months in 1995. The study, reported in the *New England Journal of Medicine* (2000;343:378-84), found that the most likely outcome of premature birth before 26 weeks is death. Of 811 infants admitted to neonatal intensive care units, only 314 survived and were subsequently discharged home.

Researchers at Nottingham, London, Sheffield, and Oxford carried out assessments of 283 of these children at around 30 months to determine levels of disability. They found that 49% of the children had some form of disability, most commonly problems including non-fluent gait, some difficulty with feeding with both hands, impaired sight and hearing, and delays in talking. Just under a quarter of the children met the criteria for severe disability, which included being unable to walk without help, unable to feed themselves, being blind, or being unable to talk.

Boys were more likely than girls to experience problems with both mental and psychomotor development, but the

Range of ability found in premature babies in a recent study

risk of disability was no greater for babies born at 22 weeks than at 25. An accompanying editorial (pp 429-30) said that the study will help to define "the limits of hope for parents who are confronted with extreme premature birth."

It added that the study highlights the importance of individual families making decisions about premature infants, rather than have courts

and insurance companies issuing rulings designed to fit all situations. "This individualised approach permits interpretation of the meaning of scientific progress by each family," it said. "Understanding the richness and resilience embodied in parental coping strategies might improve outcomes for both families and infants as much as the technological advances of the 1990s." □

A premature infant born at 24 weeks, almost concealed by tubes and sensors

Breastfeeding programmes "should be targeted"

Zosia Kmietowicz *London*

Breastfeeding programmes should target women who are most likely to give their babies bottled milk, said a report from the NHS Centre for Reviews and Dissemination.

Women from disadvantaged groups and ethnic minorities are least likely to breast feed, and

these women could benefit most from involvement in small, informal discussions on the merits and practicalities of breast feeding; this method of encouragement was shown to have the greatest impact on uptake (*Effective Health Care* 2000;6:2). Despite huge efforts to encourage breast feeding, the level in the United Kingdom has remained static for the past 20 years, with a strong disparity between the social classes.

Just half of new mothers from the poorest social class (class V) make attempts to breast feed compared with 90% of those from the highest

social class (class I). In 1995, 62% of women in England and Wales started to breast feed, compared with 48% in Scotland and 41% in Northern Ireland. In a review of all the evidence available on promoting breast feeding the researchers from York University found that simply giving women leaflets on the benefits of breast feeding was of little value. Inviting women to participate in small discussion groups and one to one advice sessions achieved the best results—in some cases tripling the rate of breast feeding.

Also effective were peer sup-

port programmes offered by trained and experienced peers, such as those offered by the National Childbirth Trust. Bottle feeding is fast being accepted as normal practice in the United Kingdom, most of western Europe, and the United States, except for women from higher income groups.

More data on the impact of initiatives and breast feeding are needed. In 1997 only eight out of 13 trusts visited by the Audit Commission could provide information on the number of new mothers breast feeding when they were discharged from hospital. □