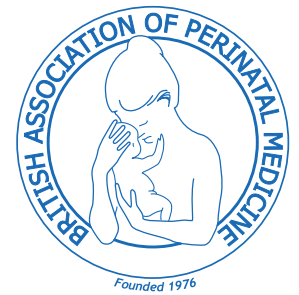


BAPM News



From the President

As the first frosts appear the weather begins to mirror the atmosphere in many Trusts around the UK as we all struggle to balance inadequate resources and indiscriminate cutting of budgets. It seems clear we are in for a rocky ride over the next 1-2 years and it is against this background that we need to be very clear in how we move forward. The BAPM Standards and the DH Report (in the Children's and Maternity NSF) must now play an important role in underpinning service provision; this is key to the continuing improvements in outcomes for the women and their babies and will drive service specification within managed networks. We simply have to ensure that these standards of care are reflected in how services are commissioned within the new specialist commissioning arrangements. BAPM is working hard to ensure that this occurs.

Probably the most significant event of the autumn has been the publication of the report from a working party of the Nuffield Council on Bioethics on Critical Care Decisions in Fetal and Neonatal Medicine. This group have consulted widely and I enjoin you all to read this document carefully. There is a brief summary overleaf and the document can be downloaded from the NCoB website. BAPM will now consider our existing guidance on the management of babies born at borderline viability in the light of this document.

Generally I have enjoyed writing my pieces for the Newsletter but on this occasion I am sad that we are losing Christine Cooper, our Executive Officer for the past 5 years. Christine has done a wonderful job in making the public face of our Association professional and ensuring that our activities are successful. In particular she has overseen the revision of our activity, the resetting of goals and has enhanced our communication with members and outside

bodies. Christine is not completely lost to us as she is joining the Specialty Office within the RCPCH and she is going to come to supervise our behaviour at the next Annual Meeting, after all she as a Manxian will be "coming home"! The whole Association owes her a huge round of thanks and we wish her well in her future career.

We also must thank those Executive Committee Representatives who stepped down at the AGM this year and welcome our new ones, including Bryan Gill who will take over as Honorary Secretary in September next year. The representative nature of the Executive Committee was something highly desired by the membership and I think it is an effective way of ensuring that all areas of the British Isles are heard when we are debating perinatal matters.

Over the next 3 months we welcome Andrea Drury who will run the office whilst we advertise for Christine's replacement, together with Julia Wheal. This should be a seamless process and the testament to Christine's organising skills is that this process has already gone smoothly. Those of you who call in at the BAPM Office at 50 Hallam Street will be delighted to know that the Office has moved to a larger space on the ground floor and no longer will we need crampons and oxygen to get there!

So what have we to look forward to over the next few months? Firstly let me encourage you all to get your abstracts in early for the York Meeting on 28th March – this is a Wednesday for a change. As before we will have two invited speakers and run the remainder of the programme around the abstracts that are submitted. We will have a short meeting on the Tuesday afternoon with the Respiratory Group, debating two of the major areas of joint interest – what to do with Palivizumab and home oxygen! I do



Douglas, Isle of Man
Location of BAPM Annual Meeting 2007

hope many of you can come to this as well.

Secondly, and given the importance of the underpinning of our practice by networks, BAPM will host a meeting of all network leads and managers during the early spring. Planning is underway and we hope to be able to come together to share and decide a way forward. Furthermore in the Strategy and Policy section of the Annual Meeting next year we will debate some of the important issues facing networks.

There will be two Regional Meetings in England next year, organised by the Executive Committee Representatives, Alan Fenton and Michael Hall. They should be able to advertise dates soon. Both have planned exciting programmes and I hope that the members will join in the debates they run – it is only by the active participation of all members that we can ensure BAPM moves in the right direction.

Neil Marlow

Nuffield Report

Critical care decisions in fetal and neonatal medicine

The Nuffield Council on Bioethics has published a Report which examines the ethical, social and legal dilemmas raised by fetal and neonatal medicine. The Report sets out guidelines on when to give intensive care to extremely premature babies. Advice for parents and doctors is provided, on a week-by-week basis, for treating babies born before 22 weeks up to those born after 25 weeks.

“Natural instincts are to try to save all babies, even if the baby’s chances of survival are low,” said Professor Margaret Brazier, who chaired the Working Party that produced the Report. “However, we don’t think it is always right to put a baby through the stress and pain of invasive treatment if the baby is unlikely to get any better and death is inevitable.”

The following topics are also covered in the Report: decision making during pregnancy when fetal abnormalities are present; how the best interests of a baby may be assessed; the lifelong implications for a baby and their family; the decision-making process and the resolution of disputes; social and economic implications; and information requirements, including the need for research.

Download *Critical care decisions in fetal and neonatal medicine: ethical issues* at: www.nuffieldbioethics.org

Catherine Joynson
Communications & External Affairs
Manager
Nuffield Council on Bioethics



Trainees Report

For the attention of current and potential neonatal trainees...

I would like to introduce myself as the trainees’ representative for the Neonatal CSAC. This group sets the agenda for neonatal training across the UK. It is presently working on defining the new competencies and how to assess for neonatal subspecialty training. This is a prelude to the “run through”(MMC) programme starting in August 2007.

I attended my first committee in October during which I hope I represented the views of the current neonatal trainees. Following my CCT in September 2007 it would be great for another trainee to replace me in this important role.

A brief biography: I am an Edinburgh graduate, and did much of my SHO and core training in London. I started my neonatal grid training at St George’s Hospital, Tooting but shortly afterwards relocated to the Yorkshire Deanery where I will complete my training in Leeds & Bradford. I have been very fortunate to have had a straightforward passage through both my core and Grid training but hope I do have a feel for some of the problems individuals encounter along the way.

There were several issues raised at the recent CSAC meeting which I hope will be of value to current and potential neonatal trainees.

Firstly the issue of National Grid posts. Several problems arose following last year’s Grid posts with posts being accepted and then turned down. This had several knock on effects, ultimately leading to posts being unfilled. It cannot be stressed enough that only posts you are prepared to take up should either be ranked, or more importantly – accepted.

There will be approximately 15 Grid posts for 2007 – this is less than previous years but is matched to the predicted number of consultant posts that will arise in the coming years. For those intending to apply – please note – the process will start earlier than previous years with

advertisements scheduled for 2nd December 2006.

Secondly having discussed the availability of Neonatal Consultant posts at the last committee meeting, it is important for grid trainees to remember our CCT is still in paediatrics. Many of us will apply for consultant jobs as “Neonatal Lead” in Level 2 units where general paediatric on call may be expected. As a result, keeping up to date with general paediatric skills and child protection skills, despite being neonatal grid trainees, is essential.

Peak Performance is a 3-day course run every year for final year neonatal trainees. I was fortunate to attend the course this year. Topics covered include CV and interview techniques, writing a business case, communication skills and generally many things you will need to know as a consultant that nobody ever tells you! If you have the opportunity to attend this course I would thoroughly recommend it.

If you have any thoughts, comments, ideas or issues regarding neonatal training, please get in contact. I look forward to hearing from you,

Kathryn Johnson

Neonatal CSAC Trainees Representative
kathrynjohnson@postmaster.co.uk



BAPM Annual Meeting 2006

Letter from the Secretary

Such little time seems to have passed since the summer meeting in Nottingham that there is not much new to add to my contribution to the annual report. The summer meeting was a great success and feedback has been very positive. My thanks to all those involved in the organisation and to all those who contributed to the AGM and the scientific meeting.

Looking ahead, we have the RCPCH meeting in York in March 2007. The Perinatal day has been moved from our traditional Tuesday slot to Wednesday 28th March – just the College trying to see if we are all awake and turn up on the right day! The closing date for abstracts is the 1st December 2006 and these are submitted on-line. We are planning to include two invited lectures, with the rest of the day being for free papers. As mentioned by the President, we are holding a short combined session with the Respiratory Group on the afternoon of Tuesday 27th.

The summer meeting in 2007 will be in the Isle of Man. This promises to be a fun venue so put the dates in your diary now (AGM 6th September and Scientific Meeting 7th September 2007). There are flights from many regional airports which are inexpensive if booked early. We will circulate a provisional programme in the near future.

The BAPM dataset is being revised to include data items from the Minimum Critical Care Dataset, used for HRGs, and the National Audit Project. It is hoped to complete this work and publish the dataset, with the tables required for unit annual reports, very soon. We hope to be able to get the dataset approved by the NHS Information Standards Board.



Douglas harbour, Isle of Man

NICE have now published their Postnatal Care Guideline, including recommendations for the routine care of the normal, healthy newborn baby. This includes the routine newborn examination. I still hear from members who are unhappy about aspects of this guideline. This is despite the fact that drafts were circulated for consultation to all members on two separate occasions. We will continue to try and make sure members are aware of all relevant guidelines that are in preparation but, if you have comments, we need feedback during the consultation process.

As always, the work of the Association depends on the office staff of Christine Cooper and Julia Wheal. My thanks to them for their continuing work for the association. The President has written about the move of Christine to another challenge within the College. As Head of Training she tells me that she will get to grips with PMETB – maybe she can then explain it to the rest of us.

Christine has had a major impact during her time with BAPM. We are more efficient, more productive and much better focussed as an Association. I would add my thanks to those of the President – the job of the Hon Secretary would be impossible without an efficient and dedicated Executive Officer. The difficult hunt for her replacement is underway. Andrea Drury has been appointed to temporarily fill the post and I know she will work well with Julia to maintain the efficient running of the office.

I look forward to working with you all in my last year as Honorary Secretary. Bryan Gill will be assuming the mantle of Secretary following the AGM next September.

Andy Lyon



Delegates enjoying themselves!

Robert H. Usher, MD (1929 – 2006)

Robert Usher, an outstanding pioneer in neonatal medicine, has died at the age of 76 after a long battle with cancer of the prostate. Born in Montreal on June 19th, 1929, he was educated in the city, qualifying in medicine at McGill University in 1954. Following residencies in Philadelphia and Boston, Usher returned to Montreal, first as a research fellow and then from 1959 as Director of Nurseries at the Royal Victoria Hospital, a post he held for more than 40 years. At McGill University he progressed to become professor of both obstetrics and pediatrics.

Robert Usher loved caring for the newborn, discussing the babies with their parents, and



encouraging his team of doctors, nurses and research fellows. Like many pioneers he had, in the early days, to fight hard to improve the welfare of the newborn. Determined and uncompromising, he was formidable in debate on their behalf. However, as the years passed this doughty 'rebel' evolved into a respected and admired leader of his speciality. He was a big man in every sense, whose characteristics included enthusiasm, drive, integrity, humanity and a sense of humour.

Usher's scientific contributions to perinatal medicine over half a century were not only important, but have stood the test of time. Always clear and authoritative, they revealed the depth of his clinical experience as well as his powers of observation, original thought, and analysis. His earlier papers dealt with clinical and therapeutic aspects of the respiratory distress syndrome of prematurity. The introduction of the "Usher's regime" throughout the world in the early 1960s did much to arouse paediatric interest in the neonatal period. Also, following a year spent with Professor John Lind in Stockholm in 1962, he made important contributions on the influence that management of the umbilical cord at birth might have on the neonatal blood volume, on polycythaemia, and on cardiopulmonary function. Other research subjects include perinatal maturation, nutrition and growth, maternal diabetes in pregnancy, and the influence

of delivery on fetal adaptation at birth. Usher was also most interested in the organisation and audit of perinatal care, including the causes and prevention of mortality and morbidity. Indeed his latest efforts before his death were to ensure that the Montreal obstetric and neonatal database was in good working order. For 46 years he had personally reviewed the charts of every baby (and of their mothers) born at the Royal Victoria Hospital. His extensive knowledge of perinatal care and epidemiology was made available to international bodies such as the World Health Organisation, as well as to governments. In particular he gave great support to the Brazilian and Cuban perinatal services.

Many honours came to Robert Usher. In 1991 he was made an honorary fellow of the British Association of Perinatal Medicine and gave the first Overseas Founder's Lecture. In 1993 he received the Prix Letondal of Quebec and two years later the Neonatal Award of Canada. In 2000 he received the Virginia Apgar Award of the USA and just before his death the Canadian Pediatric Society presented him with their most prestigious honour, the Ross Award, given for excellence in the field of pediatric research and child advocacy. Meantime, McGill University announced the creation of an annual visiting lectureship in his name.

Bob was a great family man, happily married for 45 years to Anne Conrod. They had three daughters and several grandchildren. Both spoke fluent French and were very active in Quebec's social reforms. Bob also loved the outdoors and was never happier than when indulging his pleasure in swimming, walking, skiing or chopping wood on his farm in the Laurentian Mountains. He had many good and loyal friends, most of whom came together in Montreal in 2001 to celebrate his formal 'retirement' at the age of 72. In practice the work continued unabated until shortly before his death. Surrounded by his family Bob died peacefully at his home in Montreal on May 25th, 2006.

P.M. Dunn

**Professor Ross Mitchell
Dundee
(1920 - 2006)**

**Dr Matthias Schwager
Blairgowrie
(1963 - 2006)**

Diary Dates 2007

26 March 2007

RCPCH York Meeting: Joint BAPM & Respiratory Group Meeting

27 March 2007

RCPCH York Meeting: Main Perinatal Session

16 May 2007

Perinatal Clinical Trials Group Meeting, Birmingham

6-7 September 2007

BAPM Annual General Meeting & Scientific Meeting, Isle of Man

www.bapm.org

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