

Paediatric Pearls

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Previous editions are now all available at www.paediatricpearls.co.uk

Health on the Net (HON) certification

You may have noticed a new icon on the home page of www.paediatricpearls.co.uk as the site has just been accredited by Health on the Net. HON was founded to encourage the dissemination of quality health information for patients and professionals and the general public, and to facilitate access to the latest and most relevant medical data through the use of the internet. Click on the link above or on the icon on the Paediatric Pearls home page to find out more.

A reminder about some useful on-line learning packages relevant to the care of children

www.spottingthesickchild.com is a new interactive tool commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child. Click [here](#) for a GPVTS review of it.

<http://www.e-lfh.org.uk/projects/safeguarding/index.html> is where you can do your mandatory child protection training. You need to do Levels 1 and 2 as a doctor working with children. Paediatricians (registrars and above) and paediatric nurses must undergo regular Level 3 training. E-learning for health (e-lfh) has all 3 as on-line courses. GPVTS review of the site available [here](#).

<http://www.e-lfh.org.uk/projects/healthychild/index.html> is an e-learning project for **all healthcare professionals** working with pregnancy and the first five years of life. It is based on the DoH's [Healthy Child Programme](#). Be the first to review it [here](#)!

In case you can not find a **growth chart** when you need one, the 0-4 years versions (including instructions) are available for download from RCPCH (<http://www.rcpch.ac.uk/growthcharts>). We correct for gestational age for any child born before 37 weeks gestation for at least the first year of life eg. a 26 week old baby who was born at 32/40 should be plotted on the chart at 26 weeks with an arrow drawn back to 18 weeks.

How often should babies be weighed?

Once feeding is established, if parents wish, or if there is professional concern, babies can be weighed at 6-8 weeks, 12 and 16 weeks. Babies should usually be weighed at 12-13 months at the time of routine immunisations. **If there is concern**, weigh more often. However, weights measured too close together are often misleading, so babies should be weighed:

- no more than once a month up to 6 months of age
- once every two months from 6 to 12 months of age
- once every three months over the age of 1 year.

Source: [UK Department of Health \(archived material\)](#)

NICE on TB: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (publ. March 2011) <http://guidance.nice.org.uk/CG117>

Please refer any children urgently you feel need screening or treating for TB to Dr Maria O'Callaghan, paediatric consultant, at Whipps Cross. The TB service at the hospital will organise screening, diagnosis (in line with the "[Green Book](#)") and treatment and liaison with the Health Protection Agency over contact tracing. This guideline, offering best practice advice on the care of people with, or at risk of contracting, TB, is mainly relevant to secondary care but I have picked out a couple of points which I thought may be of interest to GPs or ED doctors.

- ◆ Healthcare workers caring for people with TB should not use masks, gowns or barrier nursing techniques unless multi drug resistant (MDR) TB is suspected. However inpatients with smear-positive respiratory TB should be asked (with explanation) to wear a surgical mask whenever they leave their room until they have had 2 weeks' drug treatment. [2006]. The [NICE information for patients](#) may be of use here.

BCG vaccination for neonates

- ◆ Primary care organisations with a high incidence of TB (includes east London) should consider vaccinating all neonates soon after birth. [2006]

BCG vaccination for infants and older children

- ◆ Routine BCG vaccination is not recommended for children aged 10-14.
- ◆ Healthcare professionals should opportunistically identify unvaccinated children older than 4 weeks and younger than 16 years at increased risk of TB who would have qualified for neonatal BCG and provide Mantoux testing and BCG (if Mantoux negative). This opportunistic vaccination should be in line with the Chief Medical Officer's advice on vaccinating this age group following the end of the school-based programme. [2006]
- ◆ Mantoux testing should not be done routinely before BCG vaccination in children younger than 6 years unless they have a history of residence or prolonged stay (more than 1 month) in a country with a high incidence of TB. [2006]

BCG vaccination for new entrants from high-incidence areas

- ◆ BCG vaccination should be offered to Mantoux-negative new entrants who are from high-incidence countries, **and** are previously unvaccinated (that is, without **adequate** documentation or a characteristic scar), **and** are aged younger than 16 years, **or** 16 to 35 years from sub-Saharan Africa or a country with a TB incidence of 500 per 100,000. [2006]

From the literature: Fetal and perinatal consequences of maternal obesity.

This is a fairly hard hitting review article listing all the morbidity and mortality risks for both mother and baby of having a BMI ≥ 30 . 25% of the UK population and 1 in 5 women booking for antenatal care are obese. Major maternal complications include gestational diabetes, pre-eclampsia, sepsis, DVTs and spontaneous abortion. Neonatal effects include early death, neural tube defects and congenital heart disease. ***Obese women wishing to become pregnant should take 5mg folate daily preconception and throughout the first trimester and should aim to only gain 5-9 kgs during pregnancy.*** There are higher rates of adverse intrapartum outcomes and of the baby being admitted to SCBU for transitional respiratory or metabolic issues. The babies are less likely to be breastfed and more likely to become obese themselves. Depressing reading. [C Vasudevan et al. ADC Fetal Neonatal Ed](#)