

# Paediatric Pearls

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Previous editions are all available at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk)

**SIGN 127: Management of perinatal mood disorders (March 2012)** Quick reference guide available at <http://www.sign.ac.uk/pdf/qrg127.pdf>

### Predicting and reducing risk of postnatal depression and postpartum psychosis:

- ask all pregnant women about personal and family history (FH) of postpartum psychosis or bipolar disorder
- refer those with a personal history for psychiatric assessment, keep an eye on those with a FH and share information

### Prevention and detection:

- ask about depressive symptoms at booking and postnatally at 6/52 and 3-4/12
- tools to detect depression will not help with detecting psychosis

### Psychosocial management:

- offer additional interventions where there is impairment in mother-infant relationship ([PPIMHS offers this service](#) in all North East London Foundation Trust's boroughs)
- a structured exercise programme may be offered as a treatment option for patients with postnatal depression (see [www.mendcentral.org](http://www.mendcentral.org) for "MENDMums" venues)

### Pharmacological management:

- see guideline for information on the use of antipsychotics, hypnotics, sedatives and lithium during pregnancy and breastfeeding

**Baby blues:** days 3-5 post delivery, normal but should not persist beyond first week

**Postnatal depression:** affects 10 – 15% of mothers any time in the 1<sup>st</sup> year post delivery

**Postpartum psychosis:** affects 0.1 – 0.2% of mothers usually in 1<sup>st</sup> month after delivery

<http://www.sign.ac.uk/pdf/PAT127.pdf> is SIGN's new booklet for parents on perinatal mood disorders. Published April 2012.

## Parenting Support in Waltham Forest

Lots of free parenting classes on offer from

<http://www.walthamforestclass.gov.uk/familylearning/fm.aspx#parenting>

<http://www.walthamforestparentforum.com/#> for families with disabled children and young people aged 0-25. Support group, local information, disability awareness. Run by parents for parents.

## Viral gastroenteritis

We have a lot of diarrhoea and vomiting around at the moment in the ED. Please use the local guidelines to work out the fluid replacement and maintenance. "5mls every 5 minutes" is only really sufficient for a 5 kg child. If not tolerating oral fluids, the next step is a nasogastric tube. [Click here](#) for a worked example.

## Allergy Academy study day

I have just been on another illuminating Food Allergy update study day at St Thomas' Hospital. It's a fast moving field and I recommend the Allergy Academy's update days. They are sometimes free too! [Click here](#) for their forthcoming events which include one for Non Healthcare Professionals this year.

Common food allergens include peanut, tree nuts, milk, egg, soya, sesame, lupin, fish, shellfish, wheat and celery. Most of us can survive without eating lupin but what about milk? There is a list of the fourteen major food allergens according to the EU: their sources, terminology used, nutrients, alternatives, mechanisms involved and level of avoidance required available in [full text from a 2010 issue](#) of the Proceedings of the Nutrition Society. Authors are dieticians R Meyer and C Venter.

Children with multiple food allergies need to continue 500-600mls a day of whichever formula they are on when they reach 1 year to ensure they get their required vitamins and minerals.

Infants on 500-600mls/day extensively hydrolysed or amino acid formulae for cows milk protein allergy do not need extra calcium.

Did you know that tomato ketchup contains cinnamon? <http://foodwiz.co/> is an android smart phone app people with dietary restrictions (allergy, sensitivity and celiac disease) can use when out shopping. The large supermarkets produce monthly lists of "free from" products and some recipes. Try [Sainsbury's here](#).

## Can a bruise be aged accurately with the naked eye?

The [Cardiff Child Protection Systematic Review](#) site has been reviewing papers on safeguarding issues such as fractures, bites and bruising for the last 10 years. The answer to this question is "No". Here is the evidence as of 2010, direct from [them](#):

- ⇨ Different colours appear in the same bruise at the same time <sup>1,2</sup>
- ⇨ Not all colours appear in every bruise <sup>1,2</sup>
- ⇨ In general red / blue and purple colours were more commonly seen in bruises less than 48 hours old and yellow, brown and green bruises were most often seen in bruises over seven days old. However, the converse of this also applied: red / blue and purple were identified in up to 30% of observations in bruises older than seven days and yellow/brown or green were seen in up to 23% of bruises less than 48 hours old <sup>1</sup>
- ⇨ There is considerable variation in the way different observers interpret and describe colour <sup>1</sup>
- ⇨ Yellow bruising was not seen before 24 hours <sup>1</sup>
- ⇨ Yellow only appeared in bruises over 48 hours old <sup>3</sup>
- ⇨ One child had a blue bruise on the arm and a green / yellow bruise on the leg that were sustained at the same time <sup>1,2</sup>
- ⇨ The accuracy with which observers estimate the age of a bruise from a photograph is little more than 50% (24/44) <sup>1,2</sup>
- ⇨ The accuracy of estimating the age of a bruise to within 24 hours in vivo was only 40% <sup>1,2</sup>

1. Barciak ED, Plint AC, Gaboury I, Bennett S. Dating of bruises in children: An assessment of physician accuracy. *Pediatrics*. 2003;112(4):804-807 [PubMed]
2. Stephenson T, Bialas Y. Estimation of the age of bruising. *Archives of Disease in Childhood*. 1996;74(1):53-55 [PubMed]
3. Carpenter RF. The prevalence and distribution of bruising in babies. *Archives of Disease in Childhood*. 1999;80(4):363-366 [PubMed]

## Pertussis

The HPA has written to all GPs about the current whooping cough outbreak. Dr Rupa Vora has put together a useful summary of pertussis, available [here](#).

- ◆ incubation period is 3-12 days, children are most infectious in the first 2-3 weeks but most likely to present in the second phase of illness at 3-4 weeks
- ◆ 1<sup>st</sup> phase symptoms: coryza and cough
- ◆ 2<sup>nd</sup> phase: intense bouts of coughing, which bring up thick phlegm a 'whoop' sound with each sharp intake of breath after coughing (may not occur in infants and young children) vomiting after coughing, especially in infants and young children cccccc apnoeas in babies fatigue (tiredness) and redness in the face from the effort of coughing chronic ("100 day") cough
- ◆ Diagnosis is clinical primarily but pernasal swabs, nasopharyngeal aspirate and serology can confirm or refute *Bordetella pertussis* as the causative organism (see [table of relevant investigations on Paediatric Pearls](#)).
- ◆ It is statutorily notifiable in England and Wales
- ◆ Treatment is with 7 days macrolide antibiotic. The cough will continue even with antibiotic treatment but spread will be reduced.

[Click here](#) for the HPA guidelines for the public health management of pertussis.