Implications for obstetric care

Joint hypomobility syndrome and its wider clinical implications are poorly understood by health professionals, which can significantly compromise patient care.1 Ross and Grahame mention the risk of uterine prolapse and uterine rupture, but the syndrome has a variety of other risks for childbearing women. These include a higher risk of premature rupture of the membranes,1 precipitate delivery, and bleeding. Further risks are perineal trauma and subsequent poor wound healing2 and later complications such as urinary and faecal incontinence.1

Hypomobile women with unstable hip, knee, or spinal joints are vulnerable to injury if placed in inappropriate positions during labour or operative delivery, and the use of regional or general anaesthesia may increase this risk by eliminating pain when joints sublux or dislocate. Careful, collaborative antenatal planning and clear documentation of risks and care plans can alert staff on duty when women present in labour and thus reduce the incidence of some of these complications.

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GUN CONTROL

Australian and US gun deaths compared

The myopic parochialism of US debate on gun control astonishes many who live overseas.2 The population of the US is 14.4 times that of Australia; the US has 141 times as many deaths from firearms as Australia (31 124 in 2007 v 221 in 2008) and 238 times Australia’s firearm homicide or manslaughter rate (12.622 in 2007 v 53 in 2008). In 1996, our government introduced massively supported gun laws that banned citizens’ access to semi-automatic rifles and pump action shot guns; a temporary tax levy funded the buyback of the banned guns. In the 18 years before the gun law reforms, there were 13 mass shootings (five or more people killed) in Australia. In the 14.6 years since, there have been none.

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WHEN TO WEAN

Analysis article was misleading

Frewell and colleagues’ analysis article on the evidence for six months’ exclusive breast feeding1 hit the headlines—negative comment on breast feeding in professional and scientific journals usually does. It has resulted in confusion among families and health professionals internationally about the relative merits of breast feeding and formula feeding. It has put at risk years of large scale collaborative international work to promote breast feeding and support women.2,3 Already a hard task in cultures that are antagonistic to breast feeding.4,5 It is important therefore to consider whether the paper that prompted this media interest offers a worthwhile contribution to knowledge.

As a review, this piece fails on all quality criteria. In an area that potentially affects the health of millions of babies and women, the principles of systematic reviewing, developed to protect professionals and the public from incomplete and biased information, have been disregarded. Two examples illustrate the consequences.

Firstly, Frewell and colleagues challenge the findings of the 2002 review of optimal duration of exclusive breast feeding by the World Health Organization (in fact updated in 2009). Instead they cite a Nestle supported review that says that it “found no compelling evidence to support change” from four months to around six months of exclusive breast feeding. A quick appraisal of this review shows several factual errors and misrepresentation of its conclusions in Frewell and colleagues’ summary.

Secondly, they list catastrophic consequences of iron deficiency as potential sequelae of exclusive breast feeding, yet the study they cite in support is not relevant. They omit to mention important related factors, including the increased bioavailability of iron in breast milk and increased infection in infants who are not breast fed.

Why choose to examine this topic? The optimum duration of exclusive formula feeding is a more pressing public health question. International recommendations on the timing of introduction of solids are based only on evidence for exclusive breast feeding, and evidence on the health consequences of exclusive formula feeding after four months is completely lacking.

This paper has not advanced knowledge but confused and misled; it is also likely to have increased international sales of formula milk. Peer review by those with knowledge of the field should have prevented that.

(Written this. BMJ 2011;342:d1005)
Infection more important than anaemia or allergy

It seems extraordinary that concern about possible effects on iron deficiency and coeliac disease should lead Frewett and colleagues to suggest shortening the recommended duration of exclusive breast feeding, when they acknowledge that longer durations of exclusive breast feeding are associated with substantial reductions in infectious diseases. Excellent research evidence suggests that this effect applies to children in affluent as well as deprived societies. Visit any UK paediatric ward and you will find it teeming with infants with infections, not low iron deficiency and coeliac disease. Inevitably harms as well as benefits accrete with deferring solids, and the World Health Organization determined the age at which equipoise between the two was reached.

It also seems extraordinary that the BMJ published this highly subjective article in the same issue in which it repeatedly castigated the Lancet for its behaviour in relation to MMC. Many children will lose the protective benefit of breast milk as the result of the BMJ’s inflammatory publicity and become ill as a consequence. Will the BMJ next mount an exposé of its own irrefutable responsibility?

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RESPONSE

Scientific Advisory Committee on Nutrition replies to Mary Frewett and colleagues

Frewett and colleagues selectively reviewed evidence on the appropriate age at which to introduce complementary food into the diet of breastfed infants. We comment on several of their statements about the role of the Scientific Advisory Committee on Nutrition (SACN) in advising UK governments on this issue. SACN is a committee of independent experts appointed under Nolan principles to advise these governments.

It is incorrect that SACN "was not asked to formally consider the scientific evidence" supporting the World Health Organization’s revised recommendations on breastfeeding in 2001. The issue was initially considered in 2000 at a meeting chaired by the inaugural chair of SACN. It concluded: "There is sufficient scientific evidence that exclusive breast feeding for six months is nutritionally adequate." SACN endorsed this view in 2001, acknowledging the need for flexibility since mothers may introduce complementary foods earlier than this for personal, social, and economic reasons. Nevertheless, these states should not be given before the end of four completed months.

SACN has subsequently published reports and commentaries on several topics relevant to Frewett and colleagues’ review. All have been published and were open to public consultation. Thus “broad professional consultation” has always been part of the SACN process. Frewett and colleagues did not acknowledge these three reviews:

• In 2007 SACN recommended adoption of the 2006 WHO international growth standard for children up to 5 years old. This describes the growth of exclusively or predominantly breastfed infants receiving complementary foods at an average age of 5.6 months; this pattern of growth is internationally acknowledged as compatible with both short term and longer term infant health. This work was conducted collaboratively with experts nominated by the Royal College of Paediatrics and Child Health.

• SACN will endorse the adequacy of iron and energy supply during exclusive breast feeding in forthcoming reports that were open for public consultation in 2010. These examine the issues in depth and do not support the views of Frewett and colleagues.

• SACN and the Committee on Toxicity (COT) have reviewed evidence relating the risk of coeliac disease and type 1 diabetes to the age at which gluten is introduced into an infant’s diet. The committees do not consider evidence sufficient to support introduction of gluten between 4 and 6 months of age. Frewett and colleagues suggest that changes to infant feeding policy should be subject to audit but fail to acknowledge that infant feeding policy has long been evaluated closely in the UK. Quinquennial surveys of infant feeding have documented trends since 1975, and a government funded national survey of the diet and nutritional status of infants and young children is in progress.

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Deer B. The concept of days to begin weaning. BMJ 2011;342:d1108.

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