

SPRING/SUMMER 2016

The Portland Hospital Parenting Magazine

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IDEAS

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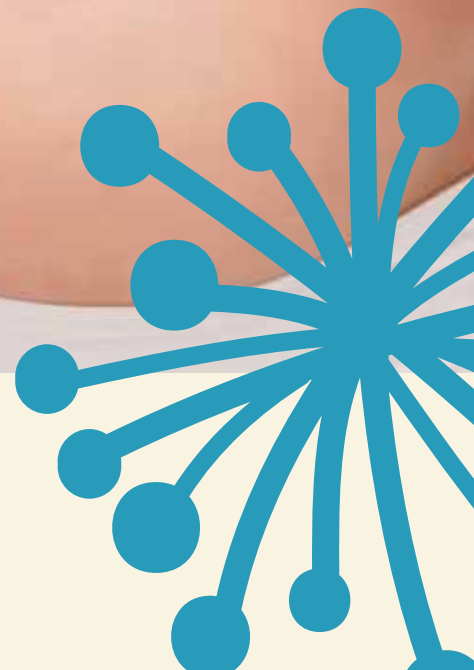
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WELCOME

When it comes to anything medical, we all know that your experience is as much about the care and reassurance you receive as it is about the medical treatment itself.

You can have all the latest scans, procedures and high-tech equipment, but it is someone helping you through that treatment that really counts.

In this Spring edition of Nuture magazine, we highlight the amazing support given to women and children at The Portland Hospital and also its sister hospital The Harley Street Clinic.

While finding out you are pregnant is an exciting moment for most couples, for some – especially those who have previously had a miscarriage, undergone IVF, have other medical conditions or very stressful lives – there can be a huge anxiety about whether the pregnancy will be successful.

The Portland Hospital's Early Pregnancy Service offers women in the early stages of pregnancy all the support and reassurance they need, from early scans to advice and TLC.



Amazing support is also offered to children undergoing heart surgery at The Harley Street Clinic.

Teenager Joel Ucko was terrified of having an operation to correct a rare heart condition.

Yet with the support of nurses and psychologists, he got through the surgery and gained so much confidence, he has used his experience to help someone else at his school who needed a major operation.

A truly inspiring and uplifting story which shows what care and kindness can achieve.

I hope you enjoy it.

Rachel Ellis, Editor
rachel@nuturemagazine.co.uk

For more information about The Portland Hospital call
020 7580 4400 or email info.portland@hcahealthcare.co.uk



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 The Portland Hospital for Women and Children
 205-209 Great Portland Street
 London W1W 5AH United Kingdom
 Tel: 020 7580 4400
 Email: info@nuturemagazine.co.uk
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Editorial: Tamara Abraham, Deborah Arthurs, Claire Coleman, Lucy Elkins, Sophie Goodchild, Nicole Mowbray, Louisa Pritchard, Jo Waters

Design and Production: Cat Douglas, Cindy Cash, Parul Babbar, Sam Mitchell-Innes.
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SUGAR SMART

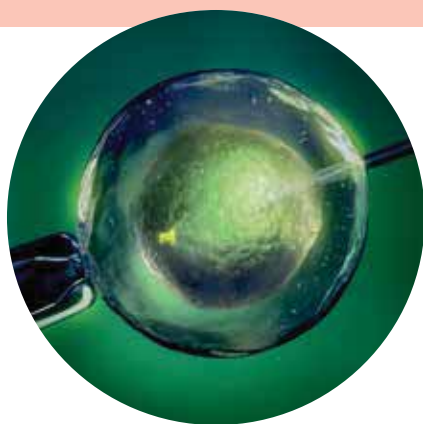
FIVE-YEAR-OLD CHILDREN EAT THEIR BODY WEIGHT IN SUGAR

every year, new figures from a Government survey of 3,400 children show. They eat an average of 22 kilos of sugar a year - nearly three and a half stones - the equivalent of 5,500 sugar cubes. This is three times the recommended amount of 19 grams or five sugar cubes a day and is leading to obesity and tooth decay, say experts. A smartphone app which reveals the sugar content of 75,000 products has been launched to help parents and children make healthy food choices. For more information go to nhs.uk/change4life

THRUSH AND MISCARRIAGE

WOMEN WHO TAKE A DRUG TO TREAT THRUSH IN EARLY PREGNANCY

may be 50 per cent more likely to suffer a miscarriage, according to a new study published in the Journal of the American Medical Association. Danish researchers examined the effects of a common prescription drug used to treat yeast infections - oral fluconazole - on 1.4 million pregnancies over 17 years. They found that women who took the drug during the first six months of pregnancy had a 'significantly increased risk' of miscarriage compared with non-users. However, doctors said the study doesn't prove the drug increases the risk of miscarriage.



IVF NOT LINKED TO DEVELOPMENTAL DELAYS

CHILDREN CONCEIVED THROUGH IVF

are at 'no greater risk of developmental delays or lifelong disability', a study has shown. Research by America's National Institute of Health, which compared the records of 1,800 children conceived through IVF and 4,000 conceived naturally, found that there is no

heightened risk of developmental delays by the age of seven in children conceived through IVF or other fertility treatments. The study, published in the journal JAMA Paediatrics, allays longstanding concerns that infertility treatments may affect an embryo at a sensitive stage and could result in lifelong problems.

ANTIDEPRESSANTS AND BIRTH DEFECTS

A COMMON ANTIDEPRESSANT MAY INCREASE THE RISK

of birth defects in newborns if taken in the first 12 weeks of pregnancy, a review shows. Paroxetine, which is used to treat depression, anxiety and obsessive-compulsive disorders, was associated with a 23 per cent increased risk of congenital defects when taken by the mother in the first trimester of pregnancy. The findings are based on a review of 23 studies by the University of Montreal. However, doctors warned that each case must be assessed individually by doctors and, for some women, the effect of depression for mother and baby could be worse.



swaddling: the secret to soothing your newborn



- + recreates cosy, familiar feeling of the womb
- + triggers a "relaxation" mechanism in infants
- + helps lull baby into a peaceful sleep
- + muslin's open weave reduces the risk of overheating

swaddle like a pro

1



Lay the swaddle in a diamond shape and fold the top corner down to form a triangle. Place your baby in the centre of the folded area with his or her head just above the fold of the swaddle. Ensure that your baby's shoulders are still below the fold.

2



Place your baby's right arm, slightly bent at the elbow, flat against his or her body. Take the left side of the swaddle and bring it across your baby's chest. Ensure the arm is securely under the fabric. Tuck the edge of the swaddle under his or her body to ensure a secure swaddle.

3



Fold the bottom of the swaddle up and over your baby's feet.

4



Finally, place your baby's left arm, slightly bent at the elbow, against his or her body. Take the right side of the swaddle and bring it across your baby's chest. Tuck the excess fabric underneath your baby to secure the swaddle.



Museum of Childhood

PARENTS CAN INTRODUCE THEIR LITTLE ONES TO

the TV programmes they watched as children thanks to a new exhibition of the works of production company Smallfilms, which made *The Clangers*, *Bagpuss*, *Noggin the Nog*, *Pogles Wood* and *Ivor the Engine*. Objects on show include original puppets, archive footage, sets, storyboards and photos, plus a recreation of the film studio where the magic happened. The free exhibition is on at the V&A Museum of Childhood in Bethnal Green from Saturday March 19 to Sunday October 9. vam.ac.uk/moc



A NEW ATTRACTION ON

London's South Bank allows families to step into the kingdom of Far Far Away and enjoy a madcap Shrek adventure. The walk and ride

tour includes a magical 4D DreamWorks tour bus with cheeky Donkey as your guide. There are also 10 live fairy-tale themed shows where you can visit Shrek's swamp, find fortune in the crystal ball and get lost in the Mirror maze. Shrek's Adventure! London in County Hall lasts around 75 minutes. Tickets start at £19, open daily.

shreksadventure.com/london



London Philharmonic Orchestra

BOTTOM'S DREAM – THE LONDON

Philharmonic Orchestra's special, family, musical version of *A Midsummer Night's Dream* - will be performed at the Royal Festival Hall on Sunday June 5. Expect enchantment and confusion, and a bit of silliness along the way, told through a magical mix of words and music in this FUNharmonics family concert. The performance starts at midday (tickets from £10) but there are free musical activities throughout the day.

lpo.org.uk



BETTER
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IF YOUR CHILDREN

are looking for a water-inspired adventure, look no further than London Aquatics Centre's

inflatable Aqua Splash obstacle course. The first of its kind in the UK, the obstacles mean you can try your luck at leaping over the high jump and landing in the water, scaling the floating pyramid and jumping through hoops like a dolphin. There are two levels – Extreme Aqua Splash is for over 8s who are fully competent swimmers of 100m - and booking is advised for the 90 minute sessions which run at the weekends. londonaquaticscentre.org

FLYING *with* CHILDREN

Holidays are an exciting time for families. However, air travel can present its own challenges. Here experts from The Portland Hospital share their tips on how to make the journey as painless as possible.

By Jo Waters

IF YOU'RE SETTING OFF ON YOUR travels with little children in tow, you may well be stressing already about the flight – especially if it's your first time or you've got kids of different ages to keep entertained.

However, for most children, flying is a walk in the park and most won't be bothered by the air pressure changes at all.

'It's true to say that in healthy babies and children, flying is actually less risky than it is for adults,' says Nico Jonas, a Consultant Paediatric Ear, Nose and Throat Specialist at The Portland Hospital, who also works at Addenbrooke's Hospital in Cambridge.

'There is nothing inherently dangerous to children's health about flying - they are actually less prone to developing deep vein thrombosis (blood clots) compared to adults and, because they naturally fidget more, they don't have to worry as much about consciously getting up and moving about.

'Flying long-haul carries the risk of dehydration but children aren't at any higher risk than adults so, provided they drink regularly, they should be fine.'

Here are some tips for making the journey as stress-free as possible.



LOOKING AFTER THEIR EARS

According to Mr Jonas, it's a myth that all children feel pain and pressure in their ears on flights.

'Children with healthy ears and no infections shouldn't feel any discomfort, even on take-off or landing,' he says.

'It's only if they have an ear infection and/or a cold with a build-up of fluid in the middle ear that it may be painful.

'This is because the Eustachian tube, which runs between the middle ear and the throat and is

designed to control the air pressure in the middle ear, can become inflamed and partially blocked. As a consequence, air cannot move freely in and out of the middle ear resulting in negative pressure in the middle ear and subsequent pain and discomfort.'

The changes in cabin pressure felt during take-off and landing can be minimised by encouraging babies to suck on a bottle or by breastfeeding them, says Mr Jonas.

'Older children should be encouraged to suck or chew on a sweet

which helps with the opening and closing of the Eustachian tube and correction of the middle ear pressure on take-off and landing,' he says.

'For older children (usually over five), you can teach them to "pop" their own ears by taking a deep breath and



FLYING WITH SPECIAL HEALTH PROBLEMS

'We're always asked if it's safe for children who have just had grommet operations (ventilation tubes inserted in the eardrum to allow air into the middle ear and to displace the fluid building up) to fly and the answer is yes,' says Mr Jonas.

'With premature babies and children with underlying heart, lung or serious medical conditions, it's always best to see your doctor before you fly as your airline may request a fitness to fly certificate.



'To assess your child's fitness to fly, he or she may be asked to undergo an overnight sleep study in a room with air pressure similar to that on board an

aircraft so that their blood oxygen levels at this pressure can be monitored.'

Children wanting to fly after tonsil surgery will generally have to wait two weeks because of the risk of bleeding.

KEEPING THEM ENTERTAINED

You can't expect your children to sit on a plane for hours on end without something to do – so a bit of planning ahead is a good idea, according to Manisha Wickrama, a Health Play Specialist at The Portland Hospital.

'Try to make a game of your trip by talking about it in advance and involving them in the preparation,' she says.

'Explain the importance of wearing a seatbelt in advance and that the stewards and stewardesses will be coming round to check - turn it all into an adventure.

'Packing a little rucksack with some of their favourite toys and books for the trip is a good idea, and taking a favourite teddy or blanket may help them feel secure and settle them.'

While traditional toys such as mini packs of Lego, colouring books and crayons and stickers will help keep children entertained, iPads and iPods can be very useful too.

'Download some of their favourite TV programmes, cartoons and games before you go, make sure the device is charged and don't forget the headphones,' says Manisha.

'Try to intersperse screen time with other activities such as colouring or reading though, so they are not using devices for longer than an hour or so at a time.'



Taking some treats that you can give your

children at various stages of the journey such as small sticker packs, favourite character books, packets of fruit or mini chocolate bars can help break up the journey, suggests Manisha.

Meanwhile, reading your child a favourite storybook can be very soothing and might help them to fall asleep.

'If you make the effort to keep them entertained, your time on board should fly by,' she says.

attempting to breathe out through the nose while pinching it shut. The breath won't be able to pass out of the nose and will instead travel down the Eustachian tube and help normalise the pressure.

'This procedure is called the Valsalva manoeuvre

and you can watch videos on how to teach your child to do this on YouTube. It can be a little uncomfortable the first time you do it but it's a skill well worth learning.'

If a child is suffering from chronic glue ear (fluid in the middle ear), doctors can prescribe a device called an Oto Vent balloon. This is designed to teach children to perform the Valsalva manoeuvre by attempting to inflate the balloon through the nose while pinching one nostril closed and blowing out through the open nostril.



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MY FAVOURITE BABY THINGS

GIOVANNA FLETCHER

Author *Giovanna Fletcher*, 31, has recently joined the team on ITV's *Lorraine* show. When she's not writing a new novel, vlogging, blogging or taking part in something weird and wonderful for the show, she is with her family - Tom from *McFly* and children Buzz and Buddy, who were born at The Portland Hospital.



◀ **Ewan the Dream Sheep**, £29.99, sweetdreamers.co.uk

I love this purple and cream ball of fluff! This little magical gadget has been created to emulate sounds from the womb with a mixture of white noise, heartbeats and even a lovely little tune if you fancy something melodic. Buzz loved this when he was a newborn and it worked wonders on him.

Medela Freestyle breastpump, ▶
£329.99, medela.co.uk

Breastfeeding didn't come easily to me, but I persevered and know the whole thing was made easier by Medela products. I rented the Symphony electric pump at first and then, once everything was established, moved onto the Freestyle double electric pump.



Fisher Price Rainforest Jumperoo, £78.58, amazon.co.uk

A big toy but totally worth it, especially as younger babies don't really have many toys anyway. Buzz adored being in this and while he was there, it was my time to have a guilt-free cup of HOT coffee. We all know what a rarity one of those is with a child in the house. ▶



Snuzpod, £169, ▶
snuz.co.uk

Buzz stayed in our room until he was six months old and this sturdy little crib meant we were able to have the safer option of co-sleeping without him being in our bed. The mesh side meant I could see him easily and being so close meant it was easy to lift him out for night-time feeds.



Aden + Anais dream blanket, £395, adenandanaais.co.uk

Soft, stylish and extremely useful. The Merino wool range is the height of luxury and is simply gorgeous.



▶ **Isabella Oliver layering scoop top**,
£39, isabellaoliver.com

During both of my pregnancies, comfort has been highly important. These fitted tops are gorgeous for day-to-day life. I love the fact that they hug my bump and are long enough to just wear leggings underneath.



Giovanna is part of the digital boob team for the charity CoppaFeel! which campaigns to make men and women check their bodies at a much younger age for cancer.

She is also currently working on her fourth novel *Always With Love* which will be published by Penguin in June 2016.

lulubaby antenatal classes Launch at The Portland Hospital

*We catch up with founder
Louisa van den Bergh
and ask her about her popular
antenatal courses*

You began your career in banking; how did you come to start antenatal classes?

Yes, quite a leap - from banks to breasts! I was working in the City, and after the birth of my second son, I began to think about a change. As it happened, friends were coming to me for advice – especially on breastfeeding; it was a natural step to train to be a breastfeeding counsellor. Once qualified, I soon discovered that so many mums were just completely unprepared for birth and feeling vulnerable – the breastfeeding wasn't going well, the birth hadn't gone to plan, they were often traumatised by it. I began to realise that there was a real need for better preparation and more understanding of the reality of life with a new-born baby - Lulubaby was born!

Tell us about the classes at The Portland

With courses in Notting Hill, Chelsea, Fulham and Wandsworth, we have often been asked when we are going to spread our wings in this direction and we are delighted that we are now holding our courses at the world renowned Portland Hospital. The comprehensive courses are open to anyone, not just mums delivering at the hospital so we hope mums will meet local friends due at the same time, creating that vital support network and lifelong friendships!



What makes Lulubaby stand out from other antenatal class providers?

Firstly, we have a whole team of experts who teach our courses. For example a midwife to take you through labour, an obstetrician on complications and caesarean section, an anaesthetist on epidural, a paediatrician on your new-born baby, a breastfeeding counsellor on feeding your baby (including bottles), a women's health physiotherapist on your pelvic floor and your perineum and even a nutritionist who highlights some important dietary pointers for women in the final stages of pregnancy and the postnatal period. Secondly, we have a very warm and supportive approach. Once our mums have had their babies we are there to offer ongoing support and guidance at what is not always an easy time.

What other services do you provide?

We have a team of breastfeeding counsellors on hand ready to take your call or come to see you if you are struggling and need some support. We also provide paediatric first aid classes, refresher classes for 2nd time mums and we recently launched our maternity nurse and night nanny agency, Lulunannies, to help mums find the right support at home once their baby has been born.

How do you book?

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info@lulubaby.co.uk

020 7736 6665

www.lulubaby.co.uk



Into the shade

A little skill with a contouring palette can transform the shape of your face. Here's our pick of the best sculpting and highlighting products around



1. **Anastasia Beverly Hills contour kit**, £39, Net-a-porter.com
2. **By Terry Terrybly Densiliss Compact Contouring**, £68, Cultbeauty.co.uk
3. **Charlotte Tilbury Filmstar Bronze & Glow**, £49, Selfridges.com
4. **Rodial Instaglam Compact Deluxe Contouring Powder**, £52, Rodial.co.uk
5. **Clinique Chubby Stick Sculpting Contour**, £19, Houseoffraser.co.uk
6. **Cover FX Contour Kit**, £40, Harveynichols.com
7. **Smashbox Contour Stick Trio**, £35, Smashbox.co.uk

HEALTHCARE WITH A VIEW

Children needing private outpatient treatment can now be treated at a new centre at The Shard.

CHILDREN NEEDING PRIVATE OUTPATIENT medical care can now attend clinics in one of the capital's most iconic buildings.

The Portland Hospital has just opened a new sister paediatric outpatient centre at The Shard.

Standing at over 1,000 feet high, the 95-storey building offers magnificent views of the city.

Many of the leading consultants working at The Portland Hospital now offer appointments at The Shard, which is situated on St Thomas Street just by one of the capital's main transport hubs London Bridge.

The centre is run by The Portland Hospital's consultants and paediatric nursing staff and is in a dedicated family friendly area with state-of-the-art consultation and treatment rooms.

Specialties covered include allergies, ear, nose and throat, craniofacial problems and neurosurgery.

The new centre just covers outpatient care for children.

Children needing to be admitted to hospital, require surgery or follow-up treatments and investigations including hearing and balance tests and imaging will continue to be treated

at The Portland Hospital in Central London. All maternity services will also remain at The Portland Hospital.

The Portland decided to open a sister centre at The Shard, away from the main hospital campus on Great Portland Street, to provide families with fast and easy access to world-class care.

Janene Madden, Chief Executive Officer of The Portland Hospital, said: 'We are delighted to be able to provide world class paediatric care in one of Europe's most recognisable and accessible buildings.'

'Patients will receive the same care and service as if they came to the main hospital.'

The children's outpatient clinics at The Shard are part of wider healthcare provision in the building by HCA Healthcare UK, which runs six major private hospitals in the capital including The Portland Hospital.

The paediatric outpatient department is open from Monday to Friday from 8am to 8pm.

If you would like to find out about consultations at The Shard call 020 7390 8020 or visit hcatheshard.com



'We are delighted to be able to provide world class paediatric care in one of Europe's most recognisable and accessible buildings.'

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We all know how unpredictable babies can be!

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1. Morris H, The bottom line on nappy rash, British Journal of Midwifery, September 2012, Vol 20, No 9, pages 540-543

7 nappy rash trigger times



Treatment for Nappy Rash

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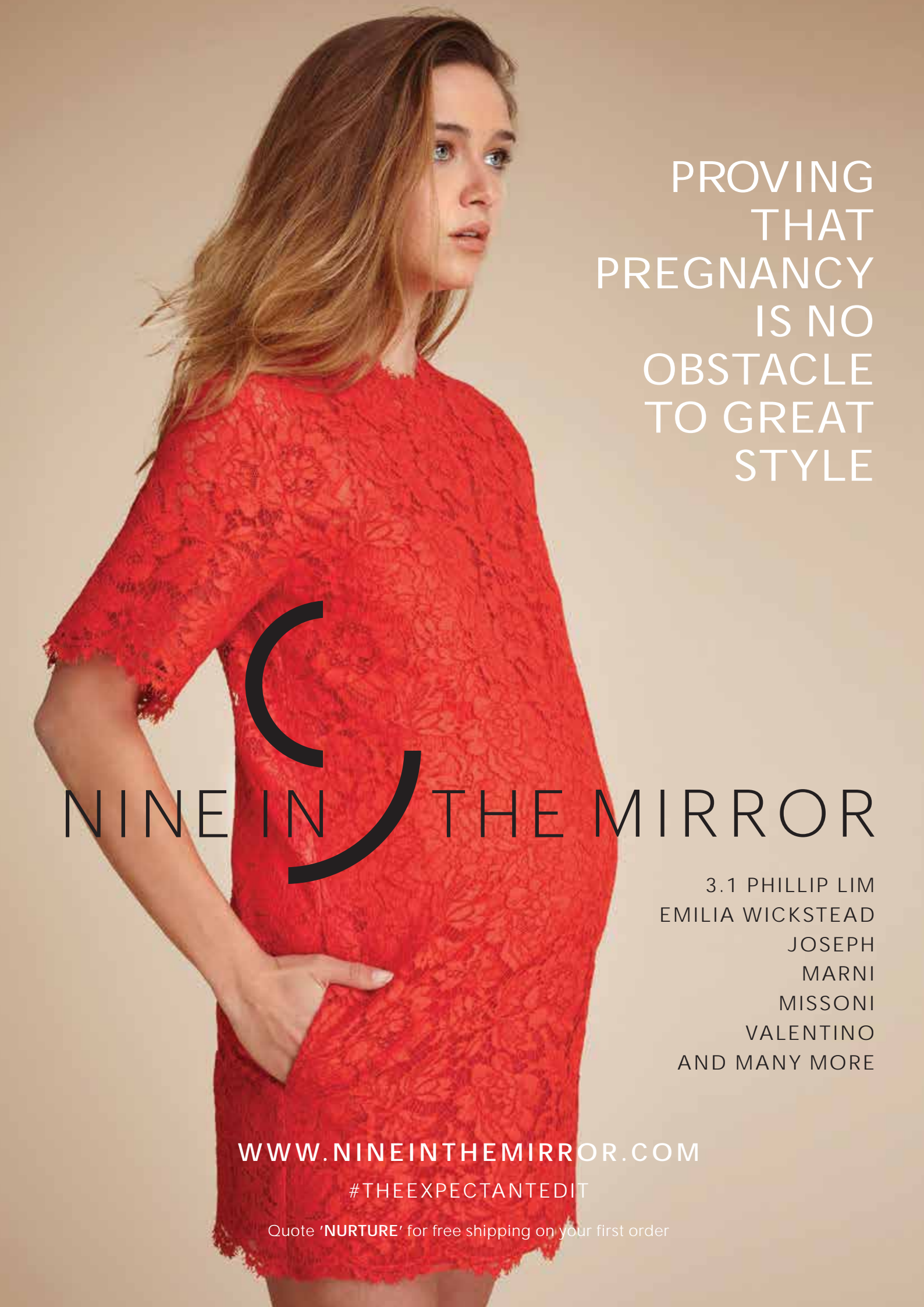
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Helping teenagers through **HEART** SURGERY

By Rachel Ellis

JOEL UCKO WAS DIAGNOSED WITH A rare heart condition purely by chance.

He had gone to his GP with a cold and ear ache that wouldn't clear when he was 10 years old, and a routine check of his chest revealed he had a major heart murmur.

'He had always been in good health, very sporty and football crazy, and there were no symptoms,' recalls his mother Rachel, from Edgware, North London. 'Yet when the GP checked his chest with a stethoscope, it revealed he had a major heart murmur and we were told he must see a paediatrician immediately.'

A check at The Portland Hospital revealed he was underweight but didn't have any of the usual symptoms of a major heart condition such as lethargy.

However, it was clear there was a significant problem so he was referred to Professor John Deanfield, a Paediatric Cardiologist at sister hospital The Harley Street Clinic.

Using ultrasound technology, Professor Deanfield diagnosed a rare congenital heart condition called subaortic stenosis.

'Congenital heart disease affects about

one per cent of babies and half will need on-going treatment,' he explains.

'Subaortic stenosis is one of the rarer forms of the disease, and is a narrowing between the left ventricle (the main pumping chamber of the heart) and the aorta (which takes blood away from the heart), which means the heart has to work harder to pump blood around the body.'

'Children are born with this condition but, if it is mild, it is often not picked up until later as in Joel's case.'

'If left untreated, the heart muscle becomes thicker because it is having to work harder and this can lead to reduced output of the heart, heart arrhythmias, heart failure, collapse and even death.'

Yearly monitoring of Joel's condition was recommended. Joel still had no symptoms however, at one of his annual checks, he was told



Joel, back home with sister Shiri and footballer Jonathan Bond

his condition had deteriorated significantly and he needed to be monitored more closely.

'We were told he had to go back to the hospital in six months when a decision would be made as to whether surgery was needed,' says Rachel.

'It completely freaked Joel out. None of my children have even had their tonsils out never mind heart surgery.'

In August 2014, an MRI scan at The Harley Street Clinic revealed significant worsening in the function of Joel's heart and the only option was open-heart surgery to remove the thickening muscle tissue.

'Joel became very stressed and somewhat frightened about the prospect of surgery. He is a very squeamish, anxious child and the thought of surgery was terrifying for him,' says Rachel.

'The operation was booked for mid-December but the months leading up to it were extremely difficult. His anxiety affected his school work as he found it very difficult to concentrate on his studies.

'It also had a huge knock-on effect on our three other children as they were able to sense the fear and nerves coming from Joel, my husband and me.

In hindsight, we should probably have had the operation straightaway.'

Knowing that Joel was an anxious patient, staff at The Harley Street Clinic went out of their way to help the family.

Joel is much more relaxed about his health now. In fact, he has used his experience to help someone else at his school who needed a major operation.

The hospital has a special team to treat adolescents, who understand the specific needs of children like Joel who was 14 at the time of the operation.

A psychologist saw Joel a few times before surgery to help him prepare, and also helped him whilst he was recovering in the hospital.

Rachel and her husband were shown around the intensive care unit where Joel would go after surgery and were told what to expect.

'It was totally invaluable,' she says.

The operation to repair Joel's heart took four hours, he was in intensive care for two days and the hospital ward for another three days before he was allowed to go home.

'As soon as we were told the operation had been a success and Joel was in recovery, we felt sheer relief. Although it was hard seeing Joel in intensive care, attached to so many tubes and monitors, the way we had been prepared by the staff beforehand removed the fear,' says Rachel.

Joel made a good recovery from the operation and returned to school a month later.

'He didn't use public transport for the first couple of months and was not allowed to do any sport for three months,' explains Rachel.

'He refused to take painkillers even though it was uncomfortable for a few weeks. Physically, he was very resilient. It was the emotional side for him that was significantly worse - but the hospital couldn't have prepared him better and, once it was over, he just got on with it.'

Joel must have annual checks for the rest of his life to monitor his heart, avoid lifting heavy weights and there is a very small chance the condition will recur.

'Joel is much more relaxed about his health now. In fact, he has used his experience to help someone else at his school who needed a major operation,' says Rachel.

'He feels a tremendous sense of achievement. Before the operation he was beside himself with fear but he has come through it a stronger person. This is in no small part down to Professor Deanfield and his team who looked after us all, both physically and emotionally. Joel knows now he can face anything.'

The benefits of swimming for children are far greater than just exercise and fitness as RACHEL ELLIS finds out.

Splash

SPLASHING AROUND IN THE swimming pool is a favourite pastime for many families.

And it's easy to see the attraction – what could be more fun than playing in water and learning to swim with your mum, dad, brothers and sisters?

Learning to swim is one of those key life skills it is important to teach your children to keep them safe.

According to the Amateur Swimming Association (ASA), the national governing body for swimming, learning to swim at an early age is important to help prevent drowning.

It says children can take part in swimming lessons from as young as six months with their parents to build up their confidence in water.

However, it is important not to be complacent even if your child is a good swimmer.

Nearly half of parents (43 per cent) wrongly believe that if their child can swim in a pool they will be safe in the sea, and one in eight parents (nine per cent) admit they don't always supervise their children when they are in the sea or open water, according to a poll for the ASA of 2,000 parents of children aged between seven and 14.

Yet a fifth of children have got into difficulties in open water – often because the cold temperature of the water (anything below 15°C) affects their ability to swim and breathe.

Jon Glenn, Head of Learn to Swim at the ASA, explains: 'Swimming in the sea or in lakes is great fun, especially when you are on your summer holidays, but it is also a lot different to swimming in a pool.'

'Open water can be very unpredictable; even calm, shallow waters can quickly become dangerous, so it is essential that both children and parents know how to stay safe.'

HOW TO SWIM SAFELY IN OPEN WATER:

1. Always swim in a safe place, such as a lifeguarded beach between the flags
2. Know the people who can help, such as lifeguards
3. Make sure an adult is supervising at all times
4. Cold water makes it more difficult to swim, breathe and stay alert
5. Know how to call for help when you are in the water or on the shore via 112 or 999



'The water provides natural resistance for muscles, which can increase your body's strength and stability as you move through the water.'

'Floating, using different swimming strokes and even holding your breath under water or blowing bubbles, all help to increase muscle strength and endurance throughout the body.'

Learning different swimming strokes can be very complex, says Beriah, and a real challenge for a child's brain as well as their body.

'The brain must take in all of the sensory information from the environment and move the muscles of the arms, legs, torso and head in a co-ordinated fashion to produce the movement,' she says.

'This can be both a challenge and a way for children to learn sequencing and how to use and co-ordinate both sides of their body.'

'The water can be a safe place to learn various skills which can then be transferred onto land. It doesn't hurt to fall in the water!'

'A swimming pool is also an environment that provides lots of sensory stimulation which is different from other play environments your child may experience.'

'The feel of water on the body gives deep pressure input to the muscle and the joints, and gives a sense of where the body is in relation to other body parts.'

'The constant sense of the water against the skin provides tactile input and helps with developing body awareness.'

'Activities done in the water can be very calming and also help children learn how to move, all while playing in the water.'

In addition to all the health benefits of swimming, it is also a great opportunity to make friends and grow in confidence.

And, as well as being a fun family activity, once a child has learnt to swim they can also try a wide range of other water-based activities too like snorkelling and canoeing.

'So many children find swimming exciting and fun, and love spending time in the pool,' says Beriah.

'Swimming is a great activity that can be done with parents, siblings, and friends. Swimming with your child will not only support their physical development, but is also a fun and meaningful family activity.'

For information about swimming lessons and to find lessons in your area go to swimming.org/learntoswim

However, there are many health benefits of swimming.

Not only does it give your child a good workout, keeping their heart and lungs healthy, it also improves strength and flexibility, increases stamina and even improves balance and posture.

Beriah Chandoo, a Clinical Lead Specialist Occupational Therapist at The Portland Hospital, explains: 'Swimming and the therapeutic use of water has been part of cultures throughout history and is a favourite pastime for many families.'

'As both a recreational and therapeutic activity, it has many benefits including increasing strength, co-ordination, stability and energy.'

'Moving your body against water while swimming is a great workout and a wonderful way to gain overall fitness, strength and endurance.'



7



10



Pregnancy is the perfect
time to invest in some
fabulous flat shoes

FANCY

4



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- ✿ 2. Appliqued leather sandals, £470, Marni at net-a-porter.com
- ✿ 3. Mid-Century Kitty, £395, Charlotte Olympia at net-a-porter.com
- ✿ 4. Crystal-embellished suede pump, £480, Rochas at matchesfashion.com
- ✿ 5. Loco-lace flat, £295, Stuart Weitzman for Russell & Bromley, russellandbromley.co.uk
- ✿ 6. Kitty tassel pump, £68, office.co.uk
- ✿ 7. ShoeTherapy Blushing Ballerinas, £39, Seraphine.com
- ✿ 8. Charlize taupe boot, £179, prettyballerinas.co.uk
- ✿ 9. Gommimo driving shoes, £298, store.tods.com
- ✿ 10. Edgware in Leopard, £69, Dune, dunelondon.com

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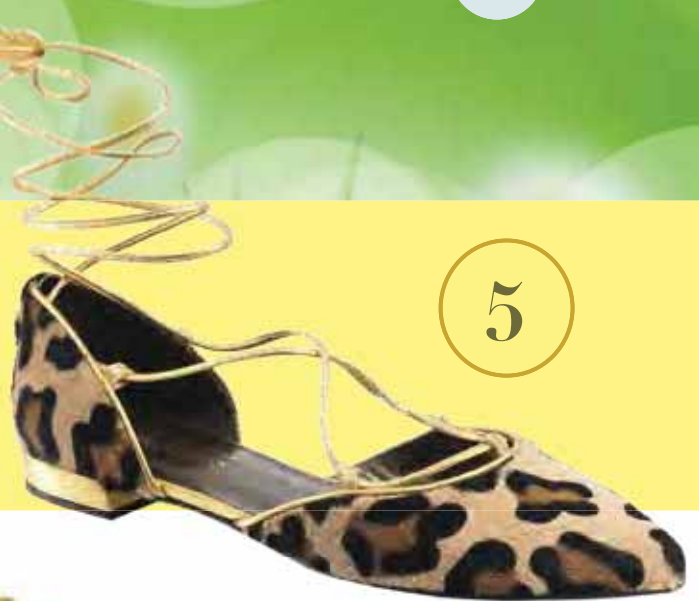
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THE BREAST FEEDING SURVIVAL GUIDE



BREASTFEEDING IS SOMETHING

I never anticipated I would find difficult.

After a two day labour and an emergency caesarean, I heaved a sigh of relief that the worst was over.

How wrong I was. I suffered from eye-wateringly sore nipples, and to add insult to injury, a baby that found it hard to latch and seemingly recoiled in horror every time one of my vast, swollen, veiny breasts was presented to him. By comparison, labour seemed like a walk in the park.

Seventeen months later, I held my second child in my arms adamant that I would not return to the traumatic early days of breastfeeding this time around. I'd prepared and researched, I had asked, tried and tested and, instead of pretty nighties and baby bootees, my labour bag was stuffed with products that would hopefully make breastfeeding a little bit easier.

The media, friends, parents and health professionals never tire of telling pregnant women how beneficial breastfeeding is for both mother and baby. Because every mother wants to give her child the very best start in life, most are keen to give breastfeeding a go.

But it can be tricky, it can be painful and when you are having trouble feeding your screaming baby, exhausted and emotional after labour, it can be hugely demoralising.

According to a survey of 2,000 mothers by breastfeeding brand Medela, 70 per cent of mums wish they had been given a more realistic picture of what to expect when breastfeeding and 66 per cent wished they had been given more information during pregnancy.

The good news is that there is a rapidly expanding market for products that make breastfeeding a bit easier for new mothers. Here are a few of my favourites.

PRACTICAL PARENTING



with
Marina
Fogle

Marina Fogle is a mother, wife, author and antenatal educator. She is the co-founder of The Bump Class, the go to antenatal classes for discerning London mothers-to-be.

The Bump Class: An Expert Guide to Pregnancy, Birth and Beyond is available from all good bookshops. For more information about the book and the antenatal classes visit thebumpclass.com



NIPPLE SHIELDS

These alarmingly-shaped plastic discs make latching after a tricky delivery slightly easier, especially for those with sore nipples. It's worth packing a packet like these made by Medela in your hospital bag as they're inexpensive and not available in many pharmacies.



BREAST PUMPS

However well your breastfeeding might be going, I recommend that you introduce a bottle of expressed breast milk when your baby is around two weeks old. Babies quickly develop habits which they are very averse to changing. If you only ever breastfeed, by the time your baby is four months old, she will simply refuse to take anything but the breast. It's worth investing in a really good breast pump such as this Medela one, and you can also hire them.



BREASTFEEDING TOPS

The only way to breastfeed discreetly in public is to buy breastfeeding tops which have a small opening near the nipple, allowing the baby to latch on

without exposing your whole breast or (postnatal) tummy. You don't need to buy a whole wardrobe, but a handful of neutral coloured t-shirts and vest tops like this one from Mamalicious that you can wear under cardigans and shirts will allow you to start wearing your pre-pregnancy wardrobe again.



READ UP

Most pregnant women are so focussed on preparing for their labour that they forget to prepare or think about breastfeeding

before their baby is delivered. It is worth understanding a little bit about the physiology of the breast and avoid incorrect latching that will lead to sore nipples. Breastfeeding Made Easy by Geraldine Mislin does what it says on the packet and is an invaluable support to new mothers.



SOOTHING PADS

Hydrogel pads which soothe tender nipples and prevent future damage can be a lifesaver, particularly the MultiMan Relief Compresses because they are so soothing and free of lanolin.

BREASTFEEDING TIPS

by Sarah Brinkworth,
Breastfeeding Midwife
at The Portland Hospital

PREPARE YOURSELF WHILE YOU ARE PREGNANT

Breastfeeding can be made easier by gaining knowledge before you give birth. The Portland Hospital offers one-to-one antenatal breastfeeding consultations every Wednesday from 3pm to 7pm. These sessions offer tailored advice on breastfeeding your baby, as well as lots of tips to help you through the most common breastfeeding challenges.

PRACTICE AND PATIENCE

Breastfeeding is natural but it is also a learned art. All mothers and babies need to learn how to breastfeed and this comes more easily to some than others. After day one, babies will usually breastfeed 8 to 12 times in 24 hours and feeds will be irregular and appetite driven. Remember, good positioning and attachment at the breast is important if your baby is to move your milk well and help you establish a good milk supply.

LOOK AFTER YOURSELF

It's important that you have a healthy, balanced diet and drink enough to keep yourself well hydrated while you are breastfeeding. If your diet is too low in calories or relies on one food group at the exclusion of others, this could affect the quality and quantity of your milk. Power napping is very important as milk production picks up when your body is resting. If you have a toddler who is at nursery or napping, use this time to feed your new baby and rest yourself.

PRODUCING ENOUGH MILK

It is important to breastfeed often if you are to establish a good milk supply. If your breasts are not stimulated, your milk supply will start to diminish. Night feeds are important as your milk supply is usually highest at this time. The

way you know your baby is getting enough milk is if he or she is gaining weight and has at least 6 wet nappies in 24 hours (once your milk supply is established).

THE LONGER THE BETTER

The World Health Organization recommends breastfeeding for the first six months of life. After that, giving your baby breast milk alongside other food will help him or her continue to grow and develop. The benefits of breast milk extend well beyond basic nutrition for your baby. Breast milk is easier for your baby to digest and also contains live cells that help protect your baby from all kinds of infections and diseases. For mothers, breastfeeding reduces the risk of ovarian and breast cancer and also the risk of osteoporosis in later life. Any amount of breastfeeding has a positive effect. However, the longer you breastfeed, the longer the protection lasts and the greater the benefits.

WHEN BREASTFEEDING IS NOT POSSIBLE

A small percentage of mothers are unable to lactate, and produce little or no breast milk. This is usually due to insufficient glandular tissue (the milk making tissue in the breast), or a hormone imbalance from the pituitary gland. Many mothers who have had breast surgery are able to produce milk. Your ability to lactate is best assessed when your baby is born and breastfeeding.

IT DOES GET EASIER

Feeding does get easier over time, as babies start becoming more efficient at feeding and will go for longer stretches at night, as they get older. Getting the correct support and advice is paramount. Never be afraid to ask.

**To book an antenatal
breastfeeding consultation,
call 020 7079 4399**

Helping women through EARLY pregnancy

The Portland Hospital's Early Pregnancy Service offers same day access to scans and expert advice from consultants, giving women in the early stages of pregnancy the reassurance and support they need.

By Jo Waters

FINDING OUT YOU'RE PREGNANT

is usually an exciting time - but it can sometimes be worrying and daunting too.

Common early pregnancy problems include bleeding and morning sickness, and some women want reassurance that their pregnancy is viable.

'The first 12 weeks is a time when extended access to ultrasound scans and consultant advice at short notice can be a godsend,' says Mr Rehan Salim, Consultant Obstetrician and Gynaecologist at The Portland Hospital and St Mary's Hospital, Paddington.

'Often women want reassurance that everything is okay as soon as possible after they've had a pregnancy test, and don't want to wait until the 10-12 week scan available on the NHS.

'Women who've had previous miscarriages, IVF treatment or who are experiencing stress at work or in their family life tend to be those in need of the most reassurance. There's a lot of research that shows that simple TLC, scans and reassurance can reduce the risk of miscarriage.'

WHAT DOES THE EARLY PREGNANCY SERVICE OFFER?

The Portland's Early Pregnancy Service is aimed at women who have any concerns early in pregnancy or are experiencing pain, bleeding, severe vomiting or loss of symptoms.

It is open 9am to 5pm Monday to Friday and 9am to 1pm Saturday mornings, and offers same day appointments.

The service provides a range of ultrasound examinations and antenatal screening tests including anatomy, growth and Doppler examinations, and the combined test for Down's Syndrome (a nuchal fold translucency scan and a blood test).

Newer non-invasive prenatal tests (NIPT) for chromosomal abnormalities including Down's, Edwards and Patau's Syndrome are also available.



'NIPT tests screen for free cell fetal DNA in the mother's blood,' says Dean Meredith, Ultrasound Manager at The Portland Hospital.

'We offer two types: Harmony™ which is available from 10 weeks gestation and Panorama™ which is available from nine weeks. Both are highly accurate and pose no risk to the baby. The great thing about them is they give a high-risk or low-risk result and nothing in between.

'We also offer invasive prenatal tests such as chorionic villus sampling - which involves extracting cells from the placenta via a needle through the

WHAT CAN AN EARLY SCAN TELL YOU?

'In most cases, if there are no problems, it's worth waiting until six weeks (two weeks after a missed period) for the first scan as that's when we'll get a clearer picture of the gestation sac and the baby's heartbeat, although we can do scans at five weeks in some cases,' explains Mr Salim.

'These scans are done by inserting a transvaginal ultrasound probe into the vagina. To be honest, it doesn't look anything like a baby at this stage - just a blob of cells. But an early scan from six

'Sometimes bleeding is due to an erosion of the cervix, a cyst in the vagina, a small polyp or it's idiopathic - meaning we don't know the exact medical cause for it,' explains Dean. 'Up to 70 per cent of pregnancies where there is early bleeding will go full term.

'Naturally though women worry that bleeding can be a sign of impending miscarriage and want a scan to check the baby is still viable.'

If it's not good news and the pregnancy has failed or is not developing normally or is ectopic, the consultants at The Portland Hospital will offer expert advice on the way forward.

'We are able to prepare women for what will happen next and the choices they have,' says Mr Salim.

'They can wait and the pregnancy will miscarry naturally, or we can give them medication to bring it on or perform a minor surgical operation called an ERPC (evacuation of retained products of conception).

'The first question women normally ask is when can they try to conceive again. There's no right or wrong time to wait - there's no evidence that conceiving straight away carries any higher risk of miscarriage.'

BOOKING AN APPOINTMENT

Women can self-refer for scans or ask their consultant obstetrician, GP or midwife to refer them to the Early Pregnancy Service.

'If a medical professional refers you, a report will be sent to them after your appointment and you will also be given a copy,' says Dean. 'The service is open to all women - you don't need to be booked for your delivery at The Portland Hospital to access it.'

CONTACT Early Pregnancy Service

on 020 7390 6199 or
theportlandhospital.com/maternity

Women who've had previous miscarriages, IVF treatment or who are experiencing stress at work or in their family life tend to be those in need of the most reassurance.

tummy - and amniocentesis where a needle is used to extract amniotic fluid. These give a definite yes or no result but there is a small risk of miscarriage.'

If problems are detected, women are offered counselling and consultant advice immediately.

weeks can confirm a heartbeat and that the pregnancy is growing in the right place and not in the fallopian tubes, for instance, which is known as an ectopic pregnancy. It will also show whether it's a single or multiple pregnancy.

'3D scans won't tell you any more than a 2D scan at this stage as there is no detail to see, so you're better waiting until 12 weeks plus for those when your baby is more developed.'

While a scan can give you reassurance, there are no guarantees the pregnancy will continue normally.

'The scan just tells you that everything is normal at that moment,' adds Mr Salim. 'However, if a scan is normal at six weeks, then the risk of miscarriage falls from 15 - 20 per cent to just 5 per cent which most find very reassuring.'

BLEEDING IN PREGNANCY

Bleeding in pregnancy is common and, in most cases, doesn't mean that a pregnancy will be lost.





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Treating PRE-ECLAMPSIA

It affects one in 20 first-time mothers, but what is pre-eclampsia and how can it be treated?

By Lucy Elkins

AS MANY AS 5 PER CENT OF FIRST-TIME mothers will develop pre-eclampsia.

But whereas once it was often hard to spot until a woman and her baby were seriously ill, a new test is able to predict which women will develop pre-eclampsia before it begins.

Pre-eclampsia is defined as having high blood pressure and protein in the urine after 20 weeks of pregnancy.

'Protein in the urine develops when blood vessels in the kidneys are temporarily damaged due to high blood pressure,' explains Dr David Williams, a Consultant Obstetric Physician who looks after women with pre-eclampsia at The Portland Hospital and University College London Hospitals.

Many cases of pre-eclampsia are mild and can be controlled quite easily. However, the concern is that, if it is

left untreated, it can develop into full eclampsia.

'When this happens, blood flow to the brain is affected and a seizure occurs. Rarely, this can be associated with a stroke,' says Dr Williams.

'Liver and kidney failure can follow and when this happens it can be life-threatening for the mother and her child.

'However, these days, it is very rare for it to get to this stage – only around one per cent of pre-eclampsia cases result in eclampsia, and there have been only nine or 10 maternal deaths in the UK over the last three years as a result.'

Pre-eclampsia is thought to stem from a problem with the way the placenta attaches to the lining of the womb.

As a result, substances are released from the placenta that affect the

mother's blood vessels – making them narrow - and this is what increases blood pressure.

'The placenta embeds itself in a shallow way, meaning the blood supply is not as good as it might be - and it means that the baby does not grow as well as it might otherwise do,' explains Dr Williams.

For some women who develop the condition the only cure is to deliver the baby.

Sadly, because babies are usually smaller as a result of pre-eclampsia and may need to be born long before their due date, the condition is linked to an estimated 1000 stillbirths each year in the UK.

So who is most at risk and what should you watch out for?

The condition is most common among those expecting their first child - it affects between four and five per cent of first-time mothers - and women who have risk factors for high blood pressure



(such as diabetes or being overweight).

It affects 20 per cent of those who already have high blood pressure, and there are other risks too such as having a first baby over the age of 40.

Yet it's not only the mother's health that determines the risk of pre-eclampsia – it's the father's too.

'Research has shown that men who father a pre-eclampsia pregnancy with one partner are more likely to father another pre-eclampsia pregnancy with a new partner, compared with fathers of normal pregnancies,' says Dr Williams, who is among those researching exactly why this might be.

Expectant mothers are checked for signs of pre-eclampsia throughout their pregnancy – they have their blood pressure checked and urine monitored for signs of protein during antenatal

check ups. However, there are more apparent symptoms to watch for including headaches, nausea and stomach pains.

'There may be excess swelling too. Many pregnant women develop swollen ankles – but swelling of the hands and face are unusual during pregnancy and could be a sign of pre-eclampsia,' says Dr Williams.

It's not only the mother's health that determines the risk of pre-eclampsia – it's the father's too.

'The problem is that sometimes severe pre-eclampsia can develop without symptoms.'

However, a simple blood test has been developed that can check for two substances released by the placenta which might indicate pre-eclampsia - placental growth factor which tends to be low in those at risk of the condition, and a substance that opposes the formation of blood vessels that can be higher among women at risk of pre-eclampsia.

'The test has not yet completed full evaluation in a clinical setting, but early

studies are promising,' says Dr Williams.

The hope is that the test could be used as early as 12 to 15 weeks of pregnancy to identify women who are likely to develop pre-eclampsia later in their pregnancy.

Those at risk, whether picked up by the new blood test or by traditional monitoring of blood pressure, urine and blood tests, are offered low dose aspirin (75mg) to be taken each evening from 12 to 37 weeks of pregnancy.

'It rebalances elements within the mother's blood vessels, which help them to relax and therefore reduces the risk of high blood pressure,' explains Dr Williams.

'Some studies have shown that low dose aspirin from 12 weeks gestation provides a 50 per cent reduction in risk of pre-eclampsia.'

If blood pressure continues to rise despite treatment, or if the mother or baby are in danger, pre-eclampsia can become a medical emergency.

Under these circumstances an urgent caesarean section may be needed, as delivering the baby is the ultimate 'cure' for the condition.

There are new treatments in the pipeline. For example, a laboratory study has shown that the diabetes drug metformin has the potential to reduce the risk of pre-eclampsia, according to recent findings published in the American Journal of Obstetrics and Gynecology.

Women who have had pre-eclampsia are at higher risk of developing high blood pressure and heart disease in later life. Regular blood pressure checks and a healthy lifestyle can minimise this risk.

ALL BABIES ARE PERFECT IN THEIR PARENTS' EYES.

But one in 20 babies are born with some kind of ear deformity, ranging from protruding or mis-shaped ears, to ears with too much tissue or none at all.

In most cases, it's a genetic problem – something they have inherited from their parents – which causes an imbalance in the tiny muscles in the ears.

However, ear deformities can also develop in the first few weeks and months of life if they are pushed forward when breastfeeding or by a mattress or head cosy of a car seat.

For a small proportion of babies with serious abnormalities, surgery will be the only option to correct the problem.

However, most ear problems including prominent ears, Stahl's bars, lop ears, cryptotia and kinks of the ear rim can be corrected simply by using a splinting system called EarBuddies™ developed by David Gault, a Consultant Plastic Surgeon at The Portland Hospital.

Mr Gault, who came up with the idea of the ear splints after his son was born with a deformed ear, explains: 'There is a golden window after a baby is born where the cartilage of the ear is very

soft and pliable, possibly because it is still under the influence of the hormone oestrogen produced by the mother.

'About two thirds of prominent ears are noticeable soon after birth – they often have a missing fold or a deep ear bowl. For this group, if splints are applied to the ear in the first few weeks of life (ideally in the first few days) before the cartilage begins to harden, the ear can be reshaped permanently very quickly, within one to two weeks, preventing the need for surgery once the child gets older.

'At this time, the sweat and sebaceous glands are poorly developed so the tapes



RESHAPING BABIES' EARS

The simple kit that can transform your child's ears.

By Rachel Ellis

which hold the splint in place stick well, and the child moves its head little, and does not reach up to the ears to dislodge or pick at the splints, making it an ideal time for treatment.

'The remaining third of prominent ears become obvious around three months of age, as the baby's head shape changes. In this critical period as the cartilage of the ear hardens, even a minor ear protrusion means that they are more likely to be pushed further out from the side of the head, where they will remain forever sticking out, if uncorrected.

'After about three months, the cartilage ceases to be as pliable. Splinting can still work but it can take longer to have an effect.'

The problem, says Mr Gault, is that many parents are told incorrectly by medical staff that protruding or mis-shaped ears will correct themselves naturally or look more normal with age.

'Many parents are told their child will 'grow out of it' but this is completely wrong. That is bad advice,' he says. 'If the problem is not corrected early on, it can mean surgery once the child reaches the age of five which is expensive and like all operations carries small risks and complications.

The child may also get teased at school about their ears. Using EarBuddies™ allows us to fix the problem better than surgery can, correcting the problem permanently and preventing the need for surgery.'

After shaving a small amount of hair around the ear, an EarBuddies™ splint is fitted just inside the rim of the baby's ear and then taped to the head to keep it in place. The splinting system takes no more than 20 minutes to fit and has to be worn between two weeks and four months depending on the age of the child and the severity of the problem. The tapes and the ears must be kept dry for the technique to work properly, and checked regularly.



Elliot before treatment

The kit, including splints, tape and a hat for the baby, can be bought online by parents to fit themselves, but independent research has shown that the results can be improved even more if a healthcare professional is involved.



Elliot with his EarBuddies™ fitted

'We were really made to feel at ease by Rachel, the clinical nurse specialist who fitted the EarBuddies™ - she had a lovely manner with Elliot. He barely noticed they were going on,' says Lisa.

...The ear can be reshaped permanently very quickly, within one to two weeks, preventing the need for surgery once the child gets older.

After 25 years of successful use worldwide, the team at The Portland Hospital has been chosen as the world's first EarPerfect™ Centre of Excellence, offering a fitting service to parents who like the reassurance that the very best is being done for their child.

Lisa, from London, decided to have her second child Elliot fitted with EarBuddies™ at The Portland Hospital's Early Ear Correction Service after she noticed his ears were protruding.

'Although we noticed his ears were a bit sticky out at birth, it wasn't until he was six months old and sitting up on his own that they began to look more prominent,' she says.

'It then took us another few months to feel that we should try to do something about it.'

Elliot was fitted with the EarBuddies™ when he was 11 months old.

Because Elliot was 11 months when he had the EarBuddies™ fitted, he must wear them for four months.

'He has already had them on for two months and I am happy to say we have already noticed a difference. We have re-fitted them once at home in this time and also been to visit Rachel at The Portland Hospital for a re-fitting too,' says Lisa.

'From time-to-time, Elliot does notice them and we have to be careful with getting them wet.

'However, I feel that it is worth it to try to minimise any potential teasing when he reaches school age and also to hopefully prevent him from needing an operation to pin his ears back at a later date.

'Having seen some improvement already we are hopeful that four months will be enough.'

earbuddies.co.uk

JoJo Maman Bébé

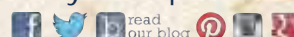
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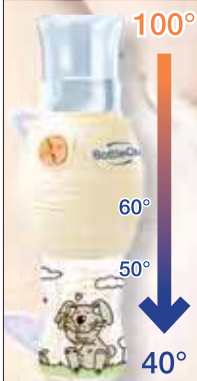
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PARENT



TALK

THE PORTLAND HOSPITAL
MIDWIFE CHILDBIRTH
EDUCATOR **TERESA WALSH**

Q As a new parent, what equipment do I need to keep my baby safe?

A The instinct to protect your newborn kicks in the moment you hear your baby's first cry.

That intense desire to love and protect is enhanced by parents' safety knowledge which grows as their child develops from infant to toddler.

However, you can instantly minimise hazards for babies around the home with a few essential pieces of kit, according to midwife Teresa Walsh.

'A baby monitor is usually the first item a parent will buy. Monitors are necessary in a large house where you may not hear a child crying,' says Teresa who is a childbirth educator at The Portland Hospital and a mother-of-four.

'If your baby is sleeping out of earshot then a baby monitor is a sensible addition to your apparatus.'

However, a monitor must not replace regular checking in on your baby, she advises, and it is preferable to have a little one sleeping in your room at night at least until they are six months old.

'This is to prevent sudden infant death syndrome (SIDS), also known as cot death,' says Teresa.

Although bath time is often fun for

parents and babies, precautions are needed to keep it safe.

Children should never be left unattended near water, even for a minute. Water temperature should be 'nice and warm', says Teresa, ideally between 37 to 38 degrees centigrade. Investing in a thermometer will help.

'It will often end up as a bath toy but can be useful for first-time parents while they gain in confidence,' she says.

'Many household water systems also have thermostats and mixing systems, adding a safety feature to ensure the water isn't scalding. However, always run the water cold first then add hot until it reaches a warm temperature.'

Nappy changing is a daily chore for parents and a sturdy side-changing table is essential because newborn babies don't roll, they kick and very quickly become mobile, says Teresa.

'A well-made table will have robust sides to minimise the risk of baby falling off. It's also important to always have one hand on your baby at all times.'

Stairs and windows will always be a potential hazard for infants.

'It's useful to have a gate at the top and bottom of stairs - they are essential in the home from the crawling stage until your child can safely negotiate stairs. They also

act as a barrier to keep a child in or out of a specific space,' says Teresa.

'Mobile babies can also be seriously injured falling from a high window. The Child Accident Prevention Trust recommends fitting locks restricting window openings to less than 6.5cm.

'Babies can also get their necks tangled in curtain cords so ensure cots and beds are positioned away from loose cords and invest in safety cords or clips to ensure they are not hanging free or looped,' says Teresa.

Other must-haves include a car seat which is required by law, audible smoke alarms and carbon monoxide detectors.

Cupboard locks and electric socket covers will keep curious infants protected.

'They're a first line safeguard against little fingers and hands keen on exploring,' says Teresa.

However, she urges parents to try not to be over-anxious.

'Life's full of surprises and we can't always stop bad things happening. Being over-protective means you won't enjoy being a parent and may make your child anxious too. Always be risk-aware but also life-loving,' she says.

As told to Sophie Goodchild

Using a sing-song tone of voice, eye contact, cry interpretation and even baby signing language can get communicating with your baby off to a head start.

By Jo Waters

Communicating WITH YOUR baby

EVERY PARENT HAS BEEN THERE

- that moment when their baby starts to cry and they can't work out why.

Are they too hot or cold? Tired or overtired? Hungry or just bored? It can be difficult to tell and very frustrating for both parents and babies - and a year is a long time to wait until they learn to talk.

'Although babies don't usually start to talk until around 12 months, they are trying to communicate with you right from the very first days and weeks,' says Dr Olga Kapellou, a Consultant Paediatrician and Neonatologist at The Portland Hospital.

'There's lots of research to show that communicating with your baby in the first year of life can really help enhance their brain development and language skills.

'Babies are capable of understanding so much right from being a newborn - they're like sponges soaking up the stimuli around them through seeing, hearing and touch. Thousands of new connections are being made between their brain cells or neurons every day.

'Without realising they're doing it, parents give their babies cues to learn sounds and gestures - they'll speak in a sing-song tone and enunciate words slowly and clearly, give their baby a running commentary on whatever is happening or make hand gestures to aid explanations and lots of eye contact.'

How to interpret your baby's cries

'When babies cry they are trying to express their needs and feelings, and it is a necessary part of their development,' says Dr Kapellou.

'They learn that if they cry their parents try to meet their needs. Most parents will start to tune into this without even realising what they are doing.

'It's hard to generalise and say 'if they cry like this, it means they are hungry or tired'. It's very individual but, as a parent, you'll gradually pick up on the cues and work it out.

'There are some common signs to look out for, though, such as an intense frown and drawing their legs up. We know babies often do this when they

Don't overdo it

Just as important as stimulation and communication is time to relax and process everything a baby has experienced.

'Babies who do too much and don't get any time to rest get over stimulated and distressed, so it's important to realise when they have had enough and build some regular "down time" into their routine,' advises Dr Kapellou. 'This is vital for their brain development too.'

Signing with babies

'Baby signing isn't a new technique but it is now being used more widely to aid communication with all babies rather than just those with disabilities,' says Megan Clayton, Senior Speech and

Language Therapist at The Portland Hospital.

'We use hand signs to signify simple concepts such as "finished" and "milk" and "sleep".

'It's really a development of what most babies tend to do spontaneously anyway between the ages of eight and 12 months, when they will begin to copy your actions and speech tones. Very often as they reach this age they will naturally gesture or point at things and bat others away.

'If you start using the signs at around six months as a signpost for what is going to happen next, your baby will gradually start to learn the cues and then, in the months before their first birthday, they may start to use them too.'

Signing with babies is not the same as the sign language used with deaf children where they learn symbols for every word.

'It's just some basics for everyday words such as "go" and "more",' says Megan. 'For example, the sign for sleep is both hands palms together folded at the side your cheek, and the sign for where is both palms outstretched.

'A lot of parents have started learning baby signing from YouTube or online classes and some nursery schools. There's no evidence that it boosts your child's IQ in the long term but it can help enhance communication in the short term and help avoid frustration and tantrums.'

One of the most popular types of baby signing is a method called Makaton which uses speech with signs (gestures) and symbols (pictures) to help people communicate, as well as facial expressions, eye contact and body language to convey as much information as possible. Online tutorials are available from makaton.org



To sleep (sign)



To sleep (symbol)



Where (sign)



Where (symbol)



are in pain. Babies will also try to bat something away with their arm if they don't like it.'

A baby who is hard to console may well have a medical problem, the most common being cow's milk protein allergy.

'This can happen even in breastfed babies through their mother's milk,' explains Dr Kapellou.

'Apart from crying, the baby will be generally unsettled and may have a rash or be vomiting. They may also arch their back or close their eyes avoiding eye contact.'

Long term reflux, where babies bring up milk shortly after feeding, is another common cause of a baby being hard to console.

'Colic - which generally starts

around three weeks of ages - is the medical name for when a baby is inconsolable, crying for more than three hours at a time for at least three days a week, and can be a difficult time,' adds Dr Kapellou.

'See your doctor if you suspect your baby's crying has an underlying medical cause. They should take a thorough history and be able to work out what is going on.'



PROTECTING *your unborn baby*

The first health insurance policy for unborn babies is now available to prospective parents.

EMBRYOCARE FUTURE FAMILY

Insurance allows mothers to insure their babies against 14 medical conditions including cancer, cystic fibrosis, cerebral palsy and cot death.

The insurance is available to women who have had a clear 20-week antenatal scan, which is carried out to detect abnormalities in the foetus, and covers the baby up to the age of two.

While high-tech antenatal scans can detect many abnormalities in unborn babies, not all can be picked up – and some conditions only appear after birth.

For example, statistics show that one in 200 fetuses passing the 20 week scan will result in stillbirth, one in 400 babies will develop cerebral palsy by the age of two which is not detectable on a scan, and nearly one in 420 babies born in the UK will be affected by serious congenital heart disease by the age of two despite having a normal 20 week antenatal scan.

Mothers who take out the insurance policy will receive

a lump sum payment ranging from £5,000 to £50,000, depending on the condition and the level of cover, should their child be diagnosed with one of the listed conditions before the age of two.

The money paid can be used however the mother wishes – for medical treatment, making adaptations to the home or buying specialist equipment, for example.

Mothers must take out the insurance within 10 weeks of a clear 20 week scan and premiums range from £16 to £69 a month, depending on the level of cover they choose.

The policy – the first of its kind – is the brainchild of stockbroker Jamie Moyes, a father of two, and venture capitalist Craig Rochford, a father of six, who came up


with the idea after both having children who were diagnosed with health conditions in the first few months of life.

Together with Dr John Fysh, a Consultant Paediatrician at The Portland Hospital, they developed the EmbryoCare plan which covers the following conditions: cancer, cerebral palsy, cleft lip, cleft palate, congenital blindness, congenital cataract, congenital deafness, congenital heart disease, club foot, cystic fibrosis, developmental dysplasia of the hip, diabetes, epilepsy and death from any cause. Down's Syndrome can also be covered but is optional.

Jamie Moyes, CEO of the company, says: 'EmbryoCare is the result of personal experience, a great deal of research and development, and the desire to provide families with access to essential resources should they need them.

'Unfortunately, one in 46 of all babies born have complications; we couldn't find an insurance product that supported families with children who require extra care, so we built one.'

**For more information go to
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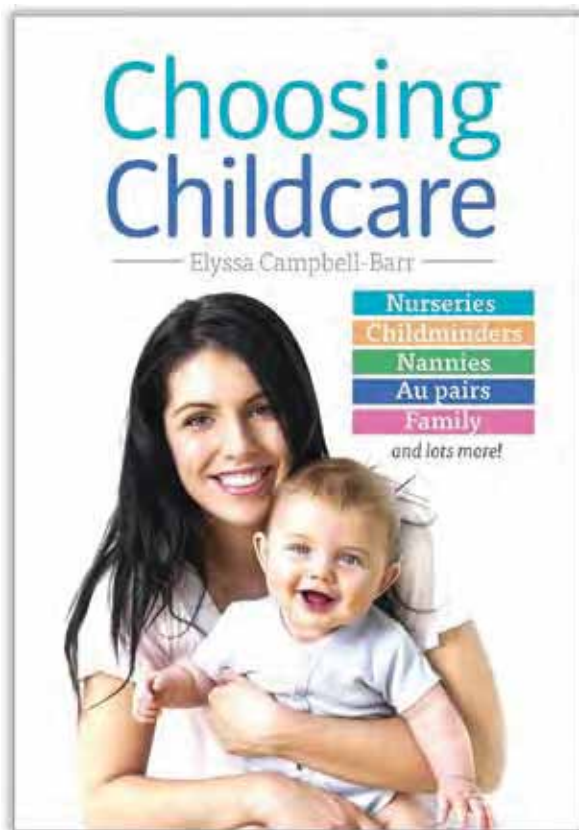
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Choosing Childcare:

How do you work out what's right for you and your family?

Parents fork out an average of around £232,000 to raise a child from birth to age 21, according to this year's "LV Cost Of A Child Report". Childcare costs are one of the biggest expenses, amounting to over £70,000 during a typical childhood. They're also one of the fastest rising – up an inflation-busting 4.3% in the past year alone.



Parents + Work = Childcare. It seems a perfectly easy equation, but for many mums and dads, it's a tricky and perpetual problem to solve. A new book (released in May 2016) clearly explains your options, dispels the myths and removes the complications surrounding choosing childcare, as well as giving guidance on covering the enormous expense.

Choosing Childcare: Nurseries, Registered childminders, Nannies, Au pairs and Family is an essential new guide to help you find the right kind of childcare to suit your unique family and work life. Comprehensive, independent and up-to-date, it's packed with helpful tips, useful contacts and practical advice. This must-have parenting book is written by working mum Elyssa Campbell-Barr, who has more than 15 years of experience writing about childcare and education as the editor of Who Minds?, the National Childminding Association magazine, and The Teacher magazine, among many others. Crucially, as the mother of a toddler and a preschooler, she also has recent and relevant personal experience of all the issues covered.

"Childcare is an emotionally loaded and uncomfortably complicated topic for almost every parent, so the straightforward simplicity of this book is doubly welcome. Choosing Childcare tells you what kinds of childcare there are, how they compare with each other, how you might find them and what they might cost", says Dr Penelope Leach, author of the bestselling Your Baby and Child. "This book gives you an invaluable starting point into the maze of your childcare needs."

Choosing childcare is one of the biggest and most important investments you will make in your child's future. Choosing Childcare will help you make the right choice.



Author, Elyssa Campbell-Barr with her two children

You can claim a 20% discount off the RRP of £9.99 (£8.00 plus p&p) of Choosing Childcare by Elyssa Campbell-Barr.

The book is available on pre-order before the official release date of 28 May 2016 with the discount code NURTURECC1 at www.bit.ly/1RiTJej



Finding a beauty regimen during motherhood

WITH COMPLETE SAFETY FOR MY BABY

Are you pregnant? Congratulations!
Pregnancy is a wonderful time in your life, but your body is changing and you have lots of questions. Let's talk about them!

Skin dryness, tightness, loss of firmness, stretch marks... For nine months and after delivery, your skin undergoes shifts and transformations that you want to treat effectively with complete safety for you and for your baby. During this period, your skin has special requirements and it is important to take them into account.

SAFETY

How can I take care of my skin without taking risks for my baby? You have to be especially careful not to use your regular products which are not suitable for pregnancy or nursing. Indeed, you should choose products that have been specifically developed for pregnancy and are tested and approved. Hypoallergenic* and tested under medical supervision, the eight products in the new Mustela® Maternité range are the result of a very strict development process that avoids ingredients that are questionable or inadvisable during pregnancy and that gives priority to naturally derived ingredients. Compatible with nursing, these products have been specially formulated to

be guaranteed safe for mothers and their babies.

EFFICACY

How can I be sure about the efficacy of the products I use? The efficiency and high tolerance of the products in the Mustela® Maternité range are guaranteed through comprehensive and rigorous clinical testing conducted under the supervision of dermatologists, gynaecologists, paediatricians and/or phlebologists and under actual conditions of use.

PLEASURE

What can I do to feel comfortable with my body? Because a baby's well-being is dependent upon a mother's well-being, it is important to take care of yourself during and after your pregnancy. Opt for targeted products with pleasing, varied textures, with or without fragrance, that are not sticky and do not stain so you can get dressed immediately after application. Cream, oil, serum, gels, balms... you can choose the product type that you prefer to keep your skin's beauty and softness.



Discover a full range of effective, safe and pleasurable products to pamper yourself.

EXPERT OPINION



Dr Clarence de Belilovsky, dermatologist and member of the Mustela® Expert Group

1. What are the main skin issues experienced during pregnancy? Stretch marks, dryness, loss of firmness, tightness and itching, heavy legs, discomfort related to nursing. These inconveniences can be alleviated in large part with proper treatment.

2. How can I take care of my skin during pregnancy? By using dermatological and cosmetic products that are completely harmless for mums and babies and that address the various skin problems experienced during pregnancy. Also consider massages to stimulate the skin.

3. Why is hydration so important during pregnancy? Because during this time, skin (unlike "normal" skin) is very dehydrated and needs nourishing products. To maintain suppleness and elasticity -- not to mention comfort -- skin must be moisturised thoroughly and regularly. Using restructuring and moisturising products developed for pregnancy also helps ensure your body will be firm and toned after delivery.

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Puppy love

According to the journal Science¹, when humans and dogs look into each other's eyes both get a boost of the feel good hormone oxytocin, which is the same hormone behind the special bond between parents and babies.



"As a practising vet, I see the relationships between owners and dogs everyday of my life," says Dr. William James Woodley of Arc Veterinary Centre, "From the excitement of a new puppy or the gratitude of giving a rescue dog a new beginning, right through to the deep sadness of losing a pet, its obvious to me that the bond between humans and dogs is an especially strong one."

Tasty dog food that smells delicious was the brief for the team of chefs and nutritionists behind Cuffleberry & Co. The idea was to select superior ingredients, tastes and textures to create the kind of food that is a delight and pleasure for both the owner and their dog. The result is a range of recipes cooked up in rural kitchens in the heart of England by unashamed pet lovers with 50 years in the farming, meat and pet food industries.

Available in both tins and trays, meat, poultry, fish and game have been combined with fruit, vegetables and herbs to create a range of six tasty flavours including 'Pork and Ham with Apple, Celery and Herbs' and 'Venison, Duck, Cranberry & Green Beans'

"It's an oft-quoted tenet that a dog is the only thing on earth that loves you more than they love themselves," says Sarah from the Cuffleberry & Co team. "They're always there through the good times, the bad times, the tears and the laughter. It's natural that you want to give them the best. That's why our recipes are cooked with premium quality food. It's what we call 'deliciousness in a bowl!'"

1. 'How Dogs Stole Our Heart' by David Grim at <http://www.sciencemag.org/news/2015/04/how-dogs-stole-our-hearts> cited on 16.04.2015

To celebrate the Queen's 90th birthday Cuffleberry & Co commissioned Repeat Repeat (Tracey Emin's pottery designers) to create a limited edition porcelain bowl, featuring the distinctive silhouette of the Royal corgi.

Only 90 will be produced with an RRP of £40 per bowl with all profits from the sale going to dog charity All Dogs Matter. Of course, four have been set aside already for the Queen's dogs Candy, Vulcan, Willow and Holly. A more stylish alternative to a silver platter! And we have 5 to give away in our competition.



To enter simply email a photo of you and your dog, with the subject title '**Canine & Companions**' to competitions@satellitepr.com. To purchase a Corgi Dog bowl go to www.alldogsmatter.co.uk. For more information on Cuffleberry & Co go to www.cuffleberryandco.com.

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If you ask the expert in children's food and nutrition Annabel Karmel, there's a lot more fun to be had when it comes to the kids' packed lunch.

By Tamara Abraham

Let's do LUNCH!

THERE'S NOTHING WRONG WITH THE HUMBLE sandwich, but the same old cheese-and-ham day-in, day-out, would give anyone lunchbox fatigue. And given that children need healthy fuel to sustain their concentration throughout the school day, it's vital that their midday meal is as appetising as possible.

The grande dame of children's food clearly had that in mind when creating the four recipes she has shared with us here. And they are all as delicious as they are easy to prepare: what child wouldn't be the envy of the class with

a New York deli-inspired pastrami-pickle wrap, for instance? And Karmel's chicken-pesto rice is a deliciously inspired way to sneak plenty of vegetables into a fussy child's diet.

There's ample opportunity for experimentation, too. Use up leftovers by trading the turkey in the pasta salad for last night's salmon, or add a few slices of avocado to the pastrami wrap.

Our favourite idea though? Double the quantities so there's enough for your lunch, too.

TURKEY, BROCCOLI, PEA AND TOMATO PASTA

MAKES 4 PORTIONS



INGREDIENTS

- 125g fusilli
- 75g broccoli florets
- 40g frozen peas
- 2 cooked turkey breast, diced
- 60g canned sweetcorn, drained
- 110g cherry tomatoes, halved
- 2 tbsp fresh basil, chopped

Dressing

- 4 ½ tbsp light olive oil
- 1 ½ tbsp vinegar
- 1 tsp Dijon mustard
- ½ small clove garlic, crushed (optional)
- A dash of sugar

METHOD

1. Cook the pasta according to the packet instructions. Add the broccoli for the last 4 minutes and the peas for the last 2 minutes before the end. Drain and refresh in cold water.
2. Tip into a bowl. Add the turkey, tomatoes, sweetcorn and basil.
3. Mix all of the dressing ingredients and pour over the pasta.
4. Season well.

PASTRAMI, DILL PICKLE AND TOMATO WRAP

MAKES 2 PORTIONS

INGREDIENTS

- 2 large flour tortillas
- 2 tablespoons light mayonnaise
- 4 thin slices of pastrami
- 1 dill pickle or gherkin, thinly sliced
- 1 tomato, washed, deseeded and sliced
- a handful of shredded green lettuce, washed
- salt and pepper

METHOD

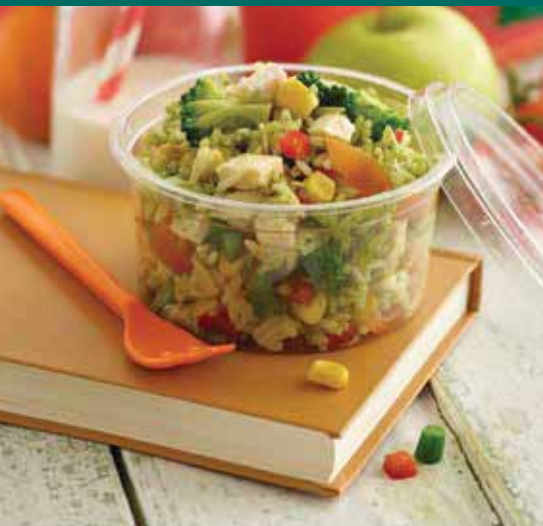
1. Warm the tortillas in the microwave for 20 seconds and place on a board.
2. Spread 1 tablespoon of mayonnaise over one half of each tortilla.
3. On top of the mayonnaise, put 2 slices of pastrami, half the dill pickle or gherkin slices, half the tomato slices and half the lettuce.
4. Add some seasoning, then roll up the tortillas.
5. Diagonally slice each wrap into two.



FOOD

PESTO RICE SALAD

MAKES 4-6 PORTIONS



INGREDIENTS

- 200g long grain rice
- ½ red pepper, deseeded and diced
- 1 x 180g can sweetcorn
- 150g cherry tomatoes, sliced into small pieces
- 1 bunch spring onions, sliced
- 2 cooked chicken breast, cubed
- 100g French beans, sliced
- 75g small broccoli florets

Dressing

- 4 tbsp fresh pesto
- 3 tbsp rice wine vinegar
- 3 tbsp olive oil
- 1 clove garlic, crushed
- 1 tsp sugar
- 3 tbsp basil, chopped

METHOD

1. Cook the rice in boiling salted water, drain and leave to cool. Measure the pepper, sweetcorn, tomatoes, spring onion and chicken into a mixing bowl.
2. Either steam the beans and broccoli for a few minutes until tender or cook in boiling salted water for 3 minutes. Drain and refresh in cold water.
3. Mix the dressing ingredients together and pour over the vegetables. Add the rice, beans and broccoli and season well. Chill until ready to serve.

INGREDIENTS

- 175g self-raising flour
- 1 tsp ground ginger
- 1 tsp ground cinnamon
- 1 tsp bicarbonate of soda
- 100g light brown sugar
- 2 eggs
- 3 tbsp golden syrup
- 150ml sunflower oil
- 150g carrots, peeled and grated
- 50g apple, peeled, cored and grated
- 75g sultanas

METHOD

1. Preheat the oven to 200°C/400°F/ Gas 6. Line a muffin tin with 12 paper cases.
2. Sift the flour, spices and bicarbonate of soda into a bowl, then add the sugar. In a separate bowl, combine the eggs, syrup and oil, then pour them into the bowl with the dry ingredients. Whisk until smooth. Stir in the carrot, apple and sultanas.
3. Spoon the mixture into the muffin cases. Bake for 20–22 minutes, until the muffins are well risen and golden brown. Allow the muffins to cool in the tin for about 10 minutes, then transfer to a wire rack to cool.

CARROT, APPLE AND SULTANA MUFFINS

MAKES 12 MUFFINS



In need of more lunchbox recipes ideas? Download Annabel's Family Cooking app via the App Store or visit annabelkarmel.com for more information.



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a DAY *in the* *life of...*

SAM TADJADIT, HEAD CHEF AT THE PORTLAND HOSPITAL

I'VE BEEN HEAD CHEF

at The Portland for six months and it's completely different to anywhere I've worked before – and I'm really enjoying the challenge.

My day starts at 5.30am. I feed my cats and make breakfast for my wife and two daughters before getting to the hospital at 8.30am.

After washing my hands and changing into my chef whites, I check the fridge temperatures.

The morning is always the busiest time of day from an operational point of view.

I review the menus and check the deliveries. I also do a handover from the night team - we offer a 24 hour service so, in principle, we are similar to a high end hotel.

I've introduced an A La Carte menu for the patients and signature dishes include a herbed rack of lamb with aubergine puree and celeriac dauphinoise.

I need to make the dishes lighter than if they were in a restaurant as the patients are often in bed so don't want anything too heavy.



The hospital also looks after some very poorly children so I can go from fine dining to making purees for the children who are on very strict diets. I'm very careful to follow the guidelines in place.

Working at The Portland Hospital is totally different from my previous jobs. I'm from the south of France and started my career at a 2 Michelin Star restaurant. I was also head chef at the Hurlingham Club.

We have four chefs working in the morning and breakfast runs from 6.30am. The hospital has 90 beds so we can get very busy as we cater for patients' families too. Lunch is served from midday and we also cook around 200 staff lunches.

I try to take a walk around the hospital every day to get feedback from the midwives and nurses, and also to talk to the patients about anything in particular they'd like to eat.

We have an amazing butcher next door so it's not unusual for one of my team to pop out and collect a fillet steak for a patient.

Afternoon tea is very popular and then dinner starts from around 6pm for the children and an hour later for everyone else.

I usually leave around 6pm unless I'm doing the late shift and get home in time to see my daughters before they go to bed.

My wife sometimes cooks but most of the time I'll make us dinner and then switch on a sports channel to catch up on any football news (I'm an Arsenal fan) before going to bed around 11pm.

I'm excited about my role - I want to take the food to the next level and am looking forward to doing that.

As told to Louisa Pritchard



Treating *Food allergies*

Food allergies are on the rise in children. But what is the best way to prevent and treat them? SOPHIE GOODCHILD looks at the latest evidence and discovers the best approach may not be what you think.

WHAT DO YOU DO IF YOU DISCOVER your child has a food allergy?

It's a question that increasing numbers of parents are facing.

Peanuts are to blame for 25,000 new allergy cases every year in the UK, and children under two are among those at highest risk. Other common trigger foods include eggs, milk and wheat.

Children most at risk of a food allergy are those with asthma and eczema or who come from a family that also suffers from allergies.

Living in an environment that is 'too clean' could be behind the rise in allergy cases, according to some experts.

The theory is that children aren't being exposed to enough germs, both good and bad, and it's these bugs which

balance our immune system and keep children healthy.

Until now, the guidance for parents of allergy sufferers has been avoidance.

Indeed, specialists have recommended that children should not eat any foods which trigger a reaction.

But this advice is now set to change following pioneering research.

Allergy experts Professor Gideon Lack and Dr George Du Toit have been studying what happens when children are introduced early to allergy-triggering foods.

Carried out over seven and a half years, their ongoing work called LEAP (Learning Early About Peanut Allergy) is investigating how best to prevent

the development of peanut allergy.

Initial observations of at-risk children were published last year.

These revealed that children fed peanuts as babies and up to age five were more than 80 per cent less likely to develop a food allergy compared with at-risk children who avoided peanuts.

Now a new set of LEAP findings have just been published in a medical journal.

Called LEAP-On, this new study demonstrates that if children are fed peanuts in early life, even if they then avoid peanuts for a year between age five and six, the benefits continue and they are less likely to develop a peanut allergy.



stop having the food for a year at the age of five.'

A separate study, also published recently by Professor Lack and his team, looked at the impact of feeding infants early with allergy-causing foods such as peanuts, eggs and milk. Called the EAT (Enquiring About Tolerance), the trial involved 1,306 babies and was funded by the Medical Research Council and the Food Standards Agency.

Half were fed these foods from the age of three months as well as breast milk. The rest were exclusively fed breast milk for the first six months of life.

Unlike the LEAP study, the results from EAT were not as conclusive.

In fact, the rate of overall food allergy in children introduced to these foods early only reduced by 20 per cent which, according to Professor Lack, is not statistically significant.

'This modest reduction in the rate of food allergy in the treatment group could have arisen from chance alone, rather than as a result of eating these foods,' he says.

Professor Lack, a Consultant in Allergy and Immunology at The Portland Hospital who also works at King's College Hospital, says: 'What our research suggests is that this approach provides long-term benefits and protection for the general population. This is not just suppression of disease but appears to be actual prevention.'

Researchers asked children to avoid peanuts for a whole year to test recent research findings.

'Traditionally, high-risk children have been given a trigger food like peanuts for just a couple of weeks and then taken off it. However, studies have shown the benefits of this approach are short-lived.

'However, we found if the foods are introduced when the child is a baby, the benefits continue, even if they

However, what the study does highlight, says Professor Lack, is that parents need support when introducing foods which could trigger an allergic reaction to their children, to help them overcome any anxieties.

This is especially the case when an infant already has a condition such as eczema.

'Many parents are concerned about possible reactions from eating such foods,' he says.

'The reality is these eczema flare-ups occur anyway in babies. Eating these foods isn't a common trigger of eczema.'

He believes parents cannot be expected to 'do it alone' - they need the involvement of nurses, health visitors and GPs to give them the confidence to introduce foods like

peanuts to their children.

There are also challenges in getting children to eat these foods.

More than half of the children asked to eat trigger foods early did not do so regularly, according to the EAT study.

However, among those who did eat these foods early in life, the reduction in the rate of food allergy was about 50 per cent.

The good news for parents is that researchers have now identified a new approach that may prevent the development of all types of food allergies.



Says Professor Lack: 'This strategy depends on early and regular introduction of foods into the baby's diet. This is the opposite of the advice that's been given for decades.'

For more information about food allergies, visit theportlandhospital.com. For an appointment with Professor Lack, call 020 7390 8347. For an appointment with Dr Du Toit, call 0845 556 1261.

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OF THE BEST

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By Nicole Mowbray

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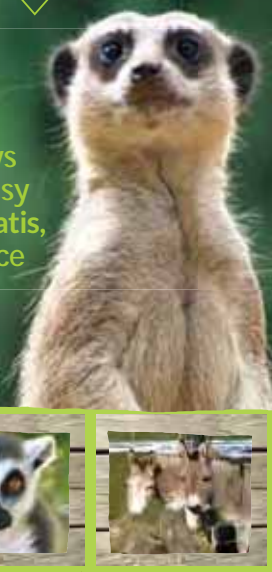
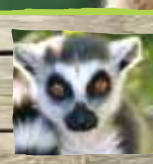


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SPOTLIGHT ON ENDOMETRIOSIS

Endometriosis is a painful condition that affects 1.5 million women in this country, yet it can take up to 12 years to diagnose.

By Lucy Elkins

IT CAN BRING AGONISING PAIN, IS a well-known cause of infertility and can even make sex uncomfortable – yet many women suffer with endometriosis for years before they are correctly diagnosed.

In fact, on average, there is a delay of five to 12 years from the onset of symptoms to diagnosis, says Ertan Saridogan, a Consultant Gynaecologist at The Portland Hospital and University College Hospitals in London.

Yet endometriosis is a relatively common condition, affecting over 1.5 million women in this country to some degree – and its effects can be far reaching.

As well as making conceiving difficult, the pain can be so significant that without treatment it can be hard to continue with everyday life.

Several studies have found that there is a link between endometriosis and depression and anxiety.

The condition occurs when endometrial type tissue – the tissue that normally lines the womb each month in preparation to receive a fertilised egg and is shed during a period – develops outside of the womb.

Normally, this will be around the pelvis or the bowel but it can actually be found anywhere apart from the spleen, says Mr Saridogan.

‘It can even get into the brain – but this is very rare,’ he says.

Common symptoms are pain during periods, and pain during sex or with bowel motions, particularly during your period, says Mr Saridogan.

‘The problem with many of these symptoms is that they can be confused with normal period pains and telling that apart from the pain of endometriosis can be hard,’ he adds.

If the tissue is elsewhere, it can lead to other symptoms and these too will be cyclical like a period.

‘If the tissue is in the belly button then the belly button will swell and enlarge every month, and if it is in the

TREATMENTS

'The Pill can help improve symptoms, possibly because it mimics the effects of pregnancy and pregnancy can reduce the symptoms for some women,' says Mr Saridogan.

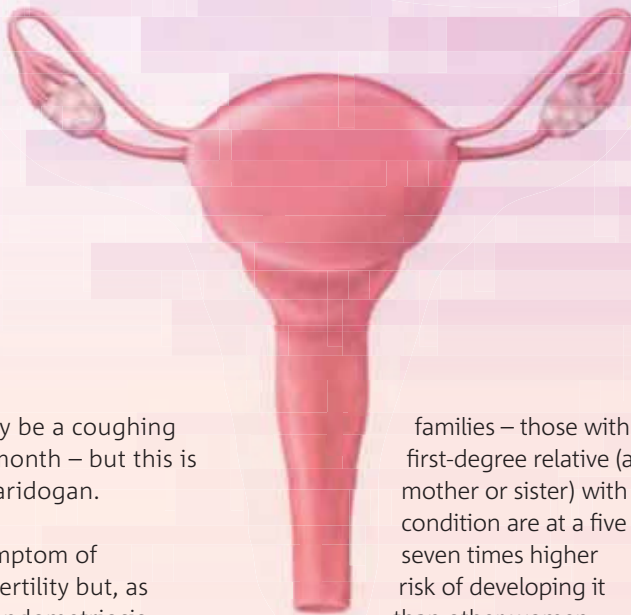
Another option is the Mirena Coil.

'Women who go through the menopause tend to find their symptoms improve so sometimes we may offer hormonal treatments - gonadotrophin-releasing hormones as monthly injections such as goserelin - that in effect switch off the ovaries. This leads to very low oestrogen levels which in turn

cause temporary cessation of periods,' adds Mr Saridogan.

'Treatment options for endometriosis have improved greatly over the years and now, in the majority of cases, we can find a way to make sure a woman with endometriosis can have a family and lead a normal life.'

Women suspected of having endometriosis may be offered a scan and this may show up scarring or cysts around the womb or ovaries.



However, the only way to diagnose endometriosis for sure is to perform a procedure called a laparoscopy, which involves making a small incision into the abdomen and inserting a camera to allow the surgeon to see what is there.

'Whether or not this needs to be done to make a diagnosis is a question of clinical judgment,' says Mr Saridogan.

'If a woman is suffering a serious reduction in the quality of her life, or experiencing significant pain or problems getting pregnant, then the threshold for performing a laparoscopy would be lower,' he adds.

Sometimes, if agreed with the patient beforehand, surgeons may remove the endometriosis that they find at the same time. This is done either by cutting the tissue away or by ablation - in effect burning off the tissue.

'The outcome is not that different - but if the endometrial tissue is very deep then the only option is to cut it away,' says Mr Saridogan.

'In some women, the tissue will never come back but around 30-50 per cent of women will have a recurrence.'

For an appointment with Mr Saridogan, call 020 7390 6105.

lung then there may be a coughing up of blood every month - but this is unusual,' says Mr Saridogan.

The other major symptom of endometriosis is infertility but, as not everyone with endometriosis will have painful symptoms, the cause may not be immediately apparent.

'There is a well-established delay in the diagnosis of endometriosis because it's not always that easy to diagnose and can depend on the skill and experience of the specialist,' says Mr Saridogan.

Clues about whether or not a woman has endometriosis may be found in her medical history.

The condition can pass through

families - those with a first-degree relative (a mother or sister) with the condition are at a five to seven times higher risk of developing it than other women.

'Women who have frequent and long periods or those born with an obstruction in the lower genital tract that effects the flow of menstrual blood are also at an increased risk,' adds Mr Saridogan.

Women suspected of having endometriosis may be offered a scan and this may show up scarring or cysts around the womb or ovaries that, to a well trained eye, can mean endometriosis, explains Mr Saridogan.

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CONTRIBUTORS



Sarah Brinkworth
Breastfeeding Midwife
020 7580 4400
info.portland@hcahealthcare.co.uk



Beriah Chandon
Clinical Lead Specialist Occupational Therapist
020 7580 4400
info.portland@hcahealthcare.co.uk



Megan Clayton
Senior Speech and Language Therapist
020 7580 4400
info.portland@hcahealthcare.co.uk



Professor John Deanfield
Paediatric Cardiologist - The Harley Street Clinic
0203 108 2356
j.deanfield@ucl.ac.uk



Dr John Fysh
Consultant Paediatrician
020 7390 8282
jfysh@doctors.org.uk



David Gault
Consultant Plastic Surgeon
020 3393 1103
secretaries@davidgault.co.uk



Nico Jonas
Consultant Paediatric Ear, Nose and Throat
Secretary: Mari Byrne 07799 620 236
nicojonasent@gmail.com



Dr Olga Kapellou
Consultant Paediatrician and Neonatologist
Secretary: 020 7390 8322
okapellou@doctors.org.uk



Professor Gideon Lack
Consultant in Allergy and Immunology
020 7390 8347
appointments@londonallergy.com



Dean Meredith
Ultrasound Manager
020 7580 4400
info.portland@hcahealthcare.co.uk



Rehan Salim
Consultant Obstetrician
Secretaries: Alison & Sehir 020 3409 0889
Rehan.salim@nuadamedical.com



Ertan Saridogan
Consultant Gynaecologist
020 7390 6105
e.saridogan@tiscali.co.uk



Sam Tadjadit
Head Chef
020 7580 4400
info.portland@hcahealthcare.co.uk



Dr George Du Toit
Consultant Paediatric Allergist
0845 556 1261
Lynn.Etherton@phf.uk.com



Teresa Walsh
Midwife Childbirth Educator
020 7580 4400
info.portland@hcahealthcare.co.uk



Manisha Wickrama
Health Play Specialist
020 7580 4400
info.portland@hcahealthcare.co.uk



Dr David Williams
Consultant Obstetric Physician
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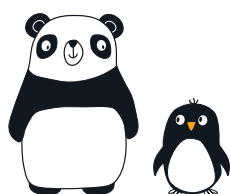


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Nurturing pupils to achieve their full potential – from nursery to sixth form. Visit us and start your North Bridge House journey.
Book a private tour or open day at: northbridgehouse.com/open
or call: 020 7267 6266.

Choosing the right school or nursery can alter the path of a child's life

Mavor Associates helps parents and their children throughout their school careers. Working exclusively within the British independent educational system we advise families on how to achieve the best possible education for their child. We provide guidance for children of all ages and on every area of school/nursery selection where a child may have a particular need.

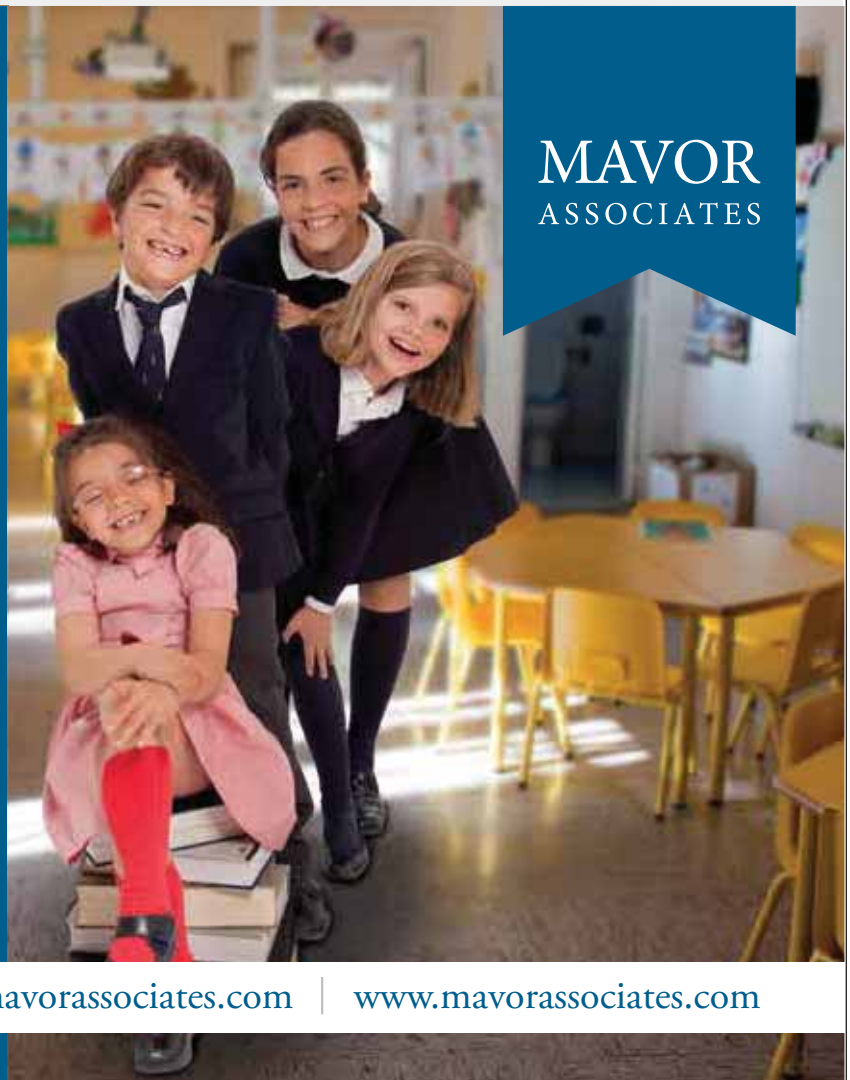
Nursery school is your child's introduction to learning outside of the home. Mavor Associates understands how important these first years are both in terms of brain development and preparation for their next steps. We offer advice on how to choose the right nursery to provide your child with a happy and stable environment as they begin their educational journey.

We also offer a school search where we can provide you with options that are appropriate for your child. Every child is different, which is why we always begin with an initial consultation designed to build a deep understanding of their particular needs. We can highlight areas that are relevant for your child and talk through considerations such as: transport routes for journeys to and from home, entrance requirements and admissions processes, exam results and destination of leavers and special needs provision. Once we have spoken to you in detail we will provide a brief summarising our discussion and suggesting possible next steps.

Educational Guidance & School Selection

Mavor Associates helps parents and their children throughout their school careers. Working exclusively within the British independent educational system we advise families on how to achieve the best possible education for their child.

For questions or to arrange an initial consultation please get in touch.



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The course covers a range of educational topics whilst also offering a wide choice of daily sporting activities. Additional cultural trips will be arranged, including visits to the West End and Oxford.

For more information and to secure your place now, please contact:

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- ✓ Urinary tract infection
- ✓ Allergic reaction
- ✓ Rash
- ✓ Eczema
- ✓ Cellulitis
- ✓ Abdominal pain (not surgical)
- ✓ Prolonged jaundice
- ✓ Weight loss/
poor feeding neonate
- ✓ Constipation
(not if requiring surgery)
- ✓ Gastroenteritis



Unwell children can go downhill

suddenly at any time of the day or night. In many cases, seeing a doctor can wait until the morning but, when children become seriously ill, they need medical attention quickly.

A medical emergency always requires calling an ambulance to take your child to Accident and Emergency.

'It is very reassuring to know that this service exists, especially for those children who are unwell, not to the extent that they need an urgent ambulance transfer to A&E, but who require a full assessment, investigation, treatment and likely admission without having to wait for several hours to be seen.'

However, if your child's condition is serious but not a medical emergency or does not require emergency surgery, The Portland Hospital runs the Children's Doc Around The Clock service, offering medical out-patient appointments promptly and at short notice.

Aimed at babies and children under 16, this is available 24/7 and 365 days a year.

Again, it is not for serious medical emergencies such as head injuries or broken bones, but for ailments such as constipation, viral illness, fevers, sickness and diarrhoea.

Parents will get an appointment immediately with a Consultant

Paediatrician between 9am and 8pm Monday to Friday, and 9am and 3pm on Saturdays.

Outside these hours, parents can choose either a home visit or a telephone consultation with a child-friendly GP from Doctorcall and hospital admissions can be arranged around the clock.

Dr Ahmed Massoud, a Consultant Paediatrician and Endocrinologist, says the service makes, 'a stressful and worrying situation for parents much easier to cope with'.

If you have already seen a GP and your child requires an admission to the hospital, then your GP can phone The Portland Hospital's 24/7 Paediatric Admissions Service.

A senior member of the hospital's paediatric nursing team will discuss your child's condition and medical history with the GP on the phone and then arrange admission with the on call paediatrician.

Once at hospital, your sick child is assessed by an experienced medical team, including the on-call Consultant Paediatrician and Resident Medical Officer, and then taken either to the day-case unit or ward.

GP Dr Shazia Ovaisi used this service when she had to send a very sick child to hospital, and says the whole process from referral to admission went 'smoothly'.

'It can be very stressful dealing with a child who is acutely unwell,' explains Dr Ovaisi from Thurleigh Road Practice in South West London.

**For The Portland Hospital
Children's Doc Around The
Clock call 020 7390 8022**

If your child has already seen a GP and needs to be admitted, ask your GP to call **020 7390 8111** (for healthcare professionals only).

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