

SUMMER 2017

nurture™

10 BEST
SUN HATS

JAMIE OLIVER
REINVENTING
CHILDREN'S CLASSICS

REAL LIFE STORY
HELPING A TEENAGER TO BEAT BONE CANCER

COPING WITH
PELVIC PAIN

CYBER
parenting
THE APPS TO HELP YOU THROUGH
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— THE —
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CONTENTS

FEATURES

- 12 Travel:** The best of British seaside
- 15 NEW:** Hospital school service
- 18 Beauty:** Next level nails
- 24 Child health:** Sports injuries
- 26 Maternity:** Delivery decisions
- 28 Women's fashion:** Get stripey
- 32 Maternity health:** Coping with Pelvic Pain
- 38 Child health:** A safe night's sleep
- 40 Child health:** Helping a teenager to beat bone cancer
- 44 Food:** Jamie Oliver: Reinventing children's classics
- 50 Children's fashion:** Survive spring showers in style
- 54 Women's health:** When pregnancy fails
- 58 Child health:** Mole checks
- 60 Children's fashion:** 10 of the best sun hats
- 62 Maternity fashion:** Pregnancy gym gear
- 65 Chain of Hope:** Giving hope to children with heart conditions
- 68 Nursery:** Teaching toys

Jamie and Jools Oliver introduce their 5th child, River Rocket, outside The Portland Hospital.

See page

44

for Jamie's
Reinventing
Children's Classics





38



63

REGULARS

- 09** News
- 11** Listings
- 16** Lifestyle: My favourite baby things Beverley Turner
- 22** Practical parenting: with Marina Fogle
- 49** Parent talk: Craving certain foods when pregnant
- 57** A day in the life of: Mr Ertan Saridogan, a Consultant Gynaecologist
- 69** Contributors



50



12



24

WELCOME



JUST AS THE SEASONS CHANGE, SO DOES THE PORTLAND HOSPITAL.

At the beginning of this year, we said goodbye to CEO Janene Madden who has led the hospital for the past seven years.

Dynamic and inspirational, Janene was responsible for a whole host of patient-centered initiatives including plans for a £20 million hospital expansion and the introduction of Nurture magazine.

Janene is replaced by Aida Yousefi who has worked for HCA UK since 2002 and is also CEO of the Portland's sister hospital The Harley Street Clinic.

As a mother of two herself, I know Aida is very excited to be working with all our lovely mothers, women and children at the hospital.

I am sure you will join me in extending a very warm welcome to Aida.

I'm also excited to welcome chef Jamie Oliver to the pages of Nurture.

Jamie is a Portland daddy himself (his fifth child son River Rocket was born at the hospital last year) and, in this edition, he shows us how to make healthy versions of children's favourite meals.

Other highlights include practical advice on how to counter the effects pregnancy and childbirth have on your body, and the meaning of those unusual pregnancy cravings.

For the ultimate modern parent, there's a guide to the apps that can help you with everything from timing contractions to regulating your children's screen time, and having a pedicure without leaving the house!

I hope you enjoy the magazine.

Rachel Ellis

Rachel Ellis, Editor
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The Portland Hospital
 for Women and Children

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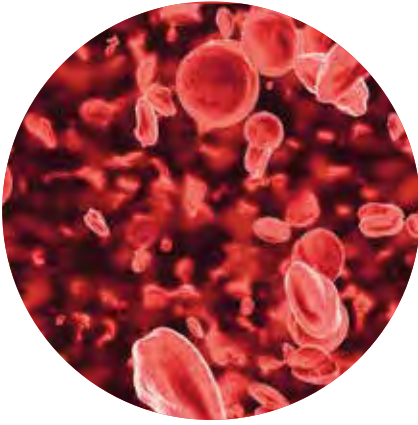
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www.phoebusassociates.com

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Umbilical Cord Delay

DELAYING CLAMPING THE UMBILICAL CORD BY JUST THREE MINUTES

could reduce the risk of anaemia in children, scientists claim. Around 40% of children under five worldwide are thought to suffer from the blood disorder. The World Health Organisation recommends waiting at least a minute after birth before clamping. However, waiting an extra two minutes would give children a transfusion of iron-filled blood which could prevent anaemia developing in the first six months of life, according to Swedish researchers writing in the journal JAMA Paediatrics.

DADS GET POST-NATAL DEPRESSION TOO

IT'S NOT JUST MOTHERS WHO GET POST-NATAL DEPRESSION –

new fathers can suffer from it too, according to a study. Researchers from the UT Southwestern Medical Center, Dallas, estimate that one in 10 men suffer from post-natal depression, with many feeling sidelined once their baby is born. Some men are more likely to develop postpartum depression than others, the researchers said, including those who've struggled with depression or have a family history of the condition. Those who are sleep deprived or feel distanced from their baby and the mother of their child are also at higher risk.



Ski To Success

IF YOU'RE LOOKING FOR A REASON TO SPLASH OUT ON A FAMILY

skiing trip, here's the perfect excuse - children who hit the slopes perform better at school, according to research. German sports scientist and brain researcher Frieder Beck analysed studies on how movement affects brains and concluded that because skiing needs planning and concentration, it sharpens a child's mind. Any kind of sport increased school performance, he found, but the effects were particularly strong when associated with medium to strong levels of sport activity, as well as the difficulty of building expertise and forward-planning when manoeuvring down a slope.

MUMS CATCH EVERY BUG GOING

IT'S A COMMON COMPLAINT AMONG NEW MUMS THAT THEY SEEM TO

come down with every bug going. Now new research shows bugs passed on by kids mean women fall ill 324 times before their children turn 18. Mothers get sick more often because they tend to be the ones nursing their ill children back to health. A survey of 2,000 parents by supplements company Healthspan found that mums will suffer from 54 colds, 108 sore throats or runny noses, 36 stomach bugs, and one bout of head lice a year from their children. In fact, most mums only feel completely healthy for on average 13 days a month, according to the poll.





Welcome
home

Patricia Conti
INTERIORS

93 Northfield Avenue, London W13 9QR | 0208.840.2284
www.patriciaconti-interiors.com



Photo: ZSL



EVER WONDERED WHAT IT WOULD be like to sleep over at the zoo? Gir Lion Lodge, situated within roaring distance of the Asiatic lions in London Zoo, allows you to do just that. During the sleepover, families can experience the zoo in a whole new light and discover what happens

when visitors go home. Included in the stay are tours of the zoo at sunset, after-dark and in the morning, and two days' access to the zoo. Lodges in the Land of the Lions area accommodate up to two adults and two children, aged five to 13, and food is included. For more information go to zsl.org/girlionlodge



BEAT THE HEAT THIS SUMMER WITH SOME outdoor swimming in one of London's lidos. The capital has outdoor pools on Hampstead Heath, King's Cross, Tooting Bec, Charlton, Brockwell and Finchley among other areas. A favourite is the Parliament Hill Lido. Built in 1938 and refurbished in 2005, the Grade II-listed lido measures a generous 60 metres by 28 metres. It has a stainless steel pool liner (the only one in an outdoor pool in the UK) which gives the water a metallic shimmer. The pool is unheated but there's a paddling pool for under-fives and a cafe. For more information go to cityoflondon.gov.uk or timeout.com



HAVE YOUR KIDS EVER DREAMT of becoming a pilot, a firefighter, or the next award-winning singer? KidZania in Westfield London allows them to make their dreams come true. The 75,000 sq ft city lets children try out more than 60 real life role play activities – from banking and journalism, to acting and fighting crime on the streets as a police officer. Each activity is designed to teach children essential life skills including financial literacy, team work and independence. The experience is for children aged four to 14 but there is a dedicated early years area for the under 4s. london.kidzania.com



Photo: ©2015 Casson Mann



THE REAL SKELETON OF A GIGANTIC

blue whale will welcome visitors to the Natural History Museum from this summer. Instead of Dippy, the Diplodocus skeleton cast, visitors will find the 25.2 metre female whale plunging through the heart of the transformed Hintze Hall.

The whale, the largest-known animal to have ever lived on earth, will lead a cast of natural world stars, telling the dramatic story of evolution, diversity in the world today and our urgent role in the planet's future. For more information go to nhm.ac.uk



The best of British seaside

By Jo Waters, Rachel Ellis and Louisa Pritchard

FOR MOST FAMILIES, THE RECIPE

for a good holiday involves a beach, a bucket and spade and plenty of ice-creams.

While there's no doubt that jetting abroad increases the chance of having a sunshine-filled break, time in right and

the British seaside is glorious.

It also means no flights and queuing at airports, and instead of trying to squeeze everything you might need in a suitcase, you can pile the car high with gear for every eventuality.

So where are the best British seaside

resorts for holidays and weekend breaks?

Rough Guides list Tynemouth in Tyne and Wear as their top British seaside town followed by Southwold in Suffolk and then Porthmadog in Gwynedd.

Here's a round-up of our favourite places for families.

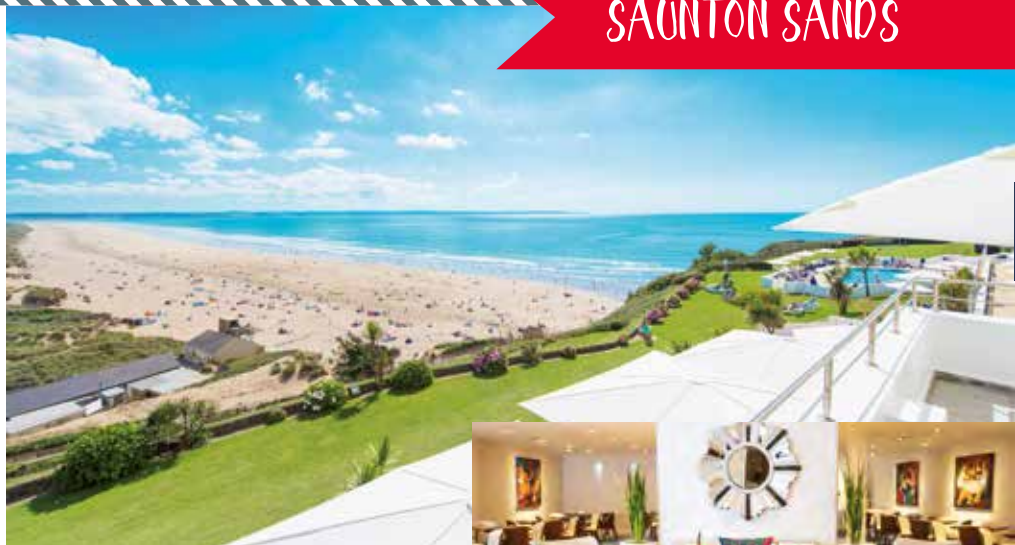
Saunton Sands in Devon boasts one of the most spectacular stretches of golden sands in England.

The Saunton Sands Hotel (sauntonsandshotel.co.uk), a white Art Deco building, overlooks three miles of sandy beach backed by dunes which is famous for surfing.

There are rock pools for children to go hunting for crabs, a Beachside Grill for snacks and the surf is usually up.

The hotel combines contemporary luxury with a relaxed and child-friendly atmosphere, providing two hours of free child care for under 8s in the supervised playroom.

Its terrace is the perfect place to enjoy a Devon cream tea or a cocktail at sunset.



SAUNTON SANDS

There's also an indoor and outdoor pool, a spa and a gym, as well as an entertainment programme.

Saunton is close to Croyde Bay, one of the UK's top surfing destinations. Check out Sarah Whitely's Surf School (walkingonwaves.co.uk) for lessons, and enjoy a traditional English pub lunch at The Thatch.

Other trips include popping over to the resort of Ilfracombe for dinner at 11 The Quay, a restaurant co-owned by the artist Damien Hirst and decorated with his original art works, Saunton Golf Club (one of the top 100 golf courses in the world), pony trekking on



the beach at Royland Riding Stables, cycling the Tarka Trail and a boat from Bideford to Lundy Island, one of the UK's first marine nature reserves and home to puffins and seals.

However, it's the sea that's the real star at Saunton - nothing beats waking up to the sound of those waves and the sun sinking over the dunes at bedtime.





Photo: © So Southwold

With its iconic beach huts and quirky pier, Southwold, in Suffolk, is a firm favourite for all the family.

The sand and shingle beach is backed by a delightful promenade lined with traditional, colourful beach huts.

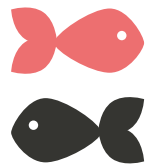
The pier, which was refurbished in 2005, offers a range of shops, cafes, restaurants and amusements, from traditional two penny pushers to eccentric inventions in the Under the Pier Show arcade.

There's also a harbour to the south of the town where you can buy fantastic fresh fish, and cross the River Blyth to nearby Walberswick.

Activities include mini golf, a small

boating lake, cycle hire, tours of the lighthouse and the amazing Electric Picture Palace cinema which seats just 70 people!

The town is also home to Adnams Brewery, winner of The Good Pub Guide's 2011 Brewery of the Year.



There's plenty of pubs to sample the beer, and the town has a wide range of restaurants from Suzie's Beach Café right on the front and takeaway fish and chips at Sole Bay Fish Company on the harbour, to the smart dining room of the The Swan Hotel.

When you want to take a break from the beach, there's a fine collection of shops selling local art (The Serena

Hall Gallery serenahallgallery.co.uk), delicious artisan food (Two Magpies Bakery twomagpiesbakery.co.uk) and stylish clothes (Collen and Clare collenandclare.com) to browse around.

So Southwold offers a collection of luxury self-catering holiday cottages in and around the town (sosouthwold.co.uk).

There are over 70 properties available for short breaks and holidays of a week or more, all graded four stars or above by VisitEngland.

A stay in this simple but delightful town leaves you feeling rested and restored – and the sunrises and sunsets across the vast expanse of sea are second to none.



BARTON-ON-SEA



No trip to the New Forest is complete without going to the beach. Barton-on-Sea, just two hours by car from London, is a sandy beach famous for its fossils.

Spend a day combing the beach and your children might even find some shark teeth fossils. The beach is also safe for swimming, although there's no promise the water will be warm!

If it's a windy day, head to the cliff tops above the beach to fly kites, or you could take in the breathtaking scenery on the 60-mile Solent Way footpath which starts nearby.

If you want to stay for a few days, there's a choice of hotels and B&Bs or you can stay in nearby New Milton or Milford-on-Sea.

For a real treat, stay at Chewton Glen, in New Milton (chewtonglen.com), just a few minutes walk from the coast. The hotel offers Treehouse Loft Suites, 35 feet above ground with stunning forest views. There's an elevated bunk area for your children to sleep in, leaving you to enjoy the private hot tub on your deck.

Or try Pebble Beach (pebblebeach-uk.com), an award-winning restaurant with three luxury bedrooms attached.

A short drive from Barton-on-Sea is Portsmouth's Historic Dockyard, home to three British warships including the Marie Rose.

Other activities in the New Forest include bike riding - the two-mile riverside route from Beaulieu to Bucklers Hard is perfect for young children, while for older kids try the eight-mile route from Brockenhurst to Rhinefield, through the heathland and under tall trees. Or there's Peppa Pig World at Paultons Park, Marwell Zoo and the Beaulieu National Motor Museum.

Photo: © www.thenewforest.co.uk



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NEW HOSPITAL School Service

Children being treated at The Portland Hospital and The Harley Street Clinic can now continue their studies from their bedside.

A new Hospital School Service has just been launched for children as they recover from operations and ill health.

All children aged four to 18 being treated at the hospitals can access the tutoring provided by teachers from the Chelsea Community Hospital School (CCHS).

The launch of the school service at the beginning of this year is part of the hospitals' commitment to deliver world class care to young patients, minimising the disruption ill health has on their schooling and academic progress.

Claire Dunsterville, Head of Therapy and Rehabilitation at The Portland, says: 'We are delighted to be working with CCHS to provide an on-site school service at The Portland Hospital and The Harley Street Clinic.

'We are the first private hospital group to provide a Hospital School Service. Adding education to our range of therapy and support services ensures that we are supporting the well-being of children in every way throughout their stay in our hospital.'

Janette Steel OBE, Principal of Chelsea Community Hospital School, says schooling in hospital is extremely important.

'Research shows that children not only get better more quickly if they have access to education in hospital but also

have a smoother transition back into life at home and at school,' she says.

'In hospital, the child is aware that there is something wrong but can do little about it; education returns to them a sense of control and something rewarding to focus on.

'This is terribly important as research shows the more children exercise their minds and imagination while they are unwell, the faster they recover.'

Two experienced teachers – Karima El Boukilli who speaks Arabic and Helen Williams who has 18 years' experience teaching in hospitals – provide hour-long, one-to-one sessions with children at their bedside from Monday to Friday.

Teaching is tailored to the individual child, from supporting children with special educational needs to helping children revise for their SATS or GCSEs.

There are also plans for classrooms to be set up in the hospitals so that children can learn together.

Teacher Helen Williams says: 'We teach children receiving all kinds of medical treatment from those who are in hospital for just a few days to children with cancer or neurological conditions.



Karima
El Boukilli



Helen
Williams

'Each child undergoes an assessment and we then come up with a teaching programme which takes into account their literacy, numeracy and language skills, and medical needs as well as catering for their medical needs.'

Chelsea Community Hospital School has received five outstanding Ofsted reports for its work.

It also provides specialist education services at the Chelsea and Westminster Hospital, The Royal Brompton, St Mary's Hospital and Collingham Child and Family Centre.

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Baby Bundle Bath Support For Newborns

£8.49
babybundle.co.uk
This is lovely for a baby in a warm bath and - crucially - doesn't take up too much space in the bathroom! Easier than a traditional baby bath and especially good if leaning over is uncomfortable after birth.



MY FAVOURITE BABY THINGS

BEVERLEY TURNER

Beverley Turner, 43, is an LBC radio presenter and founder of The Happy Birth Club ante-natal course. She lives in London with her husband, Olympic rower James Cracknell and their three children, Croyde, 13, Kiki, 7 and Trixie, 5. With midwife-to-the-stars, Pam Wild, she has written The Happy Birth Book, which is published in April by Little, Brown.

Weleda Calendula Shampoo and Body Wash

£7.50 weleda.co.uk
Softly scented, this is ideal for delicate baby skin and won't sting eyes. Contains organic calendula and sweet almond oil. My whole family (even dad!) enjoys using this as well - it's a lovely shower gel!



Becky Mantin's Nappy Grab Bag

£7.46 for 5 kiddicare.com
A portable nappy change in a disposable bag. I recommend this genius piece of kit to any new mum. Practical and inexpensive, it fits in your back pocket and is perfect for changes on the move. Each disposable bag contains a nappy, four organic baby wipes and a sachet of cream. It unfolds to reveal a hygienic, biodegradable changing surface with a pouch to hold waste.

Cocoonababy Nest and Fitted Sheet

£129.95 johnlewis.com
This was brought to my attention by many women on our course raving about it. They love the flexibility of having a comfortable baby who can nap anywhere, so they can get out and about to meet friends. It cocoons your baby in a semi-foetal position, as cosy as a womb, making him or her feel secure.



aden + anais Classic Swaddles

£44.95 for a 4 pack adenandana.co.uk
I love these divinely patterned and large (120cm x 120cm) squares of beautiful soft, organic muslin. They've a multitude of uses: a light covering in a buggy, an impromptu picnic blanket or a floor mat for tummy time! Trixie is still in love with hers, and she's five!



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NEXT

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2



LEVEL

NAILS

3



2. **Butter London Patent Shine 10X Nail Lacquer**, £15 and Patent-Gel Top & Tails Manicure Set, £29, feelunique.com
Promising patent-leather shine, this durable top coat gives a glossy finish and protects nails from chipping.
3. **CND Vinylux Weekly Polish and Weekly Top Coat**, £10.95 each, cultbeauty.com
From the people who invented Shellac, this weekly polish has base coat built in and comes in most of your favourite Shellac shades too.

6. **Nails Inc Gel Effect Nail Polish £15, and Kensington Caviar Top and Base coat duo**, £25, nailsinc.com
Promising an ultra glossy, high shine, gel effect finish with no need for a UV lamp or soaking off.

6



5



4. **Dior Vernis Nail Polish and Gel Top Coat**, £19.50 each, dior.com
In a range of glorious shades, including some limited.
5. **Revlon ColorStay Gel Envy Nail Polish and Top Coat**, £7.99 each, superdrug.com
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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



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Baby Feet in Coloured Glass



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The apps to help you through pregnancy and beyond.

A RECENT STUDY SUGGESTED the average person checks their phone 85 times a day. I was genuinely unsurprised because our phones are no longer just phones. Apps have turned these once humble communicators into tools of education, memory building and entertainment which can help you through pregnancy, childbirth and beyond.

It starts with pregnancy where apps like **BABYBUMP** track your pregnancy and tell you what's happening secretly in your uterus. When the

contractions start, a timer app like FullTerm will enable you to give your hospital a succinct record of the pattern of your contractions.

And when your little one is born, your camera will suddenly become the most used app on your phone. Newborn babies (and their mums) aren't always photo ready, which is where the editing apps come in handy. **INSTAGRAM** has great filters but if you don't want to share your photos, **CAMERA+** will make any ordinary snap extraordinary.

But what do you do with these wonderful photos? How about creating 'milestone cards' which capture, celebrate and share landmark moments with an app like **BABYPICS**. And when you find you have too many photos, **FLIC** makes it simple to delete photos and clear valuable storage in your phone.

For the alpha mothers of today, however, it's no longer good enough just to record memories – stimulating your baby's development is where it's all at. Step forward





THEWONDERWEEKS, an app that, by telling parents how their babies' brains are developing on a weekly basis, enables doting parents to stimulate their progress and chart 'leaps' in mental development. Sounds too worthy? Well how about **DREAMLEARNERS**, an app that uses the golden hour of story time to educate and inform children from the ages of three to eight through storytelling.

By now your baby has realised that Mummy's phone is in fact the best toy there is. You might start off with good intentions, not letting your child anywhere near it, but there are times when having an app to entertain your cranky child is worth its weight in gold. The **CBEEBIES**, **TOZZLE**, **SESAME STREET** and **KIDLOLAND** apps are brilliant entertainers for the early ages. Developed by a teacher, the repetitive tunes and catchy rhymes of **HIPHOPHEN** are a brilliant way of introducing your child to phonics.

Before handing over your phone to your child, make sure you download the apps that can revolutionise your life. Top of my list is **BUBBLE** – the Uber of babysitting which allows you to connect to local babysitters directly,

saving time and money, but even better filter candidates according to personal recommendation. By accessing your contacts and Facebook, Bubble will tell you if one of your friends knows any of the babysitters, allowing you to select someone who is trusted by one of your contacts. Genius. It's also a marriage saver, allowing couples to bring back a degree of spontaneity into their lives.

Realising how isolating and lonely parenthood can be, **MUSH** connects local mothers with similar aged children and, once they're connected, **HOOP** tells them what they can do. Plug in where you live and the age of your child and this app will list fun, engaging and often free activities in your area.

Should you want a bit of me time when the children are napping or have gone to bed, the **USPAAH** app allows you to book a range of spa treatment from pedicures and massages to blow dries and spray tans, with therapists coming to your home within an hour of booking.

Apps also help mothers be organised. As your child grows up, the walls of your house become littered with a new kind of 'art'. It takes a steely mother to sort the wheat from the chaff and dispose of these 'masterpieces'.

But the heart wrench is lessened by **ARTKIVE**, an app that enables parents to digitally archive their children's creations, allowing them to declutter in a less brutal manner.

Bubble will tell you if one of your friends knows any of the babysitters, allowing you to select someone who is trusted by one of your contacts. Genius.

Your phone can morph into various tools too. **ICLOUDBABYMONITOR** turns any of your devices into a video baby monitor with no maximum range, letting you keep an eye on your baby whether you are downstairs or on a romantic mini-break.

The trouble with our reliance on apps is that our children grow up in an environment where we spend most of our time interacting with screens rather than each other. As our offspring become more independent, we often struggle to monitor their screen time but luckily...there's an app for that too. **OURPACT** is a free app that allows parents to manage internet and app access across all the family's devices.

Marina Fogle runs the Bump Class, London's leading antenatal classes in Parson's Green and South Kensington.

Marina Fogle's book; An Expert Guide to Pregnancy, Birth and Beyond is available from Amazon and all good bookshops. Thebumpclass.com

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@ThePortlandHosp



SPORTS

Sports injuries are on the rise among children. SOPHIE GOODCHILD finds out how to avoid injuries and when to seek help should your child sustain a knock or strain.

INJURIES

A CHILD WHO ENJOYS SPORTS is usually a healthy one, both physically and mentally.

However, growing limbs and joints that are over-worked can be injured or struggle to take the strain, and this leaves children and teenagers prone to harm on the pitch or track.

From twisted knees to fractured fingers, accidents are on the rise among active under 16s, according to official figures from NHS Digital.

The number of sports-injury related A&E visits by under 16s was 145,817 in 2015/16 - this compares with 97,678 eight years earlier.

Mr Chinmay Gupte, a Consultant Trauma and Orthopaedic Surgeon, says there are several reasons for this increase.

'Overweight adolescents are signing up for fitness activities but are too out of condition to do impact or contact sport safely,' explains the specialist in knee disorders at The Portland

Hospital. 'They can end up damaging their knees, back or ankles.'

Extremely active young people are also at risk. 'Playing an excessive amount of sport without resting or appropriate muscle conditioning doesn't allow their bodies to recover,' adds Mr Gupte, himself a former professional cricketer.

MRI scans which provide detailed images of inside the body mean more injuries are being diagnosed than ever before, and hazardous sports with high injury rates are also more accessible and popular.

'Far more children go skiing now partly because travel is cheaper than before,' says Mr Gupte.

So what are the most common injuries and how can they be avoided?

Pain from strained muscles, nerves and tendons often from repetitive strain injuries is an issue for adolescents playing impact sports such as rugby or cricket six to seven days a week.

'Young people's bones are still growing and sometimes at a faster rate than their muscles. If the pull on the ligament attaching muscles to the bone is excessive from constant exercise, this causes inflammation and pain,' explains Mr Gupte.

Knees are particularly vulnerable to this type of strain.

Intense pain just below the knee in young teens can be a symptom of Osgood-Schlatter disease, and are a regular sight in Mr Gupte's clinic.

'This condition results from overuse of the muscle and tendons used to straighten the knee. Repeated strain on the patellar tendon at the point where it attaches to the shinbone causes inflammation and pain,' he says.

To limit the risk of strains, Mr Gupte advises children follow the 'four/two' rule. This means a maximum of four days of impact sports a week, and no more than two days in a row. For boys and girls taking part in elite games, the ratio should be five days on and three days off.

Joint injuries are another common hazard for young sports enthusiasts.

Kicking a ball or constantly bending on skis can damage the protective tissue called the meniscal cartilage or the cruciate ligament in the knee joint.

Footballers are also at risk of ankle joint fractures, as are rugby players. Rugby players can also suffer from shoulder dislocations (the ball part of the joint pops out of place), and collar bone fractures.

For cricketers, finger injuries and stress fractures of the back are a problem, whereas cross-country runners or children who race can suffer from shin pain (shin splints). This is triggered by repeated stress on the muscles around the shins.

A badly swollen or extremely painful joint warrants a trip to the



GP or A&E, says Mr Gupte. Medical attention should also be sought if your child can't put weight on or move the affected limb or digit. Otherwise anti-inflammatory drugs and paracetamol can help.

Mr Gupte says: 'Ice and splinting with strapping or tubular bandages can add comfort. If there's no improvement do visit your GP or emergency department. Your child will be examined and appropriate tests performed.'



PREVENTING SPORTS INJURIES

- **balance muscle strengthening with stretching**
- **wear the right kit and supportive footwear**
- **don't overdo it: remember the 'four/two' rule**
- **be sensible when doing high-risk sports such as skiing**

'This might be an X-ray to show bone fractures, breaks or dislocations, or an MRI scan if it's a ligament (soft tissue) injury.'

The Portland Hospital has a children's sports injuries unit specialising in joint conditions, and offers same day scan results giving parents peace of mind.

The good news is that the treatment of sports injuries is now very advanced.

'Specialised tools now allow surgeons to repair knee cartilage, whereas before they had to cut it out and trim the tissue which increased the risk of arthritis in later life,' says Mr Gupte.

Post treatment, the key to recovery is physiotherapy.

However, with the right training, injuries can be prevented. Mr Gupte advises children and young people to do exercises that improve co-ordination and balance such as torso-strengthening movements, and buy footwear that supports the body.

After an injury, one of the most common questions is, when can a child start playing sport again?

According to Mr Gupte, the answer depends on the type of treatment, the child's condition and the speed of rehabilitation.

'It's better children take the time to recover, and this can mean anything from rest to doing exercises in the gym and avoiding aggravating movements. This ensures they can look forward to enjoying many years doing the sport they love,' he says.

If your child has incurred a sports injury you can contact our Paediatric Services on 0208 003 3892



DELIVERY decisions

How you give birth is a medical and personal choice. But if your first child was delivered by caesarean section, what are the options for your second? LOUISA PRITCHARD finds out.

IF YOU HAD YOUR FIRST CHILD

by caesarean section and you are pregnant again, you may be wondering what your birthing options are.

Do you have a caesarean again, or can you have a vaginal birth?

According to Dr Demetrios Economides, a Consultant Obstetrician and Gynaecologist at The Portland Hospital, a vaginal birth after a caesarean (or VBAC as it is medically known) is possible.

However, each pregnant woman needs to be assessed individually to make sure it is the right choice for her and the baby.

'More than one in five women have a caesarean in the UK so it is a common question,' he says.

'In this situation, it is important that we assess each person individually because the circumstances can be very different.

'For example, we need to look at

what happened in the previous birth and the reasons for the caesarean, and also what is happening in the current pregnancy to make sure there are no problems.

'We also need to assess the mother to find out about her childbirth experience last time and her expectations for the birth.'

At The Portland Hospital, VBAC births account for 1.5 per cent of all births.

However, among women who decide to go down this route, 75 per cent successfully have a vaginal birth.

Dr Economides says there are definite advantages of a VBAC.

'If you have a vaginal birth, the recovery afterwards is quicker, you don't have to have an operation and you don't need to stay in hospital as long,' he says.

'Also, if you want to have more children, you can do this without having to worry about having a caesarean every time you have a baby.'

The main disadvantage of a VBAC is that your previous caesarean scar can rupture.

'There is a well-defined risk of the scar rupturing,' warns Dr Economides. 'This happens in one in 200 cases. If that happens it can be very serious for the baby and sometimes for the mother.'

If you are considering a VBAC, your consultant will talk you through the advantages and disadvantages compared with a planned caesarean section, and counselling is also offered to discuss any concerns you may have.

There are certain circumstances when it's not possible to attempt a VBAC.

'If a woman has had three previous caesareans, there is more chance of the scar rupturing, and if the previous caesarean was by a vertical incision on the uterus (the traditional type of c-section) the risk of the scar rupturing is also higher so a VBAC would not be possible,' explains Dr Economides.



**DR DEMETRIOS
ECONOMIDES**

If you are considering a VBAC, your consultant will talk you through the advantages and disadvantages compared with a planned caesarean section, and counselling is also offered to discuss any concerns you may have.

'Also, if a woman has had large fibroids removed, and has lots of scarring, again this could pose problems.'

Another reason for not having a VBAC is if you have Cephalopelvic disproportion (CPD) - essentially if your pelvis is too small for the size of the baby.

'In these women, the pregnancy will be closely monitored by a consultant and they will need a planned caesarean,' says Dr Economides.

Women planning a VBAC but don't go into spontaneous labour at full-term may also need a c-section.

'If a woman hasn't gone into labour by 41 weeks, then we need to reassess the situation,' adds Dr Economides.

'We need to look at the cervix, whether the baby's size is appropriate and its head is engaged and decide whether to wait a bit longer or plan a caesarean.

'There are increased risks with inducing labour - the risk of uterine rupture is higher compared with a spontaneous labour - so it would be uncommon to try to induce somebody.'

However, all these circumstances are fairly uncommon - so for most women, a VBAC is an option.

If you decide to go ahead with a VBAC, you will be offered extra care at the Portland.

You will be looked after by a consultant and also given the option of meeting with one of the senior midwives to

discuss your birth beforehand.

Dr Economides says: 'Your consultant will be very much involved. Also, all our midwives are very supportive of women who want to try, and are trained and aware of potential problems with VBAC.

'During labour, you will be monitored closely. We have to be very careful how we conduct labour so we observe the mother and baby very carefully.'

While 75 per cent of women who choose a VBAC will successfully have one, 25 per cent will need an emergency caesarean section which carries greater risks.

'If you end up having an emergency caesarean there are slightly increased risks of infection and needing a blood transfusion compared with a planned caesarean,' says Dr Economides.

The good news is that if you've already had both a vaginal and caesarean birth, the chance of a VBAC being a success is higher.

'In mothers who've already had a vaginal birth in addition to the caesarean section, the chance of a successful vaginal birth increases to around 90 per cent, so in these circumstances it is really worth a try!' says Dr Economides.

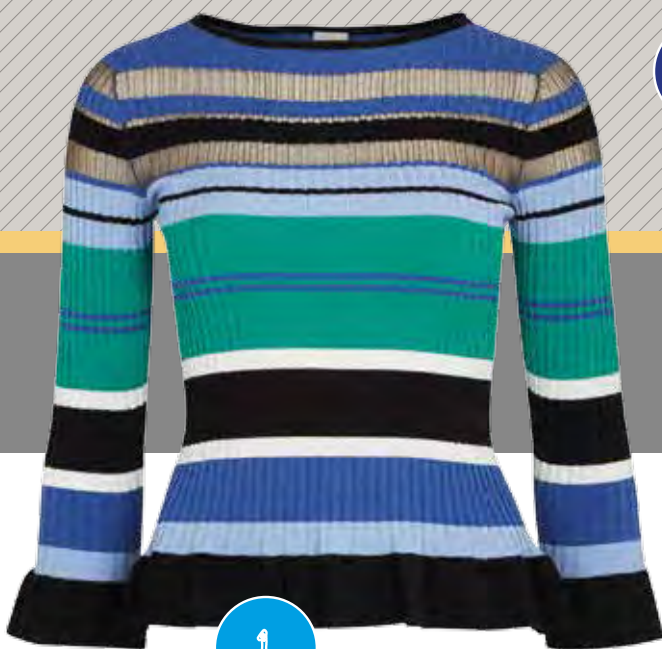


Have you booked your maternity care?

If your interested in receiving maternity care at the Portland, we offer a range of open days, private tours and 'Meet and greet' appointments with the midwife. To find out more, call: **0208 108 7237**.

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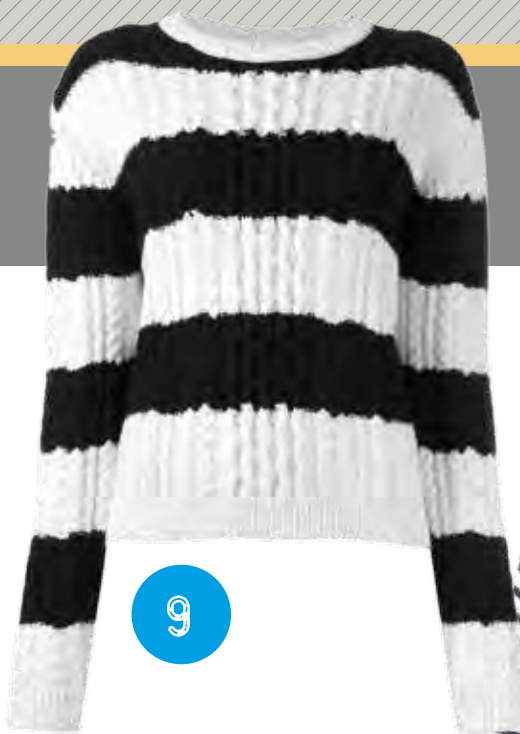
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Coping with **PELVIC PAIN** during pregnancy



One in five women experiences pelvic pain during pregnancy. JO WATERS finds out who is at risk and how the condition can be treated.

WHEN ANNAH SMITH-LUNDGREN was four months pregnant, she developed severe pain in her pelvis.

'The pain was agonising and started on a car journey back from Spain to the UK. I literally couldn't walk when I got out of the car,' saysannah, 32, who lives in London with her husband Alex and son Lukas, 11 months.

'Over the next few days I struggled even to get out of bed, any sort of movement would set it off. I was shocked because, although I'd had some mild pain in the pelvic area during my first pregnancy, this was much more serious.

'My baby son Lukas was not even one and I was due to return to work from my maternity leave so I knew I was going to need specialist help just to do everyday things during my second pregnancy.'

Annah is among the one in five women who experience discomfort in their pelvis during pregnancy known as Pelvic Girdle Pain (PGP) - previously the condition was called Symphysis Pubis Dysfunction.

It's usually a mechanical problem caused by the joints in the pelvic girdle; these include the symphysis pubis joint at the front and/or the sacroiliac joints at the back.

Problems occur when these joints don't move as they should, either becoming stiff or developing asymmetry.

Using her private medical insurance, Annah was referred by her GP to a women's health physiotherapist at The Portland Hospital who treats PGP with specialised manual therapy techniques and exercises designed to strengthen the pelvic and core muscles.

'In most cases, the pain will usually settle down after a few weeks but, in some cases, it carries on or flares up again,' says Liz Kirton, Clinical Lead Physiotherapist for Women's Health at the Portland, who has been treating Annah throughout her pregnancy.

‘PGP in pregnancy may be triggered by hormonal changes, the weight or position of the baby, and changes in women’s posture,’ she explains. ‘Occasionally, pain occurs following a previous fall or accident which shifts the pelvic joints out of line.’

Risk factors for PGP include the condition or lower back pain in previous pregnancies, more than one pregnancy, being overweight, poor workplace posture, and increased mobility of other joints in the body (hypermobility).

The pain is often felt over the pubic bone at the front, the tummy or across one side of the lower back or both. It may also be felt in the groin or inner thigh.

Symptoms include a waddling gait, pain when bearing weight on one leg (for example, when climbing stairs or dressing), clicking or grinding sounds in the pelvic area, difficulty lying in some positions or turning in bed, and being unable to stand, walk or sit for long periods of time.

‘The peak times for developing PGP are in the early stages of pregnancy when hormones fluctuate and then again in late pregnancy when the weight of the baby can be more of an issue,’ says Ms Kirton.

The condition can be treated with specific exercises from a physiotherapist, manual therapy for the pelvic joints, lifestyle and postural changes and pain relief.

‘At a physiotherapy outpatient appointment at the Portland, we do a full assessment including a physical examination of the pelvis,’ says Ms Kirton. ‘It’s one of the conditions where it’s very important to see a specialist physiotherapist.

‘We find out which muscles aren’t working and try manual therapy techniques designed specifically for pelvic girdle problems. Then we devise very specific exercises to retrain and strengthen the stomach,

back, pelvic floor and hip muscles.

‘We also offer advice on practical ways the patient can adapt her lifestyle, changing her posture at work, for instance, adapting domestic chores or how she lifts other children.’

Simple ways of taking the pressure off the pelvic joints include: sleeping with a pillow support between the knees if lying on the side and with a pillow under the tummy as well, keeping the legs together when you turnover or get out of the car, resting regularly and sitting down more, pacing your



activities through the week, avoiding crossing your legs or sitting on the floor and sitting down to get dressed.

If women are exercising, they are advised to adapt movements to prevent them becoming too painful. For example, sticking to front crawl leg movements when swimming keeps the pelvis from opening too wide, and if they are walking they should take shorter strides and walk at a slower pace.

Doing pelvic floor exercises is also vital as they support the pelvis.

‘Sometimes, in the most severe cases, women will need equipment to help them such as pelvic girdle support and crutches,’ says Ms Kirton. ‘For some, it

can seriously affect their lifestyles and this can be devastating for them.’

Annah, who is now 33 weeks pregnant, has been relatively fortunate. Because she sought treatment early in her pregnancy, she has been able to go back to work and cope with commuting - although she says it has been a struggle.

‘Looking back, I think I did too much exercise with my personal trainer after Lukas was born. It was too much, too soon,’ says Annah. ‘I’d had PGP in my first pregnancy but only mildly and tried to ignore it. But it never really went away and then flared up when I quickly became pregnant again.

The condition can be treated with specific exercises from a physiotherapist, manual therapy for the pelvic joints, lifestyle and postural changes and pain relief.

‘I’m just glad I’ve been seen at The Portland Hospital and got specialist care to manage the condition and strengthen the muscles affected. I’ve been seeing Liz weekly throughout my pregnancy, practising my exercises and now wear a belt to support my bump and the muscles in the pelvic areas. If I hadn’t seen Liz I don’t think I’d still be walking around this late in pregnancy and would be laid up on the sofa the whole time. Having physiotherapy has really helped.’

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A photograph of a baby sleeping peacefully in a white cot. The baby is wearing a white long-sleeved shirt with green and blue horizontal stripes. Their arms are outstretched, holding onto the white bars of the cot. The background is a soft, out-of-focus white.

A safe *night's sleep*

How to make sure your baby has a safe as well as a good night's sleep.

By Sophie Goodchild

'WHERE DID YOUR BABY SLEEP LAST night?' That's the question parents are asked when they go to see Consultant Neonatal Paediatrician Dr Jideofor Menakaya.

Part of his role at The Portland Hospital is to educate mums and dads about safe sleeping positions for infants in order to minimise their risk of cot death (also known as Sudden Infant Death Syndrome or SIDS).

Understandably, women often take their mother's advice or follow cultural norms when it comes to putting their baby to bed.

But this isn't always best for baby, says Dr Menakaya.

'If you drive without a seatbelt, it doesn't guarantee you'll crash but it does increase the odds of an accident,' he says. 'It's the same if you don't

practice safe sleeping for your child.'

Incidence of SIDS in the UK is low, with around 230 families affected a year, according to charity The Lullaby Trust.

However, while the exact cause is unknown, the impact is devastating for those who lose a little one.

Young babies should sleep in your room, ideally alone on their back in a cot or moses basket

Basic steps can help parents reduce the risk of SIDS and bed-time related accidents.

The first is to place babies up to the age of 12 months on their back to sleep.

The reason, says Dr Menakaya, is that small babies are not very mobile, so

they can't move their heads easily or wriggle free if they become trapped.

'If they're lying on their front then their airways could become obstructed and they could stop breathing,' he says.

To reduce the risk, loose bedding or anything that could dislodge and restrict their ability to breathe such as fabric cot barriers should be removed.

A light-weight blanket should cover their body only (not the head and face), and ideally the infant's feet should be at the end of the cot or Moses basket to limit the chance of them turning over during the night.

Dr Menakaya warns: 'I've dealt with cases where loose ribbon ties or blankets have become wrapped around a baby's neck. Infants are vulnerable - they don't have the ability of adults to break free.'

Young babies should sleep in your

room, ideally alone on their back in a cot or Moses basket.

'A standard cot mattress is firm and specially designed to suit a baby's weight and size, unlike an adult's mattress with nooks and crannies for a baby to roll into,' says Dr Menakaya.

The right temperature is also important. Room temperature for a baby is best between 16 and 20 degrees celsius. Any colder, and their body could slow down significantly. Any hotter, and a baby could easily overheat. This is one of the key reasons why you shouldn't share your bed with your baby, because you will radiate out body heat.

'Babies are unable to respond to changes in temperature as swiftly as adults, especially those born prematurely,' says Dr Menakaya.

So what should you do about breastfeeding in bed?

This is where fathers have a 'hugely important' role in ensuring their baby sleeps safely, according to Dr Menakaya.

'I tell dads it's their responsibility to pick up baby and carry him or her to their cot once mum falls asleep. This is to avoid a tired mum rolling over onto baby. Some babies weigh the equivalent of a few bags of sugar - their lungs are tiny - and just the dead weight of her arm on baby's chest can leave them struggling to breathe,' he explains.

Falling asleep on the sofa with a young baby on your chest or tummy is another practice for parents to avoid.

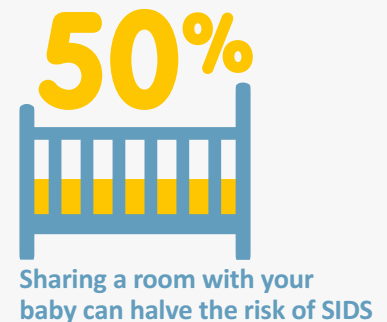
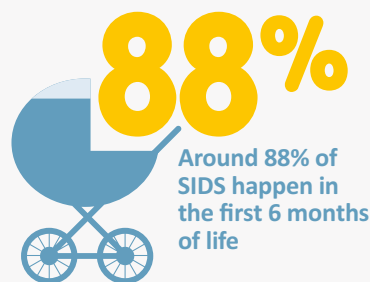
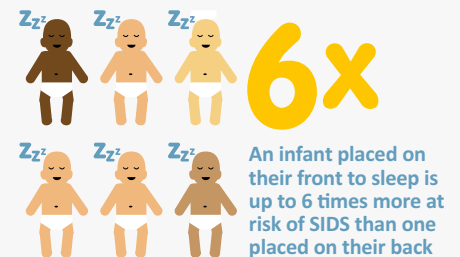
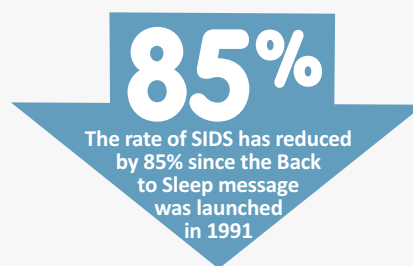
There have been tragic cases where this has happened and the child has become trapped between the parent and the sofa, and unable to wriggle free.

Jenny Ward, director of services at The Lullaby Trust, strongly advises against sleeping in the same bed as

A SAFE NIGHT'S SLEEP FOR BABY

- Place your baby alone
- Position them on their back in their own cot
- Remove loose bedding/objects from their crib
- Don't let them sleep in your bed
- Never sleep on a sofa/armchair with baby
- Avoid letting your child get too hot

www.lullabytrust.org.uk



Source: lullabytrust 2017

your infant, especially if the baby was premature or had a low birth weight because they are already at higher risk of cot death.

'If parents do choose to co-sleep with their baby, we advise they avoid doing this if they've drunk any alcohol, taken drugs or medication,' she says. Active or passive smoking during and after pregnancy also increases the risk of SIDS.

Safety too comes down to what a baby is capable of and the environment they're placed in.

From about six months, infants begin to wriggle around and that means they can trap themselves between the bars of badly designed cots.

If parents have concerns around safe sleeping, they should always talk to a health professional.

Their child may have a rare medical disorder like Pierre Robin syndrome, a condition which causes breathing issues from birth, or colic so they won't sleep on their back.

In the case of colic, your doctor will discuss ways to ensure your baby sleeps safely in another position. As they grow older and move around, your little one will naturally adopt a comfortable position in their sleep.

The message is simple: follow the advice and mum, dad and baby all get a good night's sleep.

Helping a teenager to **BEAT** BONE CANCER



After scouring the world for the best treatment, Kamal Khalifa was brought to The Harley Street Clinic for pioneering surgery which meant removing 90 per cent of the bone in his leg – but saved his life.

By Rachel Ellis

WHEN KAMAL KHALIFA DEVELOPED

a swollen knee, initially his parents were not concerned.

As the 15-year-old was accident prone, they put the discomfort down to growing pains.

However, an X-ray revealed a huge osteosarcoma tumour on his right knee.

Sarcomas are rare cancers that develop in the muscle, bone, nerves, cartilage, tendons, blood vessels and fatty and fibrous tissue of the body.

Bone sarcomas affect less than 500 people in the UK each year, according to the charity Sarcoma UK, and osteosarcoma is a form of the disease that affects mostly teenagers and young people (although it can also affect older adults too).

Osteosarcoma makes up 30 per cent of all bone sarcoma diagnoses.



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As soon as Kamal was diagnosed, his father Nageeb who was working for the United Nations at the time in Jordan, immediately scoured the world for the best place to treat his son.

Within 48 hours, Kamal was in London at HCA's The Harley Street Clinic (one of the Portland's sister hospitals which also treats children).

A series of tests such as X-rays, blood tests, a biopsy and bone scans, using radioactive chemicals called radionuclides which are injected, swallowed or breathed into the body to take images of the bones, were carried out under the supervision of Paediatric Oncologist Dr Maria Michelagnoli to identify the stage and grade of the cancer.

They revealed the cancer could be treated, but it would take a minimum of 11 months.

‘Dr Michelagnoli was very reassuring but she warned that the harsh chemotherapy treatment Kamal needed could also kill him,’ says Mr Khalifa.

Initially, Kamal was given three rounds of chemotherapy to shrink the tumour so that it could be operated on and removed.

According to Sarcoma UK, this approach can be useful to treat large tumours and can prevent the need to have the limb either partially or fully amputated.

He then underwent surgery on his leg - a nine-and-a-half-hour procedure during which surgeons removed ninety per cent of the bone of his leg, from above his right knee (including the tibia) down to his foot, and replaced it with platinum prostheses.

It was a traumatic experience but Kamal endured the pain and surgery with remarkable bravery.

‘After the surgery and while in severe pain Kamal called me in a panic, wanting to know if his leg was still there as he couldn’t feel it. It was a lot for a child to go through and also for the family,’ says Mr Khalifa.

It took six months and great difficulty for Kamal to be able to walk again.

I was told by staff to brace myself for the worst. It was a horror moment, but the medical team at The Harley Street Clinic performed miracles to save his life

During this time he also had to undergo a further three gruelling chemotherapy cycles.

Chemotherapy was given again after surgery to kill off any stray cancer cells which remained in his body.

During the 11 months of treatment, Kamal had 14 other surgeries to insert and replace a Hickman line, a tube inserted into his heart through the main vein in his neck to deliver chemotherapy, because it became infected.

‘At one point, Kamal was so sick and with zero immunity that I was told by staff to brace myself for the worst. It was a horror moment, but the medical team at The Harley Street Clinic performed miracles to save his life,’ says Mr Khalifa.

After pulling through the chemotherapy, Kamal underwent physiotherapy to strengthen his muscles and ensure his joints regained as much mobility as they could, and was able to go home.

He was well for the next 12 months, however, like many patients with an osteosarcoma he relapsed, this time with the same osteosarcoma cancer in his lungs.

Nevertheless, the cancer was again successfully treated and now, aged 26, Kamal is in good health. He does feel pain in his leg sometimes and his prosthesis may need to be changed at some point in the future, but he goes for regular medical checks.

‘The care we received at The Harley Street Clinic was second to none. The team was very honest with us and extremely supportive and compassionate. If we had not travelled to the clinic, Kamal would have had his leg amputated. In our society, people don’t talk about cancer so I have written a book in Arabic about my son’s experience called ‘My Son and His Struggle With Cancer,’ says Mr Khalifa.

Symptoms of bone sarcoma can vary depending on the size and location of the tumour, according to the charity Sarcoma UK.

They include:

- Bone pain, particularly at night
- A mass or swelling
- Restricted movement in a joint

Symptoms can sometimes be confused with more common problems such as a sports injury or, in children and young people, growing pains.

For more information go to the bone and soft tissue charity Sarcoma UK.

sarcoma.org.uk

‘His specialist chemotherapy nurse Christine Headley was incredible and never missed a single appointment, and the psycho-social team helped Kamal and all the family through the experience.’



"When you're tired and your baby gets colic, it's really tough for both parents. My daughter Grace had colic and I found it very stressful. Despite reading that rocking and baby massage can do the trick, it didn't work for us. Infacol was a great help and we never looked back" - Fiona, mum to baby Grace



NEW STUDY REVEALS EFFECTIVENESS OF SIMETICONE IN TREATING INFANT COLIC

Infant colic affects up to one in five babies¹ but there is uncertainty about its cause and no gold standard remedy or preventive action. A new real world evidence study² based on the experience and perceptions of 4,004 parents, highlights the need for new diagnostic criteria and supports the efficacy of an over-the-counter treatment containing simeticone.

The common understanding is that infant colic is associated with excessive crying in infants who otherwise appear to be healthy¹. All infants cry more during the first three months of life than at any other time whether or not they have colic, however few people agree on how much crying is considered excessive. The average duration of crying during the first three months of life varies from 42 minutes to 2 hours per day³.

The situation is further confused by lack of consistency in the way that scientific studies of IC have been conducted and the inconsistency and contradictory nature of their conclusions.

A real world evidence study conducted on behalf of Infacol set out to ascertain parents' experiences of using Infacol to treat infant colic.

The study showed that the vast majority of parents (63%) diagnosed infant colic themselves with crying and squirming in apparent discomfort, the signs used to identify colic². Over 90% used squirming and 41% used crying for more than 3 hours a day. It appears that colic affects both breastfed and bottle-fed babies equally³, squashing the notion that breastfed babies are less likely to suffer from colic.

Almost all respondents (93.2%) considered that use of simeticone oral suspension was associated with either totally resolving infant colic

or having had some effect on the symptoms². Almost 70% said that the symptoms improved within a day and 81.2% reported an improvement in the baby's sleeping patterns. Parents also reported an improvement in their own sleeping patterns and stress levels, which may have impacted on parental bonding with the baby. Almost half of respondents had previously tried another therapy, which had been ineffective.

Infacol, Britain's Number One Infant Colic remedy (based on IRI unit sales data), is licensed for the treatment of infant colic, wind and griping pain. It can be used from birth onwards and comes with a handy dropper, making it easy to give your baby.

For the treatment of colic. Contains Simeticone. Always read the label.

Visit www.infacol.co.uk for more information.

¹ NHS Choices 2015

² 'A real world evaluation of a treatment for infant colic based on the experience and perceptions of 4004 parents', *Journal of Health Visiting*, March 2017, Vol 5, Issue 3.

³ Lehtonen LA, Rautava PT (1996) *Infantile colic: natural history and treatment. Current Problems in Paediatrics*. 26(3): 79-85



Real life results

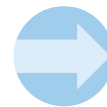
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Eczema fact

1 in 5 children in the UK suffers from eczema



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“After trying prescribed hydrocortisone creams and antibiotics to treat my son's eczema, I decided to try your Soothing Baby Salve. This is a before and after photo using the salve twice a day for three days. I've even stolen some for myself!”

Kelly, mum to Jay

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Reinventing Children's Classics

FISHFINGERS, chicken nuggets and spaghetti bolognese are perennial children's favourites, making them a staple of most family dinners. Here Chef and Portland Hospital dad JAMIE OLIVER offers a new, healthy twist on these family classics.

VEGGIE BOLOGNESE

LOADS A VEG, LENTILS & PARMESAN

Embracing copper-rich lentils here instead of minced beef still gives us a nice hit of protein, ups our fibre intake, and also lowers the sat-fat levels we would usually find in a Bolognese.

Serves 6

Total time: 1 hour 15 minutes

20g dried porcini mushrooms
2 large red onions
2 cloves of garlic
2 carrots
2 sticks of celery
2 sprigs of fresh rosemary
olive oil
1 fresh bay leaf
100ml Chianti



1 x 400g tin of green lentils
2 x 400g tins of plum tomatoes
450g dried wholewheat spaghetti
½ a bunch of fresh flat-leaf parsley (15g)
100g Parmesan cheese

In a small bowl, just cover the porcini with boiling kettle water to rehydrate them. Peel the onions, garlic and carrots, trim the celery and finely chop it all with the rosemary leaves. Place a large casserole pan on a medium-low heat with 1 tablespoon of oil, then add the chopped veg, rosemary and the bay. Cook with a lid on for 20 minutes, or until softened, stirring occasionally.

Scoop out and finely chop the porcini and add to the pan with the soaking water, leaving any gritty bits behind. Turn the heat up to medium-high, pour in the Chianti, then leave to cook away.

Tip in the lentils (juice and all), and the tomatoes, breaking them up with a wooden spoon. Half-fill each tomato tin with water, swirl around and pour into the pan. Bring to the boil, then reduce to a medium-low heat and simmer for 35 minutes, or until thick and delicious. Taste and season to perfection.

Meanwhile, cook the spaghetti in a large pan of boiling salted water according to the packet instructions, then drain, reserving a mugful of cooking water. Toss the spaghetti through the Bolognese, loosening with a little reserved water, if needed. Finely chop the top leafy half of the parsley, finely grate over most of the Parmesan and stir both through the pasta, then divide between your plates, grate over the rest of the Parmesan and tuck in.

CALORIES	FAT	SAT FAT	PROTEIN	CARBS
441kcal	9.8g	4g	22g	67.2g
SUGAR	SALT	FIBRE	3 PORTIONS VEG & FRUIT	
12.7g	0.8g	11.4g		

Recipe taken from Super Food Family Classics by Jamie Oliver, published by Penguin Random House. © Jamie Oliver Enterprises Limited (2016 Super Food Family Classics) Photographer: Jamie Oliver.



JUMBO FISH FINGERS

GOLDEN CRISPY BREADCRUMBS

The perfect family favourite to have in the freezer, fish, especially salmon, is packed with omega-3 fatty acids, which are essential for keeping our blood cholesterol healthy.

- Makes: 10 portions
- Total time: 25 minutes, plus cooking
- 1 x 1.2kg side of salmon, skin off, pin-boned, from sustainable sources
- 2 large free-range eggs
- 1 teaspoon sweet smoked paprika
- 250g wholemeal bread
- 30g Cheddar cheese
- extra virgin olive oil

Something as humble and everyday as a fish finger can be made even more nutritious if you make your own, and even better, you can go jumbo in size! I like to use salmon but, of course, white fish works well, too.

Cut the fish into 10 x 120g portions. The nature of the shape of the salmon side means that they won't be uniform in size,



but that's all part of their charm. I tend to cut the side lengthways about 3cm thick, then into chunks from that.

In a shallow bowl, whisk the eggs with the paprika and a pinch of sea salt and black pepper. Tear the bread into a food processor, grate in the cheese, add 2 tablespoons of oil and whiz until you have breadcrumbs, then tip into a tray. Coat each fish portion in the egg mixture, let any excess drip off, then turn in the

breadcrumbs until well coated all over. Transfer to a tray lined with greaseproof paper, layering them up between sheets of paper until they're all coated (this is probably more bread than you need, but it is easier to work with – simply discard whatever's left). Cook right away or freeze in the tray – once frozen, you can pop them into a tub or sandwich bags for easier storage.

To cook, place however many jumbo fish fingers you need on a roasting tray and cook in a preheated oven at 200°C/400°F/gas 6 for 15 minutes from fresh, or 20 minutes from frozen, or until golden and cooked through.

DID YOU KNOW?
Sides of salmon are often on offer – it's simply one of the realities of the fish farming industry that due to variations in supply and demand, there'll be surpluses. So when you see salmon on offer – take action and take advantage of that great value!

CALORIES	FAT	SAT FAT	PROTEIN	CARBS	SUGAR	SALT	FIBRE
325kcal	18.6g	3.8g	29.1g	9.5g	0.6g	0.5g	1.6g

PROPER CHICKEN NUGGETS

SWEET PAPRIKA & PARMESAN CRUMB

Using wholemeal bread instead of the usual white bread coating means we are upping our fibre intake, and we've lowered the calories by baking rather than deep-frying these bad boys.

- Makes: 10 portions
- Total time: 30 minutes, plus marinating & cooking



- 1kg free-range skinless chicken breasts
- 2 cloves of garlic
- 1 level teaspoon sweet smoked paprika
- 1 heaped tablespoon Greek yoghurt
- 1 large free-range egg
- 1 lemon
- 250g wholemeal bread
- 50g Parmesan cheese
- olive oil

Start by cutting the chicken breasts into nugget-sized portions. The easiest way to do this is to use your scales to help you get it right the first time – you want each nugget to be just over 30g, then visually that will give you a guide for the rest. Cut up all the chicken, putting it on a tray as you go.

To make the marinade, crush the unpeeled garlic cloves through a garlic crusher over the chicken. Add the paprika, yoghurt, egg, and a good pinch of sea salt and black pepper. Finely grate over the lemon zest and squeeze over all the juice, then use your clean hands to massage all that flavour into the meat. Cover and

marinate in the fridge for at least 1 hour, or overnight.

Tear the bread into a food processor, finely grate in the Parmesan, add 2 tablespoons of oil and whiz until you have fine breadcrumbs, then tip into a large shallow tray. Working in batches, use two forks to transfer the pieces of chicken into the crumbs, using the forks to gently flick crumbs over each piece of chicken so they're well coated. Transfer the nuggets to a deep tray lined with greaseproof paper, layering them up between sheets of paper as you go (this is probably more bread than you need, but it's easier to work with – simply discard whatever's left). Cook right away or freeze in the tray – once frozen, you can pop them into a tub or sandwich bags for easier storage.

To cook, place however many nuggets you need on a rack in a roasting tray in a preheated oven at 180°C/350°F/gas 4 for 15 to 20 minutes, or until golden and cooked through.

CALORIES	FAT	SAT FAT	PROTEIN	CARBS	SUGAR	SALT	FIBRE
230kcal	7.8g	2.4g	29.4g	10g	0.9g	0.7g	1.6g

BECOME PART OF A NEW CLUB



BEING BORN AT THE PORTLAND HOSPITAL MAKES YOU PART OF A VERY SPECIAL CLUB.

The care and attention you receive from our expert team of doctors, nurses and midwives at this special time, means your child receives the best start there is.

We are so proud to have been at the beginning of your children's lives. So to celebrate all our new arrivals, we have launched a **Born@ThePortland** campaign.

Getting involved couldn't be easier. If you or your child were born at the hospital, simply share your story and photo via our website **bornattheportland.com** and we'll send you a Born@ThePortland badge.

Every month we pick one entry who receives one of our trademark Portly Pandas.

And don't forget to share your story on social networks.

We have enjoyed reading your stories from across the UK and the world.

Check out some of our favourite Born@ThePortland babies and children – and don't forget we can continue to support you and your children through our paediatric and gynaecology services available both at The Portland Hospital and our sister hospital The Harley Street Clinic Children's Hospital.

Born@ThePortland

Now teaches sister to ski in Vail. Charles was delivered by C-section. Complications were avoided. Lost Portly Panda in move to USA. Still reminds Dad that he lost his bear.



Born@ThePortland

Hello I'm Harry and this is my big brother George. George had to visit an NICU when he was born, so mummy and daddy came to the Portland to have me. I had the best birth possible!



Born@ThePortland

Layla Skye was born at the Portland. She was born by elective c section under the care of Dr Wilmandusera. We had an amazing care experience and left feeling healthy and rested.



Born@ThePortland

Delivered by Donald Gibb - 27th Feb 2008. I was 9lb 4 oz!!!. I sleep with my Portly Panda still every night! Thanks for the great care you gave mum and I :)



Born@ThePortland

Emergency C Section by brilliant Maggie Blott saved Gloria's life! Fabulous staff and facilities, we credit the Portland with my child's life. The best place to give birth.



Born@ThePortland

IVF Baby made at the Lister, planned C Section with Ms Eben at the Portland hospital, everything was amazing. Will be back!! Was 7.2lb.



Born@ThePortland

Our amazing son James was delivered by the fantastic Mr Patrick O'Brien. We are so grateful to the Portland for giving us all as a family a truly wonderful experience.



Born@ThePortland

Katherine was born by c-section at 39 weeks, it was a calm and easy delivery by Christian Barnick who was fabulous. She's now a happy and thriving 11 month old!



#Born@ThePortland

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part of **HCA Healthcare UK**

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Sunday 15th October 2017

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Tour the hospital's extensive facilities including delivery suites and postnatal bedrooms

Meet midwives and consultants for free one-to-one advice

Preview 3D/4D ultrasound scans

Obtain advice on antenatal classes and postnatal exercise

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Parent Talk



WITH
GHAZALA YOUSUF,
LEAD DIETITIAN
AT THE PORTLAND
HOSPITAL

Q I have been craving certain foods since I became pregnant. Does this mean anything?

A For most women, food cravings are part and parcel of being pregnant – it is estimated that between 50 and 90 per cent of mums-to-be have them. And while we all fancy something spicy or sweet from time-to-time, a craving in pregnancy can feel like a real urge to have a certain food.

So why does this happen?

The truth is we don't yet know for sure.

Your sense of taste can alter during pregnancy due to changes in the levels of hormones – and this means some things taste better than normal and some things worse.

You may find that the taste or just the smell of coffee and alcohol, for example, becomes repulsive to you and you may become more sensitive to the flavour of bitter foods too.

This is a protective mechanism that has evolved in women, to stop mums-to-be eating anything that might be harmful to her baby.

We also believe a similar mechanism may make pregnant women crave foods containing nutrients that they need. For example, the most commonly craved foods by pregnant women are pickles or gherkins.

However, we think it's not actually the pickle itself that women crave, but the salt that they contain.

During pregnancy, there is a huge increase in the amount of fluid in the body which reduces the balance of salt (or sodium) – so you may crave salty pickles to make up for this.

If you do have this craving, give into it and enjoy your pickles – or you could have olives instead.

They are far better for you and provide more nutrients than other salty snacks such as crisps.

Another common craving in pregnancy is ice-cream, and that could be linked to a need for more calcium.

When you are pregnant, you need 3 to 4 servings of calcium a day: this could be a glass of milk, a pot of yoghurt or a matchbox-sized wedge of cheese. However, many women do not get this.

So, rather than regularly having scoops of your favourite ice-cream, ensure you are getting enough other calcium-rich foods.

A slightly stranger craving is the desire to chew on ice.

The rationale behind this is that it may be a sign that you are anaemic, or lacking in iron.

During pregnancy, you need more iron and anaemia becomes quite common.

A symptom of anaemia can be slightly inflamed gums, so the urge to chew on ice is thought to stem from a need to soothe the swelling.

If you find yourself craving ice, mention it to your midwife at your next ante-natal check-up so you can get your iron levels checked.

I advise pregnant women to eat red meat twice a week to help keep their iron levels up.

For some women, the urge is not to eat a specific food, it is simply to eat more.

During the final trimester of pregnancy, you do need to eat 200 to 300 extra calories a day (the equivalent of say, two extra slices of bread). But many women crave more food simply because they are tired and possibly stressed.

The key is to eat little and often – try to stick to three meals and two snacks a day.

This should help keep energy levels up and reduce the urge to over eat unhealthy foods.

As told to Lucy Elkins

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spring
showers*

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uk.flyingtiger.com



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3 Packaway jacket
£25.00, frugi.com

4 Navy blue wellies
with fox liner
£28
jojomamanbebe.co.uk



5 Cecil Aldin children's umbrella
£10, Royal Academy of Arts shop,
shop.royalacademy.org.uk





6

Waterproof suit
£29.99,
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waterproofs](http://hippychick.com/waterproofs)



7

Striped waterproof jacket
£32,
jojomamanbebe.co.uk



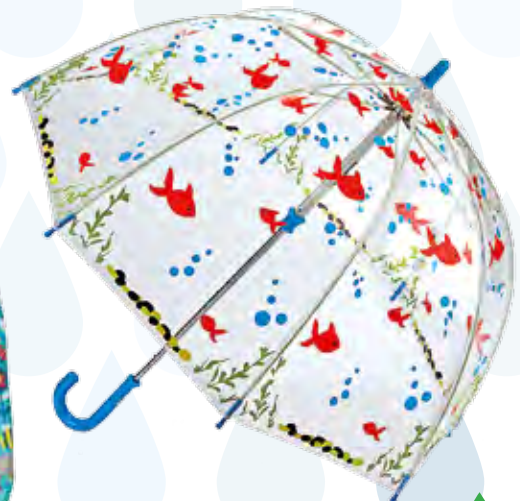
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Fisherman rain jacket
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WHEN PREGNANCY FAILS

With one in four pregnancies ending in miscarriage, when should you try again for a baby?

By Lucy Elkins

EVERYONE REACTS DIFFERENTLY TO having a miscarriage, and for some the effects can be utterly devastating.

Long after the physical symptoms such as tiredness and feeling rundown have lifted, feelings of sadness and anxiety about whether a subsequent pregnancy will be successful can linger.

According to Dr Shazia Malik, a Consultant Gynaecologist at The Portland Hospital, the impact of losing a baby through miscarriage should never be underestimated.

'It can hurt physically and emotionally, and it isn't just the woman who feels this pain - sometimes the partner can be even more devastated,' she says.

Although it is not widely talked about, miscarriage is in fact surprisingly common.

'No one knows the exact figure because sometimes women miscarry and don't know about it,' says Dr Malik.

'But we do know that around one in four recognised pregnancies ends in miscarriage.

'Most of those occur in the first 12 weeks but a proportion are late miscarriages which occur between 13 and 24 weeks.' (If you lose a baby after this stage it is a stillbirth.)

The more miscarriages a woman has,

the greater her risk of having another.

'The risk builds after every successive pregnancy loss, although we don't really know why,' says Dr Malik.

Guidelines from the Royal College of Obstetricians and Gynaecologists say doctors should investigate for a possible underlying cause once a woman has had three successive miscarriages.



DR SHAZIA
MALIK

'If you have lost three babies to miscarriage, we are more likely to find a cause for it,' says Dr Malik.

'At The Portland, we have a team of experts with specialist training



have a
43%
risk of
miscarriage



have a
93%
risk of
miscarriage

in miscarriage and reproductive medicine, and we can run a number of tests to try to find out what that underlying cause might be.

'We can use ultrasound and 3D scanning, for example, to look for any physical abnormalities of the womb that might be to blame.

'A scan can also help us look at the

ovaries to check for polycystic ovaries (a condition that causes multiple follicles on the ovaries and may heighten the risk of miscarriage).

'We also have a genetics service so that we can look into a couples' medical history to check for any genetic abnormalities, and we can run tests to check the sperm for any DNA fragmentation.

Although it is not widely talked about, miscarriage is in fact surprisingly common.

'A miscarriage is not always to do with the health of the mother - it can be to do with the father too.'

However, the single biggest cause of miscarriage, says Dr Malik, is a chromosomal abnormality and the biggest risk factor for this is age.

'We know that a woman past the age of 40 has a higher risk of miscarriage; someone aged 42 or 43 has around a 43 per cent risk, but over the age of 45, that risk climbs steeply to 93 per cent.

That's because a woman is born with her store of eggs - they are not made throughout her life like sperm - and, as these eggs get older, they divide less well once they are fertilised and so the chance of an abnormality increases.'

There can be other causes of miscarriage too.

For others, it may be a question of identifying lifestyle factors that need to be changed - being overweight, a smoker or drinking too much alcohol all raise the risk of miscarriage.

Some studies show that taking regular non-steroidal anti-inflammatory painkillers (such as ibuprofen) or too much caffeine can also have an impact on miscarriage rates - so looking at all these factors is important when planning another pregnancy.

However, sometimes there is no obvious cause.

'There is some evidence that giving women who have unexplained miscarriage several scans during their first trimester can decrease stress and help reduce the risk of another miscarriage,' says Dr Malik.

'So at The Portland we offer these women several scans in the first 12 weeks.'

Having lost one baby, some women fear trying again, while others are desperate to try to conceive again quickly.

So what is the ideal gap to wait before trying to conceive again?

This is a subject of debate. The advice from the World Health Organisation is that you should wait at least six months. However, last year a review of studies by the University of Aberdeen concluded that trying within three months of a miscarriage was more likely to result in a successful pregnancy.

So which approach should you take?

'I tell couples you should try as soon as you feel physically and emotionally ready,' says Dr Malik.

'You don't know if your next pregnancy is going to be successful

so if you haven't worked through the emotions of your last miscarriage it can affect your health and your relationship with your partner.

'It's important that as a couple you are both ready to face whatever the outcome may be.'

HOW TO POTENTIALLY AVOID MISCARRIAGE



1 in 4



recognised pregnancies
ends in miscarriage

Conditions that lead to clotting disorders (thrombophilias) of the blood, such as lupus, can lead to miscarriage because they cause problems with the blood supply to the placenta.

In this case, blood thinning medication can often help achieve a successful pregnancy.



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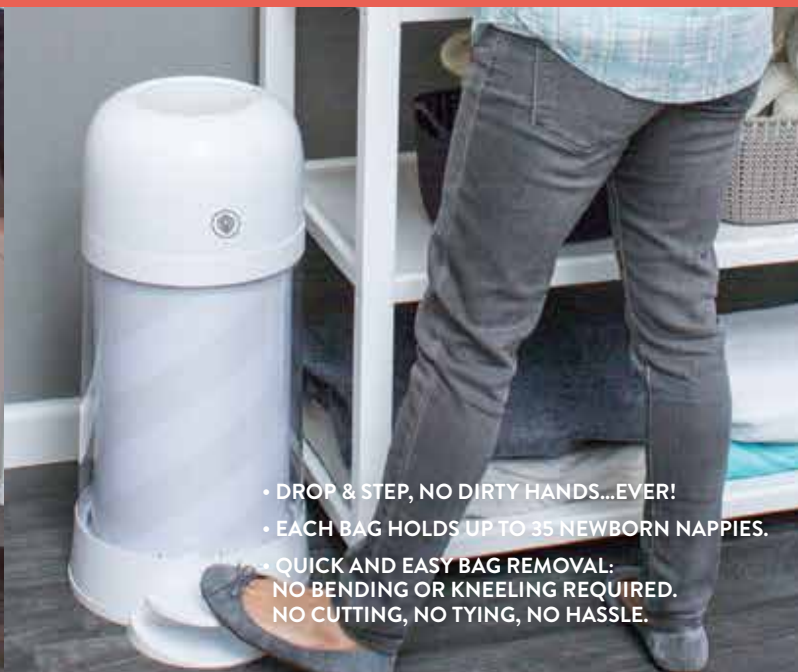
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a Day in the life of...

MR ERTAN SARIDOGAN

A CONSULTANT GYNAECOLOGIST

AFTER GETTING UP

around 5am, I catch up with the news on the train as I commute to work.

I work at The Portland Hospital and also at University College Hospital, specialising in conditions including endometriosis, fibroids and fertility issues.

My week is divided between seeing outpatients and carrying out operations.

I'm in hospital by 7am and, on the days I'm holding an outpatient clinic, I'll catch up with administrative work before starting appointments at 9am.

I've been in the field of gynaecology since 1987. I chose gynaecology because I wanted to work in an area of medicine which combines science and surgery.

My area of expertise is conditions that require endoscopic surgery – minimally invasive or key hole procedures - to examine the womb.

This type of surgery – which avoids the need for large incisions – is now commonly used for conditions like endometriosis, where cells like those in the lining of the womb are found elsewhere in the body.

This can cause severe pain and problems getting pregnant.

Many of the women I see have been suffering for years.

I will often send them for an ultrasound or MRI scan, and do blood tests to check their hormone levels.

One of the most difficult parts of my job is managing chronic conditions like



endometriosis that we can't cure, and all the suffering that goes with it. In these cases, it's about improving patients' lives.

Women also come to see me if they have fertility problems.

Sometimes this is caused by scarring which can be a complication of a previous miscarriage, termination or delivery, or the treatment of fibroids – non-cancerous growths in or around the womb.

These appointments can be difficult.

I talk to women about their prognosis and the likelihood of getting pregnant - and sometimes it's not good news which can be hard.

If the prognosis is good, it is often a very emotional time for the woman and her partner.

I grab lunch in between my morning and afternoon clinics, and normally finish at 5pm.

On the two days I operate, I start around 8.30am and see around eight patients a day.

One of the operations I do is rarely carried out by other gynaecologists. It involves a cervical stitch around the neck of the womb to give it extra support during pregnancy. This stops the cervix opening early which can cause miscarriage or premature birth.

Traditionally, this is carried out through open surgery, but I've been doing it as keyhole operation for over 10 years.

I also operate on women before they have cancer treatment to try to help them preserve their fertility.

Cancer treatments such as radiotherapy can damage the ovaries, causing young women to go through the menopause.

By moving the ovaries out of the radiation field into the upper abdomen it can protect them, giving women the chance to have babies after their cancer treatment if they want.

After work I head home and have dinner with my family. My sons are 16 and 18 so I help them with their school work and catch up on their days.

On top of my clinical work, I'm involved in training nurses and doctors and I'm a member of the council of both the British and European Society for Gynaecological Endoscopy.

My patients are often young, otherwise healthy women so the outcome is generally good.

People sometimes ask why I went into this field and that's the reason...to help women have happy endings.

As told to Louisa Pritchard

A photograph of three children on a sandy beach. A girl in a colorful swimsuit is in the center, placing a red toy on top of a tall sandcastle. Two boys are on either side of her, also working on the sandcastle. The background shows the ocean and a distant building.

Mole checks

Protecting your children's skin from the sun's harmful rays is essential. But if you're concerned about a mole, help is at hand.

By Sophie Goodchild

CLINICS OFFERING MOLE CHECKS are an increasingly common sight on the high street today.

Adults are now generally more aware of skin cancer and alert to abnormal skin growths. But what should you do if you are concerned about one of your children's moles?

Should you get them checked out and who should do the testing?

The good news is that only a tiny percentage of moles in children and babies – less than one per cent – are malignant, according to Dr Bisola Laguda, a Paediatric Dermatologist at The Portland Hospital.

'People worry because there's greater awareness about skin cancer. But screening isn't usually

necessary for children unless there's cause for concern,' she says.

If your child does have moles, there are warning signs to look out for. A change in size, shape or colour, along with itchiness, discharge and bleeding merit further investigation by your GP.

'Parents shouldn't worry unnecessarily but there's no harm in keeping an eye out for changes in your child's skin and visiting a doctor if you're concerned,' says Dr Laguda.

A GP may monitor your child and ask them to come back in a few months for a review.

If further checks are needed, your child will be referred to a consultant dermatologist. In the

NHS, this should happen within two weeks of first seeing a GP, as the NHS operates a fast-track system, says Dr Laguda, or privately you can be seen immediately.

When a patient is referred to Dr Laguda either at The Portland Hospital or The Harley Street Clinic, she first discusses with mum and dad how long the mole has been present.

'Some children are born with moles. We don't know why but a mutation can occur as the skin develops,' explains Dr Laguda.

These types of moles vary in size, from tiny growths to large pigmentations covering the entire upper body or scalp.

According to Dr Laguda, large pigmentations are associated with



SAFE SUN MESSAGES

- **Keep babies in the shade and out of direct sunlight**
- **Use sunscreen as added protection for babies**
- **Protect toddlers and older children with clothing, sun hat, shade and sunscreen**
- **Encourage children to stay out of the sun between 11am and 3pm on sunny days**
- **Choose sunscreen with SPF 30 or above**
- **Ensure it contains high UVA protection**

a slightly higher risk of cancer - an increase of around one to two per cent. However, these skin growths will always be picked up at birth and monitored, she says.

Between the ages of two and 10, children can also acquire moles. This occurs when pigmented cells cluster in a specific area on the skin instead of growing individually. No one knows exactly why, says Dr Laguda, but genes can be a factor as well as sun exposure.

The average adult has between 10 and 40 moles. Fair-skinned people have more because they have low amounts of skin pigment called melanin, but your genes determine how many you have.

'You're pre-programmed to get a

certain number of moles based on your genes,' says Dr Laguda.

Consultants will also ask parents about how much their child has been exposed to the sun.

Skin cancer in children is very rare but can occur, according to Dr Walayat

Hussain from the British Association of Dermatologists (BAD).

Episodes of severe sunburn (often with blisters) in childhood increase the risk of melanoma in later life.

'This means it's particularly important to ensure you're careful to avoid your children getting sunburned,' he says.

The advice from BAD is to keep babies out of direct sunlight and in the shade, sun hats and sunscreen can be applied for added protection.

Toddlers and older children should be protected with clothing and sunscreen, and kept in the shade where possible between 11am and 3pm on sunny days.

When choosing sunscreen for

children, buy those offering UVA protection and sun protection factor (SPF) of 30 or more.

'Sunscreens designed especially for children tend to be only available with a high SPF, and have added features that make them more user-friendly such as being kind to delicate skin,' says Dr Hussain.

If a child is referred to a consultant, the mole will be measured and its position on the body mapped. The growth will also be examined with a dermatoscope, a device with a magnification twenty times more powerful than a microscope.

'A dermatoscope won't say for certain if it's skin cancer or not,' says Dr Laguda. 'But as we can see the structure of the mole in more detail, it allows us to look out for warning signs. For example, the pigment is often uneven in a malignant mole.'

If the structure of the mole is abnormal, it will either be surgically removed or a sample of tissue taken for examination. 'If it's a large mole then we'd do a biopsy,' explains Dr Laguda. 'But most are only up to 1cm in size so it's more practical to take the whole thing out at once.'

In reality, only a tiny percentage of moles in children are harmful. So Dr Laguda's advice for parents is to: keep little ones protected from the sun, keep an eye on moles and see a doctor if you're concerned but don't have sleepless nights.

Mole checks for the family

If you are worried about your child's mole, or have concerns about one of your own, book a check-up for the whole family at the Harley Street Clinic Skin Centre.

Call: **0203 432 3035**.



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10

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- ☀ 3. My Little Pony snapback, £4.50, lifeandstyle.asda.com ☀ 4. Cotton bonnet (available in pink or white) £19, patachou.com
- ☀ 5. Neck protecting denim sun hat, £12, frugi.com ☀ 6. Floppy tie up sun hat, £10, jojomamanbebe.co.uk ☀
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PREGNANCY GYM GEAR

Being pregnant isn't a reason to skip the gym, but you might want to upgrade your workout wear to ensure you're getting all the support you need.

By Claire Coleman



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1. REY/BLACK LEGGINGS WITH PINK TRIM, £69, PART OF A SET, SERAPHINE.COM

With a comfy seamless waistband that can be pulled up for extra support or rolled down to show off your bump, these cropped leggings come as part of a useful set that also contains a bra, tank top and headband.

2. FUZEX TR SHOE, £130, ASICS.COM

Now more than ever you need supportive footwear so switch up to a shoe like this one, designed specifically for gym workouts, giving you stability for weights, multidirectional movement for agility work, and cushioning for high-impact training.



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3. PINK BAG, £99.95, ADIDAS BY STELLA MCCARTNEY AT HARRODS.COM

Give your gym bag some style with this zebra print-embossed tote, made from a neoprene-like fabric. Adjustable shoulder strap, zip closure, and internal pockets, including a 15-inch laptop compartment, make it the perfect city bag.

4. BRA, £46.90, CAKEMATERNITY.COM

A good sports bra is essential when you're pregnant. The Zest Flexi Wire High Impact Sports Bra is a full-structured sports bra that provides great support, function and comfort, while drop-down cups make for easy feeding after the baby is born.

5. BOTTLE, £30, SELFRIDGES.COM

Designed as the antidote to cheap, disposable plastic bottles, these silicone sleeved glass bottles have developed a cult following.

6. CASHMERE BALLET WRAP, £270, PEPPERANDMAYNE.COM

The perfect cosy yoga coverup, this isn't strictly maternity wear but the tie wrap will expand with you, and can even be tied over the bump in the later stages of your pregnancy.

7. GREY JERSEY TRACK PANTS, £96, THE UPSIDE AT MATCHESFASHION.COM

These slightly cropped tracksuit bottoms are as at home in a yoga studio as on the sofa, and the elasticated drawstring waist will sit snugly under a bump.

8. GREY VEST TOP, £49.99, FITTAMAMMA.COM

This high-support top works like a sports bra for your bump, holding you securely for high-impact workouts and running. It also features built-in bra support and a supportive back panel and comes in three shades, including this dove grey.



4



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GIVING HOPE TO CHILDREN WITH HEART CONDITIONS

FOR THE FIRST EIGHT YEARS

of his life, the parents of Janshir feared he wouldn't survive.

The schoolboy was born with a rare heart condition called Tetralogy of Fallot which meant blood was unable to get around his body properly and he was being slowly starved of oxygen.

Living in and then having to flee war-torn Syria, he was unable to get the medical help he needed.

However, thanks to a collaboration between The Harley Street Clinic and the charity Chain of Hope, Janshir was able to undergo vital surgery at the age of eight to mend the defect in his heart.

This involved patching up a huge hole in his heart, widening a crucial vessel taking blood out of the heart, and correcting a narrow valve.

Janshir is one of dozens of children with heart problems from developing and war-torn countries who have received free life-saving treatment at The Harley Street Clinic through its collaboration with the charity.

The Clinic has supported Chain of Hope, set up by world-famous heart surgeon Professor Sir Magdi Yacoub, since 1999.

During that time, 192 children with heart problems have received surgery at The Harley Street Clinic through the charity.

Chain of Hope links together over 400 heart specialists, cardiologists, nurses and 24 hospitals around the world to



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children with heart disease.

provide free, life-saving treatment for children with heart conditions.

In some cases, children are treated in their homeland whilst others, like Janshir, are flown to the UK and other countries for surgery. The charity also provides training for medical staff.

Paediatric heart surgeons and cardiologists at The Harley Street Clinic, including Mr Martin Kostolny who operated on Janshir, give their time and expertise for free to help these children.

Emma Scanlan, Chief Executive Officer of the charity, says: 'The Harley Street Clinic is a vital link in our chain to be able to save lives. Their excellent team enables our young patients to benefit from the very highest quality of care that the clinic delivers.'

One child in every 100 is born with a heart defect.

Most of these conditions can be corrected with surgery and are routine procedures in the UK and the rest of the developed world.

However, it is estimated that as many as 15 million children overseas die or remain severely ill from treatable or preventable heart diseases because they are unable to access treatment.

Chain of Hope wants all children, wherever they are born, to have access to quality cardiac care in their own countries. Since it was set up in 1995, it has treated more than 2,000 children.

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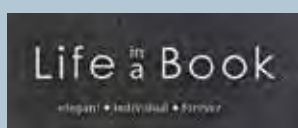


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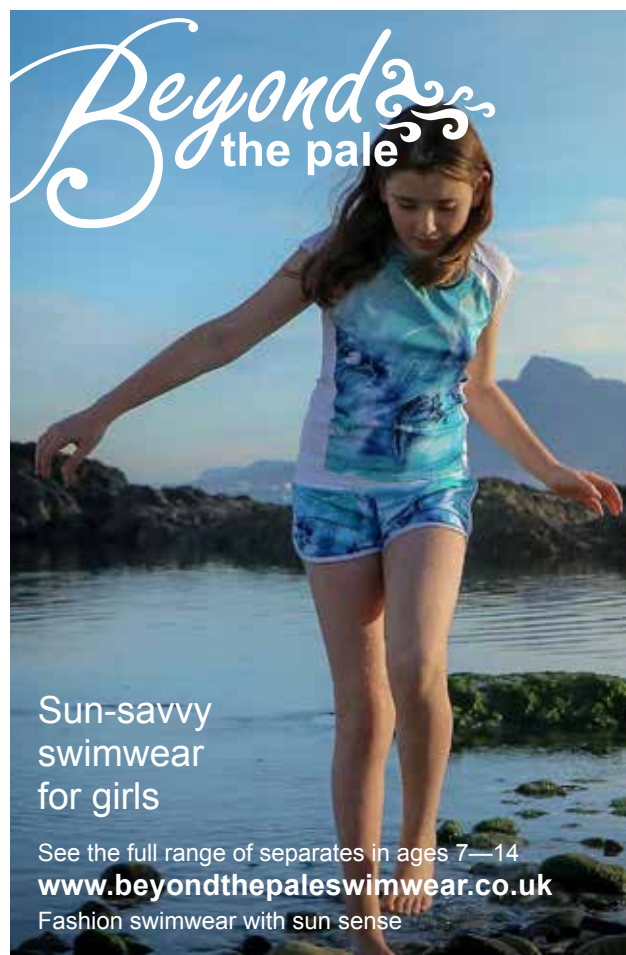


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THE TRUTH: Sounds sensible but demand was greater than supply in 2007. Prices then fell dramatically and not because thousands of properties were suddenly built

THE MYTH: When the House Price To Earnings' Ratio is above 10 a property crash is imminent

THE TRUTH: Economists & City analysts love this indicator but it is hopelessly inaccurate – the house price to earnings ratio in Bromley was 10.4 in 2002 and there were still 5 years of massive price increases

THE MYTH: Property portals and websites mean that finding your ideal home or investment is easier than ever

THE TRUTH: To have first refusal on the best opportunities, you need to know about them before they reach the internet. Many of the best properties are never advertised for reasons of privacy and security. If you want average results follow the crowd and rely on the websites.

THE MYTH: You should be negotiating at least 10% discounts in this market

THE TRUTH: This is dangerous nonsense. In

some instances properties are overvalued by over 50% so 10-20% reductions are hopeless. Conversely some properties are undervalued and you can miss out on opportunities by blindly trying to negotiate additional discounts.

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About The Author: Jeremy McGivern

JEREMY MCGIVERN is widely regarded as a leading Global authority on acquiring residential property in London. He has featured extensively in the media including Bloomberg Television, CNBC, Reuters, The Financial Times, Forbes India, MoneyWeek, Spears and The Sunday Times.

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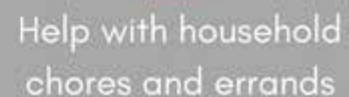
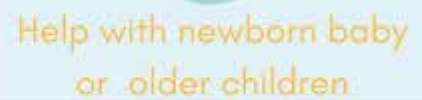
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