CLIPPINGS

Delayed umbilical cord clamping boosts fine motor skills (*JAMA Pediatr. 2015;doi: 10.1001/jamapediatrics.2015.0358.*)

There is evidence in favour of delaying clamping of umbilical cord in terms of hematological benefits. Currently, the World Health Organization recommends delaying cord clamping for at least 1 minute. This study presents the long term outcome of infants whose cords were not clamped immediately at birth. This study tells that clamping umbilical cord after about 3 minutes of birth increases the iron storage and helps brain development. It also shows that fine motor skills were better in these infants.

Upper mid arm circumference is a more reliable indicator of malnutrition (*J Nutr. 2015;doi:10.3945/jn.114.209718*)

A large proportion of undernourished children present with diarrhea but there is no valid tool for assessing undernutrition in children with diarrhea and possible dehydration. This study was done in Bangladesh to assess the validity of different measures of undernutrition in children with diarrhea. Anthropometric measurements, including weight-for-age *z* score (WAZ), weight-for-length *z* score (WLZ), mid upper arm circumference (MUAC), and mid upper arm circumference *z* score (MUACZ), were calculated pre- and post-hydration in all patients. Measurements were evaluated for their ability to correctly identify undernutrition in children with varying degrees of dehydration. MUAC and MUACZ were the most accurate predictors of undernutrition in children with diarrhea. These findings add to the increasing list of advantages of MUAC-based criteria for identifying malnutrition.

Medicines as first-line treatment for insomnia – A big no! (*http://www.choosingwiselycanada.org/recommendations/psychiatry/)*

Antipsychotics should not be routinely used to treat primary insomnia in children, adults, or the elderly, according to new recommendations issued by leading Canadian psychiatric organizations. The CWC psychiatry working group recommends thorough assessment to establish possible behavioral causes (e.g. poor sleep-wake schedule, use of caffeine and nicotine), emotional causes (e.g. stress), and psychiatric or physical causes (e.g. pain, sleep apnea) of insomnia. The first treatment option offered in most cases should be nonpharmacologic interventions, including patient education about proper sleep hygiene techniques and behavioral modification. It is also recommended that melatonin should be tried first to help regulate sleep-wake cycles. We must remember that aggressive pharmacological interventions might offer symptomatic benefit in the short term, but may also lead to numerous potential complications in the long term.

General anesthesia in young children linked to poorer intelligence, language development (*Pediatrics. 2015;*doi: 10.1542/peds.2014-3526)

This interesting research evaluated the effect of general anesthesia on overall intelligence and language development in children less than 4 years of age. Various tests were done, including magnetic resonance imaging, and it was found that lower test scores among the children who underwent surgery were mediated by reduced grey matter density in the occipital cortex and cerebellum of the brain.

No doubt the current anaesthesia techniques are very safe and that the benefits of most surgeries for young children far outweigh the risks associated with anesthetic exposure, this is just a step forward to look for safer options in future.

Three laboratory tests predict serious bacterial infections in infants (*http://www.pm360online.com/three-lab-tests-predict-serious-bacterial-infectious-in-infants/*)

Bacterial meningitis, urinary tract infections, and bacteremia are considered serious bacterial infections. Many young infants with these infections are difficult to identify; current laboratory protocols for identifying them include urinalysis, white blood cell counts, band counts, and sometimes cerebrospinal fluid examination. This study states that positive urinalysis, absolute neutrophil count of $4.09\times1,000/mm^3$ or higher, and serum procalcitonin of 1.71 ng/mL or higher, taken together, were 98%-99% sensitive and about 60% specific, in predicting SBI. This new prediction rule – which does not require cerebrospinal fluid examination – could limit lumbar punctures, antibiotic use, and unnecessary hospitalizations among infants at negligible risk of serious bacterial infections.

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