

Shorter duration of sleep in infants predisposes to overweight at 3 years (*Arch Pediatr Adolesc Med* 2008; 162:305-311)

The aim of this study was to determine the extent to which sleep duration is associated with overweight at 3 years of age. The study was conducted in 915 children in Project Viva, a prospective cohort at Massachusetts. After adjusting for maternal education, income, prepregnancy BMI, marital status, smoking history, breastfeeding duration and child's race/ethnicity, birth weight, 6-month weight-for-length z score, daily television viewing, and daily participation in active play, it was found that infant sleep of less than 12 h/d was associated with a higher BMI z score and increased odds of overweight (odds ratio; 2.04; 95% CI: 1.07-3.91).

COMMENTS Daily sleep duration of less than 12 hours during infancy appears to be a risk factor for overweight and adiposity in preschool children. In Short sleep duration has been already linked to weight gain, obesity, coronary artery disease, and diabetes in adults. Strategies to improve sleep duration among young children may be an important component of behavioral interventions to prevent childhood overweight and obesity.

Intensive care for extreme prematurity: moving beyond gestational age (*N Engl J Med* 2008; 358:1672-1681)

Decisions regarding whether to administer intensive care to extremely premature infants are often based on gestational age alone. However, other factors also affect the prognosis for these patients. A cohort of 4446 infants born at 22 to 25 weeks gestation were prospectively studied in the Neonatal Research Network of the National Institute of Child Health and Human Development to relate risk factors assessable at or before birth to the likelihood of survival without profound neurodevelopmental impairment. Among study infants, 3702 (83%) received intensive care in the form of mechanical ventilation. Of the 4192 study infants (94%) for

whom outcomes were determined at 18 to 22 months, 49% died, 61% died or had profound impairment, and 73% died or had impairment. In multivariable analyses of infants who received intensive care, exposure to antenatal corticosteroids, female sex, singleton birth, and higher birth weight (per each 100 increment) were each associated with reductions in the risk of death neurodevelopmental impairment.

COMMENTS The likelihood of a favorable outcome with intensive care can be better estimated by consideration of four factors in addition to gestational age: sex, exposure to antenatal corticosteroids, whether single or multiple birth, and birth weight. Consideration of multiple factors is likely to promote treatment decisions that are less arbitrary, individualized, and transparent.

Prophylactic antibiotics do not alter infections rates after finger tip injuries (*Pediatr Emerg Care* 2008; 24:148-152).

Controversy exists as to whether prophylactic antibiotics are necessary after repair of fingertip injuries. A randomized control trial evaluated the rate of bacterial infections in 146 children presenting to an urban children's hospital with trauma to the distal fingertip. Patients were randomized to receive antibiotics (cephalexin) or not receive antibiotics, following surgical repair. The infection rate was 1.45% (95% CI, 0.04%-7.81%) for the no-antibiotic group and 1.52% (95% CI, 0.04%-8.16%) for the antibiotic group.

COMMENTS Routine prophylactic antibiotics do not reduce the rate of infection after repair of distal fingertip injuries. The old dictum of cleaning the wound and strict asepsis while stitching continues to be the best way of preventing infection.

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