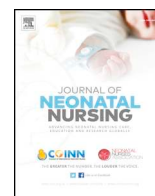




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Editorial

June editorial: viewing the gathering storm



Sitting here, in early March, writing my editorial I can only wonder what the world will be like when this is published in June. Epidemiology literally translates as “study of what is over the people”; and in our lifetimes, no health related threat had hung so heavily over us as the threat from Coronavirus (COVID-19). There is no evidence, yet, that women in the mid and late trimesters of pregnancy are more susceptible to catching the virus than other members of the public, and there is no evidence, yet, that the virus crosses the placenta (Chen et al., 2020). Presently, in China, infected mothers are separated from their babies for fourteen days to prevent the baby being infected, exactly as they would be from any other non-infected person. As yet there is no evidence that mothers infected in early pregnancy are more likely to have babies with congenital anomaly, but many of these women have not yet given birth. The virologists tell us that infected babies will have a pneumonia and need to be treated with everything that we have in our armory against neonatal respiratory disease (Lu and Shi, 2020). They can offer nothing more. Our knowledge and experience of treating the pandemic changes by the hour and I fully expect that, when this is published, a lot more will be known about all these things.

Meanwhile babies will continue to be born and neonatal nurses will continue to do their best to care for them. Colm Darby, from Craigavon Hospital in the UK, gives us a systematic review. This offers more evidence that 40% glucose is effective in establishing normoglycaemia and reducing neonatal admissions in asymptomatic, hypoglycaemic term babies. Colm continues to work to contribute to the evidence base in this very important area of care. On a similar theme, and from a part of Ireland which is geographically close.

Cathriona Reilly and her team present a review of the evidence for continuous glucose monitoring in preterm babies. Hypoglycemia is an ongoing concern in neonatal care and these two articles offer solid evidence underpinning ways in which we can better look after the babies in our care.

We follow with a narrative review by Stacey Paplawski from Australia, who identified four evidence-based themes for interventions to prevent central line-associated blood stream infections. All these articles demonstrate the strength of literature review in concisely presenting us with vital pieces of evidence.

Marcelle Di Angelis Ambar Felipe and her colleagues, working in Brazil, have calculated the errors made by infusion pumps when the pump is either placed lower than the baby, or the infused solution is very viscous. This is fascinating. We rely so much on the equipment that we use in neonatal care to be accurate. Tiny inaccuracies are not as important in adult patients but, with our fragile babies, and considering the small amounts that we need to infuse, the differences can be so important. Their findings are thought provoking.

Theresa Maier, and her UK team, were also interested in delivery of

drugs and nutrients to neonates. They discovered that parents struggle to use oral syringes on breast-fed babies and considered nipple shields an acceptable solution. This is one in a series of articles by these researchers, proving that simple solutions are often very effective (Maier et al., 2019).

Continuous monitoring is an ongoing theme in this issue. Deepak Sharma and his colleagues in India used a device to monitor their neonates continually from birth until admission to the neonatal unit. They found that their babies were being admitted with undesirably low temperatures. Continuous monitoring showed them that the hypothermia was developing before the baby reached the radiant warmer where resuscitation took place; and was associated with low temperatures in the delivery room. This is so important because neonatal hypothermia is known to contribute to mortality and morbidity (Perkins et al., 2018); and raising the temperature in the delivery room is such a simple solution to a very serious problem.

Ani Jacob and Joanne Casatelli, working in the USA, were also concerned with keeping the babies in their care within the normal temperature range. Their babies were more mature and they looked at the optimal time to transfer a baby from an incubator to a crib. This process is important to the families as the incubator is sometimes viewed as a barrier to intimacy with the baby (Hall et al., 2013). These authors suggest that the correct time to transfer is not dependent on the baby's weight (New et al., 2011), but on the corrected age – an interesting read.

Celine Richard and her team, also working in the USA, have a background in research into music therapy. In this fascinating study, they looked at the noise levels made by two CPAP machines. We make decisions on which piece of equipment to use based on the equipment's efficiency of doing the job that it was designed for. When two pieces of equipment do a job equally well, there may be other factors to consider in our decision-making.

Thank you to all of you who have written to us to share your experiences and to reflect on our previous articles. As always your contributions are welcome and we encourage all of you to write to us.

Finally, in this slightly frightening world, it is good to reflect on the care that we give and the work that we do. I can only wish you all strength over the next few difficult months.

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