



## **This Issue in the Journal**

### **The Safe-T-Sleep® device: safety and efficacy in maintaining infant sleeping position**

T de Chalain

This study aimed to test the safety and efficacy of a commercially supplied infant sleep-wrap device in selecting and maintaining infant sleeping position. Thirty one babies were observed for nearly 400 hours. With correct use, there were no adverse incidents and selected body position was maintained in over 92%, and head position in over 85% of observations. We advocate the use of the STS device as an adjunctive measure in the treatment of babies referred with plagiocephaly without synostosis (ie, flattening of the skull induced by persistent sleeping in one position).

### **Resuscitation teaching in New Zealand schools**

C Lafferty, P Larsen, D Galletly

We surveyed every primary and secondary school in New Zealand to determine the extent to which resuscitation is taught in New Zealand. Our results indicate that the majority of primary schools are not teaching resuscitation, and the majority of secondary schools are treating resuscitation as an optional subject, taught only to a small proportion of students. Resuscitation needs to become a compulsory rather than an optional component of the curriculum, with corresponding levels of funding, if we are to achieve widespread community knowledge of how to save lives.

### **Current practice for anticoagulation prophylaxis in inguinal hernia surgery: a questionnaire survey**

S Anwar, P Scott

The formation of blood clots in the legs and their subsequent propagation to the lungs following surgery is a well known and serious complication. Incorrect use of current prophylactic measures to avoid this complication can result in under or over treatment with associated side effects. Prophylactic treatment should be instituted after due consideration has been given to the patient's medical condition and the type of surgery to be performed.

### **Correction of deformational auricular anomalies by moulding – results of a fast-track service**

S Tan, A Wright, A Hemphill, K Ashton, J Evans

Ear anomalies are conventionally treated with surgery. However, the majority of ear anomalies are deformational and can be treated cheaply and non-surgically with a simple splint. For this to be effective, treatment should be initiated within the first three months of life. Paediatricians, obstetricians, family doctors and midwives should

be encouraged to manage these anomalies through moulding so that the use of the technique becomes widespread.