'Baby graveyard'

Newspaper journalists choose headlines that will grab as many people's attention as possible – not surprising, of course; this translates to revenue. But a picture of multiple little white crosses, allegedly indicating a mass grave for 43 neonates, near an East London hospital (Sunday *Weekend Argus*, 15 July 2007) should disturb us. Especially if the report suggests that it's not a once-off: 'batches of up to 45 babies … buried every month'. The article reports that Deputy Minister of Health Nozizwe Madlala-Routledge 'is outraged by the problems at Frere Hospital', which include 'acute staff shortages …'. There are even claims that 'very small babies … [are] sometimes regarded as still born'.

Without knowing how many babies were born at the hospital during the period under consideration, one is of course unable to determine whether the incidence of perinatal deaths has increased or how it compares to that in other centres. In a sense, an isolated number of deaths on its own is meaningless. East London is a relatively big city, but compared with Cape Town and Johannesburg it could perhaps be considered rural. Recent evidence still suggests that perinatal death rates are higher in rural compared to urban centres. For instance, in an Australian study[1] babies born to mothers living in remote areas had a higher risk of low birth weight (AOR 1.09; 95% CI 1.01 - 1.19) and being born with an Apgar score < 7 at 5 minutes (AOR 1.63; 95% CI 1.39 - 1.92). Poor outcome, as in this study, is often worsened by race, which in many countries is a surrogate measure for poverty.[1]

Coincidentally in this issue of *SAJCH* Ogunlesi *et al*. present an article assessing the risk factors for mortality in neonatal seizures in a Nigerian newborn unit, no doubt an important contributor to perinatal mortality. They conclude that 'The prevention of fatal neonatal seizures should start with good intrapartum care, prompt detection and correction of hypoglycaemia and anaemia and early control of seizure activities.' In addition, in 'The changing face of neonatal ICU care in South Africa' Pieper and Hesseling compare two ICU admission periods for neonates at Tygerberg Hospital and found that the later period had 'significantly smaller babies' (birth weight 1 119 g v. 1 198 g), lower gestational age (29.2 v. 30.3 weeks), yet lower mortality (21.6 v. 26.1%). They conclude that the improved survival was 'in spite of low [family] income …' and that this 'underlines the good short-term outcome of these small babies', probably due to improved health care facilities between the two periods.

Still on the subject of death, an excellent review of life-threatening allergies and a disturbing, thought-provoking article (which demands to be read and re-read) entitled 'Severe abuse of infants: An evolutionary price for human development?', are also featured in this issue.

Professor Eley comments in 'Hot Topics' that one of the aims of the Millennium Development Goals, formulated at the largest United Nations Assembly ever convened, is to 'reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate'. But how does any institution achieve a reduced mortality rate?

Firstly by keeping an accurate record of the number of babies going through the system and what their outcome is; this is the bare minimum. Secondly clearly, preferably prospectively validated, and well-recorded variables that may influence outcome, because 'what's not measured does not exist'. The mortality rates and their relationship to the latter variables can help guide policy and, it is to be hoped, improve practice and outcome. Without stringent quantitative measures and intermittent audit it becomes impossible to determine whether on not health care is improving.

The situation in East London will be investigated – to see if any one is to blame, but hopefully more importantly to see what measures should be put in place to ensure good-quality health care for all South Africans, not only those living in big cities. However, this may also be a good opportunity for all of us as health care practitioners, particularly those involved with child care, to evaluate our practice. The question is not only 'Are we measuring up?' but also 'Are we keeping good enough records to be measurable?'

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Editor

Reference

Graham S, Pulver LR, Wang YA, *et al*. The urban-remote divide for Indigenous perinatal outcomes. *Med J Aust* 2007; 186: 509-512.

A South African proud moment: Congratulations to Associate Professors Andrew Argent and Minette Coetzee on their election as president and nursing representative respectively for the World Federation of Paediatric Intensive and Critical Care Societies.