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REACTION ON RURAL RESTRUCTURE

Dear Editor

With reference to your editorial, Restructure to meet rural needs, April 1993 (Vol. 4 No. 4, page 37), there is an error in the anticipated number of newborns requiring transfer. Whilst 4-5 out of every 730 babies are at birthweights below 1,500 grams, many other babies require transfer.

Each year the Newborn Emergency Transport Service (NETS) retrieves over 1,000 infants (1:80, 9 per 730). Indeed over 60 percent of NETS patients requiring high level interhospital retrieval are born at full term and for the purpose of your "birds-eye" view of a population, the total population of infants expected to be transferred out might have been quoted.

Andrew Berry Medical Director NETS

Dear Editor

I thank Dr Berry for his comments on the numbers of babies requiring transfer to major centres. The concept I am trying to develop is one based on prevalence of risk or morbidity in a community rather than actual utilisation of services. I would welcome Dr Berry's involvement in the further development of this concept by providing data on the prevalence of other conditions which may require transfer in full-term infants. This will be of assistance in promoting appropriate preventive and clinical services for the people of NSW.

Sue Morey Chief Health Officer, NSW Health Department

EDITORIAL COMMENT

Dr Berry notes that the Newborn Emergency Transport Service retrieves more than 1,000 infants each year. This figure includes retrievals to any higher level hospital, including retrievals to hospitals with a neonatal intensive care unit.

The NSW Midwives Data Collection (MDC) is a Statewide surveillance system which collects information on every birth in NSW. Information on retrieval is not routinely collected. However, if a neonate is transferred the destination hospital is reported.

TABLE 2

NEWBORNS TRANSFERRED TO HOSPITALS WITH A NEONATAL INTENSIVE CARE UNIT BY GESTATIONAL AGE, NSW MIDWIVES DATA COLLECTION, 1991

Gestational age (weeks)	No.	%
20-27	34	4.5
28-31	75	9.8
32-36	231	30.3
37-41	397	52.1
42+	25	3.3
Total	762	100.0

TABLE 3

NEWBORNS TRANSFERRED TO HOSPITALS WITH A NEONATAL INTENSIVE CARE UNIT BY BIRTHWEIGHT, NSW MIDWIVES DATA COLLECTION, 1991

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	Birthweight (grams)	No.	%
Γ	400-999	28	3.7
1	1000-1499	63	8.3
1	1500-1999	89	11.7
	2000-2499	108	14.2
1	2500-2999	149	19.6
	3000-3499	145	19.0
	3500-3999	129	16.9
	4000-4499	34	4.5
1	4500 +	11	1.4
	Not stated	6	0.8
ı	Total	762	100.0
41.			

Among births reported to the MDC in 1991, 762 neonates were reported as transferred to a hospital with a neonatal intensive care unit. Of these, 340 (44.6 per cent) were less than 37 weeks gestation (Table 2) and 288 (37.8 per cent) were less than 2,500 grams birthweight (Table 3). The majority of neonates transferred to a hospital with a neonatal intensive care unit were, therefore, not premature or low birthweight.

Our data support Dr Berry's comments that the figures for neonatal retrieval are actually much higher than suggested by the original article and that the majority of neonates requiring high level interhospital retrieval are born at full term.

VALIDATION SURVEY OF A HEALTH INTERVENTION

Gay Rixon and Helen Longbottom,
Northern Sydney Area Public Health Unit
Since its inception in 1990 the Northern Sydney Public
Health Unit (PHU) has used letters to provide information
and advice to parents during an outbreak of an infectious
disease in a childcare setting. In conjunction with the letter
the PHU offers advice on infection control to the centre.
Anecdotal evidence from centres, parents and general
practitioners has indicated such information is useful and
we recently carried out a formal validation of this method
of delivering health information.

Following the laboratory confirmation of three cases of giardia in the nursery section of a childcare centre, the PHU sent a letter to parents providing information about giardia and advising them to seek medical care for their children.

We conducted a post-intervention survey by means of a questionnaire. Thirty-two parents received the letter and 63 per cent (20) responded to the survey. Of the respondents, 80 per cent (16) found the letter useful and although only 25 per cent (five) of the children in the nursery section had gastric symptoms, 95 per cent (19) of parents sought medical care as advised. Follow-up by the PHU after the distribution of the letter to parents determined there were no further cases of giardia in the nursery section.

The results of the questionnaire indicate a high level of acceptance to seek medical care in the 63 per cent who responded. While socio-economic and cultural factors may affect a parent's response to this form of intervention the results indicate that in our Health Area a letter is an effective public health tool.

(We acknowledge the assistance of Lyn March in the design of the questionnaire.)