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CLIPPINGS

Hypothermia for moderate or severe neonatal encephalopathy in low-income and middle-income countries (HELIX): Lancet Glob Health. 2021 Sep; 9(9): e1273-e1285.

This multicounty open-label, randomized controlled trial was conducted to examine whether therapeutic hypothermia alongside optimal supportive intensive care reduces death or moderate or severe disability after neonatal encephalopathy in south Asia. Seven tertiary neonatal intensive care units in India, Sri Lanka, and Bangladesh, took part in this trial.The Infantswere enrolled at or after 36 weeks of gestation who had moderate or severe neonatal encephalopathy and neededcontinued resuscitation at 5 min of age or an Apgar score of less than 6 at 5 min of age (for babies born in a hospital), or both, or an absence of crying by 5 min of age (for babies born at home. The primary outcome was a combined endpoint of death or moderate or severe disability at 18–22 months, assessed by the Bayley Scales of Infant and Toddler Development (third edition) and a detailed neurological examination.After screening 2296 infants, 408 eligible infants who areassigned to eitherthe hypothermia group (202) or to the control group (206). The study revealed50% infants in the hypothermia group and 47% infants in the control group died or had a moderate or severe disability (risk ratio 1·06; 95% CI 0·87–1·30; p=0·55), and 42% infants in the hypothermia group and 31% infant in control group (31%; p=0·022) died, of whom 72 (36%) and 49 (24%; p=0·0087) died during neonatal hospitalization. The authors concluded that therapeutic hypothermia did not reduce the combined outcome of death or disability at 18 months after neonatal encephalopathy in low-income and middle-income countries, on the other hand increased death alone. Therapeutic hypothermia should not be offered as treatment for neonatal encephalopathy in low-income and middle-income countries, even when tertiary neonatal intensive care facilities are available.The study highlighted a therapy that is unsafe and ineffective in a well-resourced setting is unlikely to be beneficial in sub-Saharan Africa and advised for a future research which should focus on understanding the origins and timing of brain injury in these settings and in preventing neonatal encephalopathy.

Safety and efficacy of Immediate Kangaroo Mother Care (i-KMC) after birth (N Engl J Med 2021; 384: 2028-38.

This randomized, controlled trial was conducted with an objective to find out the safety and efficacy of kangaroo mother care initiated soon after birth among infants with low birth weight. The study was conducted in five hospitals in Ghana, India, Malawi, Nigeria, and Tanzania involving infants with a birth weight between 1.0 and 1.799 kg who were assigned to receive immediate kangaroo mother care (intervention) or conventional care in an incubator or a radiant warmer until their condition stabilized and kangaroo mother care thereafter (control). The primary outcomes were death in the neonatal period (the first 28 days of life) and in the first 72 hours of life.A total of 3211 infants and their mothers were randomly assigned to the intervention group (1609 infants with their mothers) or the control group (1602 infants with their mothers). Neonatal death occurred in 12% infants in intervention group vs.15.7% in the control group in first 28 days of life (relative risk of death, 0.75; 95% confidence interval [CI], 0.64 to 0.89; P=0.001); neonatal death in the first 72 hours of life occurred in 4.6% in the intervention group (4.6%)vs.5.8% in control group (relative risk of death, 0.77; 95% CI, 0.58 to 1.04; P=0.09).The study found that in infants with a birth weight between 1.0 and 1.799 kg, who received immediate kangaroo mother care had lower mortality at 28 days than those who received only conventional care with kangaroo mother care initiated after stabilization. The study highlightedthe importance of immediate KMC after birth. which is safe and efficacious.

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