COT DEATHS ARE NOT ASSOCIATED WITH PLASTIC MATTRESSES, SAYS REPORT.

BY JOY OGDEN

New cot death findings

NURSES AND MIDWIVES are calling for more research into the causes of cot deaths after a new report dismissed the theory that toxic gases from mattresses are to blame.

The theory, published on ITV’s The Cook Report in 1994, claimed that a toxic gas called sublimate formed when the baby’s urine reacted with the antimony in plastic mattresses.

But a research team from the Institute of Child Health found very low levels of antimony in the urine of otherwise healthy babies within 24 hours of birth, before they had had much contact with bedding.

The level did not increase in babies aged five weeks to two years, as would be expected after repeated exposure, said the team, which was funded by the Foundation for the Study of Infant Deaths (FSID).

The FSID says mattresses should be clean, dry and firm, but there is no evidence that cot deaths are associated with plastic mattresses or caused by antimony. UK cot deaths in the first year of life have dropped dramatically from 1,384 in 1990 to around 450 in 1995, but this means there are still nearly ten deaths each week. The report’s author, paediatrician Carol Dezateux, said parents should follow DoH guidelines: put their baby to sleep on his or her back, make sure the baby has a smoke-free environment, not smoke during pregnancy, and not let their baby get too hot.

RCN midwifery adviser Vicki Allanach said: ‘There is a need for more research – I know deaths have reduced, but one is too many.’

Model policy to attack bullying at work

A MODEL POLICY aimed at attacking bullying against nurses was launched by the Royal College of Nursing recently, as a survey revealed that up to 60 per cent of nurses have been victims of intimidation at work.

The policy includes a call for nurses to report all suspected cases of bullying, even in cases which are not clear cut, and to keep a written record of any incident which may constitute intimidating behaviour. It has received the backing of the Commission for Racial Equality.

Warren Glover, research officer in the RCN’s labour relations department, said the College wanted to make a clear statement that bullying in any form is not going to be tolerated’. He added that the policy would apply to everyone, from trust chief executives through to patients and their families.

In the RCN survey of Nursing Standard readers from across the UK, more than half said their harassment had been perpetrated by a manager or supervisor, while another third blamed immediate colleagues.

A quarter of respondents said they had experienced some kind of sexual harassment, while just under 9 per cent had been racially harassed.

But less than 34 per cent of nurses responding to the survey said they had issued a formal complaint, many fearing retaliation or insufficient evidence for their case.

However, harassment problems had caused nurses to develop a range of mental and physical problems, ranging from anorexia and vomiting to panic attacks and sleep disturbance. Over half said they had experienced depression.

One commented: ‘I was off sick with depression for six months. I spoke to my manager regarding the changes that were needed, but she just would not comply. I therefore left my job.'