

raise the question of whether England is storing up problems for the future.

We declare that we have no conflicts of interest.

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Pulse oximetry screening for critical congenital heart defects: a UK national survey

Pulse oximetry screening to detect critical congenital heart defects in newborn infants has been the subject of much international debate. Recent European studies, including the UK PulseOx study,¹ substantially increased the number of patients studied and a systematic review² published last year in *The Lancet* concluded that "pulse oximetry...meets criteria for universal screening." The associated Editorial³ asked the question "why should such screening not be introduced more widely?" The US Health and Human Services Secretary recently endorsed universal screening, and this was supported by the American Academy of Pediatrics and the American Heart Association.⁴

In 2010, a survey⁵ reported that only 7% of UK neonatal units were

routinely screening, and inconsistent practice was identified. We resurveyed UK units between May and October, 2012, to discover whether there had been a change in opinion in view of recent evidence. Lead consultants from all UK neonatal units were contacted by email and asked to complete a short online survey.

All 204 consultants responded. Pulse oximetry was routine practice in 36 (18%) of 204 units. However, of those not screening, eight were in the process of its introduction and 111 were considering its introduction but perceived some obstacles to it. The commonest concerns were resource issues (eg, cost [63%], staff time [28%], availability of echocardiography [25%], and staff training [24%]). Absence of local and national guidelines was also commonly reported (36%). Less frequent concerns included excess false positives (10%), discharge delay (5%), and cross-infection (3%). In the 49 units not considering screening, the main reasons were staffing (57%), false positives (55%), availability of echocardiography (33%), and cost (31%). Of these 49 units, 11 were unconvinced by the evidence and nine felt that current screening methods were adequate.

In the 36 units undertaking screening, heterogeneity of practice remained. Threshold saturation for a positive test was between 90% and 97% (20 of 36 used 95%); half of units used postductal saturations alone, and the other half used a combination of preductal and postductal. Timing of screening also varied. Most units did not state a specific time; 20 screened "before discharge" and two "within 48 h". Most of the remainder (13 of 14) screened before 24 h and only one screened after 24 h.

There seems to have been a shift of opinion among UK neonatologists about pulse oximetry screening, with a substantial majority now in favour, albeit with some reservations. Screening units use different protocols and there remains considerable

inconsistency of practice. These important facts, combined with the frequently raised concern of lack of guidelines, strongly suggest the need for a national recommendation.

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Smartphones improve communication with parents in NICU

Parents of babies in the neonatal intensive-care unit (NICU) often find it difficult to understand and remember information relating to their sick babies.¹ We have previously used an audio tape recorder to record, with their permission, parents' conversations with neonatologists and have then issued the parents with the audiocassettes to play back and listen to at their leisure.² Our group has shown that audiotaping of neonatologist–parent conversations can help parents in the NICU.³ We have now found that smartphones could be even more useful.

All parents of the 31 babies in our neonatal unit as of Oct 5, 2012, had a smartphone with a voice recorder. At



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the suggestion of one of the mothers, we started using parents' smartphones to record our conversations with parents. This approach makes it very convenient for conversations to be recorded with high fidelity. The use of smartphones means that we do not have to remember to bring a cassette recorder, ensure that the batteries are full and that there is a blank cassette, and that the parents have facilities to play the cassette. We have also used parents' smartphones in fetal medicine consultations and for the obtention of informed consent for a clinical trial. As a precaution, one should also use one's own smartphone to record the conversation so that a copy is kept in a secure file. As always, clinicians should strictly abide by patient confidentiality.³

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flawed health system, elderly parents are heavily reliant on their children. The death of an only child at a time when parents are unable to have another can cause pronounced psychological trauma, including long-term grief, depression, and anxiety about a lonely old age without an adequate pension or proper health care.

Support from the government is essential in relieving the difficulties currently faced by the childless elderly in China, and the difficulties they face in the future. Such support includes three major aspects. The first is health and social care, including policies to support family care services, better quality nursing homes, and the creation of various community health-care services. The second is economic support. To many of these parents, loss of their offspring immediately means the loss of their only hope of financial security. Although the Chinese Government has begun to schedule plans for providing support to elderly people who have lost their only child,^{3,4} detailed regulations, practical enforcement at the grassroots level, and pension insurance are urgently required. The third aspect is that of spiritual comfort. Several local governments in China have taken steps to act on this; for example, in September, 2012, the Beijing municipal government launched a scheme to provide psychological support at community care centres for the childless elderly, and this scheme now covers around 3900 families in Beijing who have lost their only child.⁵ However, the gap in assistance is still vast. The government should increase cooperation with non-governmental organisations in setting up community service centres that can provide door-to-door services for the childless elderly, providing them with psychological care and emotional comfort. Another approach that could be considered by the government is the encouragement of volunteers and training of social workers to offer

free psychological consultation and mental health interventions.

Moreover, the media should be encouraged to report on the childless elderly and raise attention to this newly vulnerable group.

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Health care for older Chinese people who lose their only child

Over the past three decades, the one-child family planning policy in China has had a substantial role in population control and in boosting the economy. However, it has also brought about a new phenomenon of "childless" older people in China, and this group is expanding rapidly.

In 2011, the number of families who lost their only child across China rose to more than 1 million¹—a figure that is estimated to reach 10 million by 2035.² In a country with a seriously



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Department of Error

Bock K, Borisch B, Cawson J, et al. Effect of population-based screening on breast cancer mortality. *Lancet* 2011; **378**: 1775–76—In this Correspondence (Nov 19), the conflicts of interest statement was incorrect. The full conflicts of interest statement is now shown in an appendix.