

AUTUMN/WINTER 2015

The Portland Hospital Parenting Magazine

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GETS JUDE BACK ON
THE FOOTBALL PITCH**

EMILIA FOX
FAVOURITE BABY THINGS

DECODING ABDOMINAL PAIN

MAKE-BELIEVE TOYS

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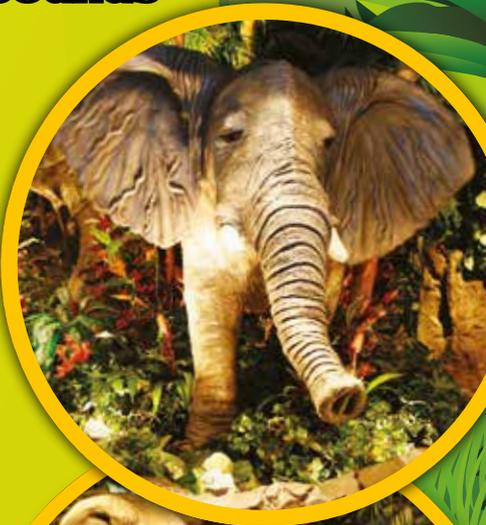
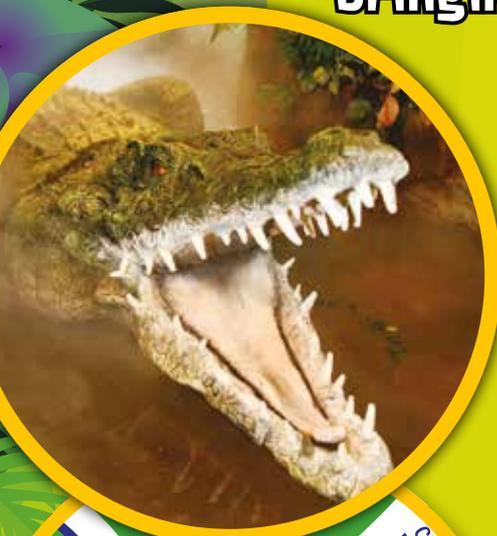
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WELCOME



The Nurture team was delighted to discover that it is not just prospective and new parents who enjoy delving into our magazine.

These gorgeous and super cute photos show Elsie, aged one, having a good browse through the pages as she toddles around her living room, and takes in the latest toys as she waits to get changed.

A big thank you to her mum Emma for sending in the photos which brought a collective smile to the Nurture team's faces.

We'd love to hear from other young readers too. So, if your children are enjoying the magazine, take a snap or two and send them to me at rachel@nurturemagazine.co.uk and we'll put together a young readers corner for the next edition.

For grown-ups, there are lots of fascinating articles for you in this edition – from the causes of tummy aches to the developmental differences between raising boys and girls, and possible health implications for children who use computers and gadgets.

We also feature the pioneering operation now available at The Portland Hospital which is helping young children with cerebral palsy to walk better.

Enjoy the magazine!

A handwritten signature in black ink that reads "Rachel Ellis".

Rachel Ellis, **Editor**
rachel@nurturemagazine.co.uk



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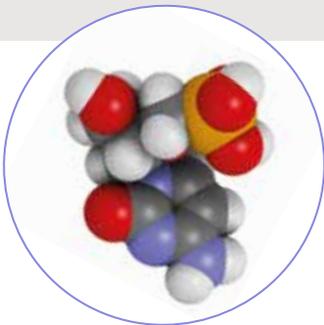
SUNSHINE BENEFITS



SITTING OUT IN THE SUN MAY INCREASE A WOMAN'S chance of having a baby. A study by Belgium researchers has revealed that increased exposure to sunshine could raise the odds of becoming a mum by more than a third. After examining the IVF results of 6,000 women and comparing the dates of their treatment with weather conditions, they found that the weather a month before conception was key. They claim that sunshine a month before conception may help a woman's eggs mature.

NEWBORNS' GAZE

A NEWBORN BABY'S GAZE MAY PREDICT WHETHER OR not they will suffer behavioural problems as a child, scientists have revealed. The looking patterns of a baby in their first few days of life have been found to indicate hyperactivity and troubled relationships with other children. Those who stared at objects for shorter lengths of time were more likely to suffer ADHD and impulsivity when they were aged between three and 10, according to researchers from Birkbeck University of London, London Metropolitan University and the University of Padua in Italy.



CMV VIRUS

THOUSANDS OF PREGNANT WOMEN ARE UNWITTINGLY PASSING ON infections to their unborn babies that cause severe disabilities and even miscarriage, British researchers have warned. Many unknowingly carry a virus they have caught from their other children through nappy changing, eating from their plate or wiping their mouths. This virus known as cytomegalovirus, or CMV, can lie dormant in a woman's body for several years unnoticed. Researchers from University College London warned that as many as 1,000 babies a year are born with the virus which leads to disabilities such as hearing loss, cerebral palsy and epilepsy.

EAT YOUR GREENS



MEN WHO WANT TO BECOME FATHERS SHOULD EAT THEIR greens, say experts. An Italian study has shown that couples who are struggling to conceive eat less fruit and vegetables than people who have just become parents. And men are particularly lazy at following a healthy diet. Some 44 per cent of fertile men ate fruit and veg almost every day, compared to 34 per cent of those whose partners were struggling to conceive. Experts believe fruit and vegetables may be particularly good for male fertility because they contain compounds that could protect sperm from damage.

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DOMINION THEATRE

LOOKING FOR A FAMILY SHOW THIS WINTER? THE NEW stage production of the film *Elf* promises to be a real family treat. *Elf The Musical* arrives at the Dominion Theatre in London on October 24 and runs until January 2. Based on the popular Will Ferrell film, it is the story of Buddy, a young orphan child who ends up in the North Pole and mistakenly believes he is an elf. Heading off to New York in search of the truth, Buddy the Elf embodies the true spirit of Christmas with frequently hilarious consequences. For tickets and more information go to elfthemusical.co.uk

TUMBLE DOWN THE RABBIT HOLE AND ENJOY A MAD

Hatter's afternoon tea at the Sanderson hotel. Menus are hidden inside vintage books and napkins wrapped with riddles. Teapots are adorned with kings and queens and sandwich plates featuring zebras, birdcages, carousels and ticking clocks play host to wondrous fare, ranging from classics such as dainty sandwiches to whimsical culinary treats including 'strawberries and cream' homemade marshmallow mushrooms. Tea is served daily and is priced between £38 and £58 per person excluding service, £30 per child for children 4-11 years old.

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anthropological museum set in 16 acres of landscaped gardens in South London's Forest Hill. The museum has a traditional natural history gallery, an aquarium, a permanent gallery dedicated to African, Afro-Caribbean and Brazilian art, and a collection of around 1,600 musical instruments, with an area where people can play some of them. The museum provides extensive facilities for families, including a nature trail, weekend workshops and a hands-on base where children can touch museum objects. Nature Base explores the natural world with exhibits including the Horniman beehive. For more information go to horniman.ac.uk



Museum of Childhood

AMAZING, BRIGHTLY-COLOURED, HAND-MADE

kites have been flown for fun by children and adults in the skies of Afghanistan and South Asia for over a century. Now a new exhibition called *Kites from Kabul*, presented by British charity Turquoise Mountain, brings this magical spectacle to London. The display, at the V&A Museum of Childhood, celebrates the story behind one of the world's most iconic toys in one of the world's most troubled countries. The free exhibition runs until January 3. For more information go to vam.ac.uk/moc

CALIFORNIA DREAMING

JO WATERS took her family to explore the USA's glamorous, laid-back West Coast and found it was a dream come true for her three daughters....

CALIFORNIA IS A BIG TRIP FOR A family - we've talked about it for years but, this year, the time was right for a holiday we'd all remember.

My husband and I had done the Pacific Highway road trip from San Francisco to San Diego 20 years ago, (before kids) and loved it, and wanted to show our three daughters some of the sights. We realised though that long periods in the car wouldn't be ideal for teenagers with low boredom thresholds (the same

would be true for children of any age), or for our stress levels (LA's traffic jams are monumental), so decided instead on a two-centre holiday based around LA and San Diego.

The thing about California is that it all feels so familiar from every movie you have ever seen. We spent our first night in cool but edgy Venice Beach, the quintessential laid-back Californian beach resort which is only a short drive from LAX airport.

The buildings are variously painted pink, turquoise and yellow - with huge murals covering many of them. Cool surf dudes and bikini models rub shoulders with tattooed hipsters and skateboarders on the boardwalk down by the white sandy beach fringed by towering palm trees. You can have surfing lessons on the beach (\$80 or £53 for 90 minutes with Go Surf LA) and smaller children will be happy just playing in the sand, eating ice creams or hiring bikes or Segways to ride along the boardwalk. There are also bus tours of LA leaving from Venice Beach, taking in famous tourist attractions including the Chinese Theatre, Walk of

Fame and Hollywood if you want to skip the hassle of driving and parking.

Venice Beach is a great place to get over jet lag and acclimatise to the very high temperatures of California in August. You can watch the surfers from the beach and the pier or have a go yourself, eat out at cool restaurants (Mexican tacos and burritos, pizzas, huge salads and burgers galore) and sip cocktails and sodas at beachside bars. Back from the beach there is a network of canals lined with funky beach cottages - all built back in 1905 by the developer Abbot Kinney and based on the canals of Venice.

We stayed at the clean and comfortable Inn at Venice Beach just two blocks from the seafront. The staff were super friendly, the decor stylish and breakfast was served in an outdoor courtyard. It suited us well as family rooms for five were available for around \$330 (£218) a night per room - so no need to book two rooms.

Boat trips including whale and dolphin watching are available from nearby Marina del Rey. Santa Monica Pier, where we rode the rollercoaster and bought End





of Route 66 t-shirts, is just 10 minutes in the car and Malibu, home of movie stars, is a little further up the coast.

LA has plenty of theme parks including Disneyland but we decided we hadn't travelled 5,000 miles to stand in sweltering queues all day (Florida is a lot nearer if you want to do that). We plumped to visit just one park - Universal Studios Hollywood at a cost of \$95 (£63) each or \$87 (£57) for children age 3 to 9 (no family tickets here). Our favourite parts were the legendary Studio Tour where we saw the famous studio lots on an open trolley bus, the house from the film Psycho and the original bungalows where the big movie stars of the 1940s and 50s hung out, and the King Kong 360 3D ride created by Peter Jackson (so realistic you swear a dinosaur is going to grab you and eat you). Other highlights include Transformers the 3D Ride, The Simpsons Ride, Despicable Me Minion Mayhem and Waterworld. Some rides had height restrictions but children of all ages seemed to be enjoying most of the rides. A new Harry Potter ride is under construction - it opens in 2016 and looks incredible.

The second leg of our trip was based in Coronado, an island reached either by ferry from San Diego or a high-level road bridge. It's world famous for its white sandy beach and the upmarket Hotel Del Coronado (you may recognise it from the classic Marilyn Monroe film *Some Like it Hot*). More recently, the hotel hosted the first State Dinner held outside the White House.

We stayed at a privately-owned condo with a pool on Orange Avenue - and

everything on the island was walkable from there. Old Coronado looks like a sleepy beachside town straight out of a film set from the 1940s or 50s, with old fashioned soda fountains, a cute theatre, movie house and candy store. It's a Navy town too so the Stars and Stripes flags are everywhere (Top Gun



was filmed here) and you can spot Navy Seals training on the beach. Cocktails outside the Hotel Del Coronado overlooking the perfect beach were a highlight, cycling around the island was relaxed and fun and the free outdoor concerts in the parks were magical too.

A short ferry ride from Coronado is busy downtown San Diego; we loved eating out in its old Gas Light Quarter, watching the Padres baseball team play at Petco Park, and seeing the ships at the Maritime Museum. Although San Diego is famous for SeaWorld, we decided to give it a miss and opted instead for a whale watching trip in the wild. We were lucky enough to spot a large blue whale coming up for air as well as dolphins and California sea lions. We also saw pandas, elephants and tigers at San Diego Zoo - the best zoo I've ever visited and well worth a trip.

There are lots of great museums for children too - most of them in the Balboa Park area - including the San Diego Air and Space Museum and the San Diego Natural History

Museum. Legoland California is a short drive away too.

One of our best days was spent up the coast at the upmarket resort of La Jolla, where we swam in the surf and got close up to cute (but smelly) California sea lions.

Our California trip managed to tick all

the boxes - lots of exciting sightseeing but the laid-back beach holiday vibe meant we had plenty of time to relax too. When you hear your kids say, 'This is our best holiday ever' - you know you've got it right.

For more information on holidays in California contact www.visitcalifornia.com

Inn at Venice Beach www.pacificahotels.com

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MY FAVOURITE BABY THINGS

Emilia Fox

Actress Emilia Fox, 41, is best known for her role as Dr Nikki Alexander in the BBC crime series *Silent Witness*. When she's not filming, she's looking after her daughter Rose, aged four, and supporting two international charities ActionAid and Hope and Homes for Children, which work to better the lives of children and families living in poverty.



The iCandy Emilia Bag, £200, icandyworld.com

I designed this bag with iCandy for The Lullaby Trust after having my daughter. I wanted it to be an attractive bag that would make life easier for mums and would keep some order in the chaos of travelling with a small child.



Tiny Love Soothe and Groove Mobile,

£34.99, argos.co.uk

This was also a recommendation. It soothed Rose to sleep at night and kept her happy in her cot when she woke up. The animals and music truly delighted her.



Tap Tap Kids Moon Secrets App, free, itunes.apple.com

I have mixed feelings about kids and technology and how used to it they get so quickly, but I have to say when I struggled with occupation on the move this app kept Rose totally happy and told her a story with soothing music that she could interact with.



Win Green Pavilion Tent, £295, wingreen.co.uk

I got this tent when Rose was a baby and have had it up every summer. It was blissful to lie under when Rose was a baby and needed shade. It doubled as a place to eat outside and a soft outdoor area to play in. Now that she's older, it works as a hide and seek venue and a princess's pavilion!

Jumperoo, £84.99, amazon.co.uk

I was recommended the Jumperoo as Rose started walking early and she always wanted to be active and busy. She adored it and it meant that I knew she was safe on her unsteady legs!



act:onaid

 **Hope & Homes for Children**

Emilia recently travelled with ActionAid to Ethiopia, one of Africa's poorest countries, to meet women and girls who are standing up for their right to education, a life free from Female Genital Mutilation, forced marriage and the chance to earn their own income. actonaid.org.uk/emiliafox

Emilia is also an ambassador for the international charity Hope and Homes for Children. She recently visited their projects in Rwanda, where the charity is supporting vulnerable families, breaking the cycle of poverty and closing harmful orphanages. hopeandhomes.org

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DECODING ABDOMINAL PAIN

Recurrent abdominal pain is common in school age children. But when should you seek medical help?

By Lucy Elkins



RECURRENT ABDOMINAL PAIN AFFECTS ONE IN 10 school age children and there are numerous possible causes for the discomfort, from infections and food allergies to constipation.

Some children – especially those with a family history of migraines – may have what’s called an ‘abdominal migraine’, a migraine that causes stomach pain rather than a headache.

However, sometimes there may be no physical cause for a child’s tummy ache.

Instead, it may be a sign that they are being bullied or that they are overly anxious about something such as pending exams.

‘Back in the 1950s, we used to think that recurrent abdominal pain was psychosomatic in 90 per cent of children,’ says Dr Muftah Eltumi, a Consultant Paediatric Gastroenterologist at The Portland Hospital.

‘But now we have more means of investigating this pain and we now know that in about 50 per cent of cases there is a physical cause to explain it.’

Possible causes of recurrent abdominal pain in pre-teens include:

FOOD ALLERGIES OR INTOLERANCES

Children with a food intolerance or allergy (to gluten or lactose, for example) will often complain of abdominal pain after eating.

'Typically, they will suffer from pain but may also have other symptoms such as diarrhoea and a bloated tummy,' says Dr Eltumi.

If you suspect your child has an allergy or intolerance, then get them checked by a hospital specialist.

'The test we do for gluten allergy – or coeliac disease – is very accurate. We use a blood test that checks for antibodies to gluten,' adds Dr Eltumi.

At The Portland Hospital it is also possible to check for lactose intolerance using a breathalyser test. This checks for levels of hydrogen – high levels suggest a possible lactose intolerance.

IBS OR CONSTIPATION

The term Irritable Bowel Syndrome (IBS) is used to describe a group of symptoms including abdominal pain, diarrhoea and/or constipation, bloating and wind.

Although it's often thought of as an adult problem, it can occur in children too.

'We might diagnose IBS if there is no other obvious cause of the problem,' says Dr Eltumi.

Often children can be helped by using antispasmodics (drugs that alleviate muscle spasms).

However, constipation alone is another potential cause of abdominal pain.

'This is incredibly common among children,' says Dr Mike Thomson, a Consultant Paediatric Gastroenterologist at The Portland Hospital.

'Around five per cent of children will suffer with it at some point.

'It can happen, for example, after a viral illness that brings on a fever – the child does not drink as much as normal and then passes a hard stool.

'The child thinks, "I don't want to do that again," and so holds on rather than going and then this becomes a vicious circle.'

In six to 12 year olds, it can also be sign of social difficulties.

'Children may hang on because there are problems at school – or even because they don't feel they can go at school,' says Dr Thomson.

'Treatment will depend on the cause. Normally, we clear them first of all with medication and then work on whatever other issues there are.

Some children – especially those with a family history of migraines – may have what's called an 'abdominal migraine', a migraine that causes stomach pain rather than a headache.

'That might be changes to the amount they drink or their diet or, if there is a behavioural component, we may enlist the help of a behavioural psychologist to help the child unlearn the habits that are contributing to the problem.'

REFLUX/ACID INDIGESTION

Reflux/acid indigestion tends to be felt as discomfort above the abdomen and can be accompanied by regurgitation, says Dr Thomson.

Children with this problem often have a genetic predisposition to it - the sphincter at the top of their stomach may be slightly looser than it should be, allowing food to escape.

'It's usually worsened by lying flat and certain foods and drinks such as fizzy drinks and spicy food,' he says.

'It can be helpful to keep a food diary to identify any foods or drinks that make it worse as these can differ from one person to another.'

ACUTE PAIN

Acute stomach pain that comes on suddenly and intensely could be a sign of appendicitis.

'Normally, the pain is felt just in the middle but it may move to the right side,' says Dr Eltumi.

'If the pain grows in intensity and the child seems unwell (they may have a temperature too) then it should be checked.'

Building intense pain could also be a sign of other acute conditions such as gallstones or pancreatitis.

WARNING SIGNS WHEN TO SEEK HELP

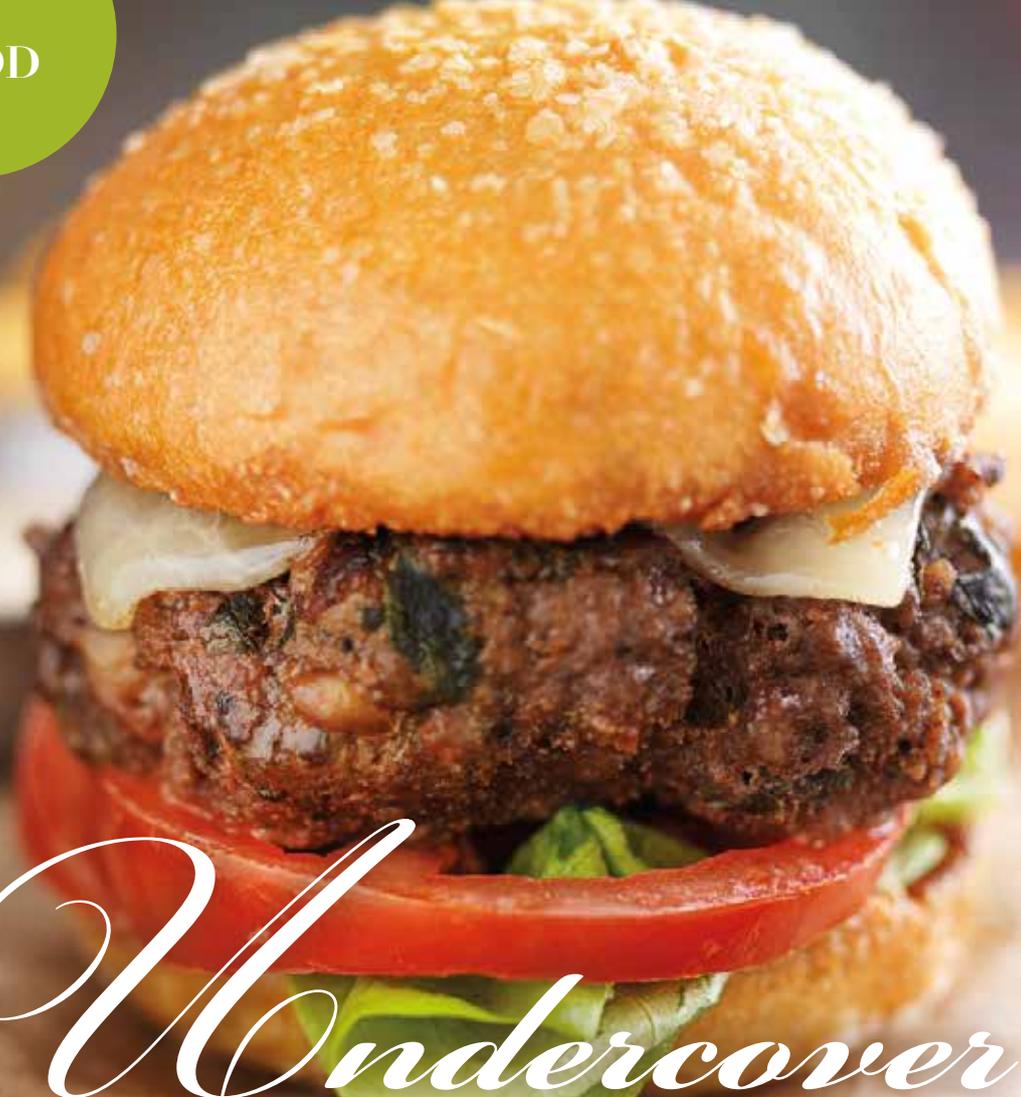
'If as well as having abdominal pain a child passes blood or mucus or suffers with lethargy or recurrent mouth ulcers, or your child's growth is not increasing across the centiles as it should, then this can be a sign of inflammatory bowel diseases such as Crohn's disease or colitis and they should be referred for tests,' warns Dr Thomson.

Another warning sign that a child's abdominal pain needs further investigation is pain that wakes them up in the middle of the night.

'This is more likely to have a physical rather than psychological cause,' says Dr Thomson.

'Likewise, if their pain is associated with meals then this too needs further investigation.'

www.paediatricgastroenterologist.co.uk
www.paedgastro.com



Undercover



VEG

Does your child balk at the sight of anything healthy? Don't fear, we have three ingenious ways to hide the most nutrient-rich greens in your kiddies' food.

By Tamara Abraham

HIDDEN BROCCOLI BURGERS

Makes 4 large patties
(or 6 kiddie-sized patties)

500g lean minced beef

250g broccoli

1 egg

Salt and pepper to taste

Chop the broccoli into florets and pulse in a food processor until it reaches a couscous-like texture.

Use your hands to mix the broccoli with the mince and beaten egg along with some salt and pepper until completely blended.

Divide into patties and refrigerate until you're ready to cook.

To cook, grill, pan-fry or bake the burgers on a medium-high heat to your taste and serve on soft brioche buns with all the trimmings.



THE MOST VERSATILE INVI-VEG TOMATO SAUCE

Serves 4 as a pasta sauce

2 x 400g tins of tomatoes

500g fresh or frozen vegetables of any variety

Half an onion

2 cloves of garlic

2 bay leaves

1 teaspoon of olive oil

Salt and pepper to taste

Briefly pulse the vegetables and tinned tomatoes in a food processor until blended. Set aside.

Chop the onion and garlic into small pieces (or use the food processor to get them really fine). In a saucepan, gently fry in olive oil until translucent.

Add the tomato and vegetable mixture to the saucepan with the onion and garlic and stir together. Add the bay leaves, put a lid on the pan and simmer gently for 20 minutes, checking regularly.

Season and serve over pasta, as a pizza base or over meat of any kind.

HIDDEN SPINACH ICE LOLLIES

Makes 6 ice lollies

1kg frozen mixed berries

500g fresh spinach

3 tablespoons of honey/agave syrup (or to taste)

Blend the frozen berries with the spinach in a food processor until smooth. Add your honey or agave until the mixture is the desired sweetness.

Strain the mixture through a fine sieve (especially if your little one has an aversion to "bits").

Divide into lolly moulds and freeze.



THE ART *of* DRESSING A BUMP

HOW WOMEN'S BODIES CHANGE DURING

pregnancy differs hugely. Some lucky souls waft around in skinny jeans and diaphanous tops at 30 weeks and hardly look pregnant, while others notice a distinctive bump shortly after they have peed on the stick. Whatever your body type, what is certain is that your body will change every month and to accommodate this, a different wardrobe is essential.

Pregnancy clothes have come a long way in a generation. Gone are the days when women seemed ashamed of their growing tummy and concealed their bump with swathes of Laura Ashley fabric, as if embarrassed by their reality. Most women I come across through The Bump Class want to celebrate their growing belly, because that baby growing inside is a miracle, something of which they are rightly proud. Being surrounded by enterprising, clever and well-dressed women has given me a unique insight into how to make your bump look amazing at each stage.



Practical Parenting WITH MARINA FOGLE

Marina Fogle is a mother, wife, author and antenatal educator. She is the co-founder of The Bump Class, the go-to antenatal classes for discerning London mothers-to-be.

www.thebumpclass.com



Marina's tips:

- As your waist thickens, there are clever ways of extending the wear you can get from your pre-pregnancy clothes. A maternity extender is a nifty little gadget that buttons into your jeans, making the waist a little larger. With the current high waist fashion, your jeans are probably one of the first things to become uncomfortable. Otherwise, it's not a bad idea to invest in a larger pair of jeans. Even if you only fit into these for a month, you will use them after your baby is born, before you fit back into your old jeans again.
- During my second trimester, I remember wanting a sign saying, 'I'm not fat, I'm pregnant'. The best way around this was wearing vest tops that accentuated my new shape, with a cardigan or blazer on top. The key is that they are long enough to accommodate your bump as it grows. I love the Isabella Oliver ones; they are good quality, wash well and forgive a multitude of sins postnatally, when your belly is wobblier than before.
- Although the range of maternity clothes has come on leaps and bounds, it is still restrictive. However, there is never a better excuse to spoil yourself than when you are pregnant and so I encourage girls to spoil themselves with 'investment pieces' of non-maternity wear that you will continue to use after your baby is born. Empire line dresses accentuate, accommodate and flatter your bump and work well after your baby is born. Alternatively, a loose fitting dress worn with a belt, lifted up to reveal your new waistline just above your bump, is a good way of emphasising your pregnancy. Things with a little stretch work well for this or just a simple ribbon – a good haberdashers will always have a good selection to brighten outfits.
- A great jacket will smarten up the most casual of outfits. Invest in something with a little eye-catching detail or in an extraordinary colour. And, if your choice of clothes is limited, focus on embellishing your fabulous body. Jewellery, bags and shoes will fit and flatter whatever stage in your pregnancy you are at.
- Possibly the most important thing to do regularly throughout your pregnancy is to make sure that your bra fits well. It is amazing how much difference a good bra makes to even the most simple of outfits. As most women's breasts grow significantly the moment they conceive, and continue to do so throughout their pregnancy, you should be fitted regularly. You can buy bra extenders that make bras bigger around the rib cage but do make sure your bra fits around the breasts. It's fine to continue to wear underwired bras in pregnancy as long as they fit really well. If in doubt, get measured.



What I would be wearing if I was pregnant this winter:

Marina's Dream Pregnancy Wardrobe

Essential cover up

Multicolour Maori knitted cardigan, Maje, £390, nineinthemirror.com

1

Essential tank (in all colours)

Maternity tank, £32.00, isabellaoliver.com

2

For serious glamour

Aurora long gown, £199, tiffanyrose.com

3

The essential jeans

(Boyfriend perfect because by month 9 you're over anything tight): Boyfriend jeans, J Brand, £225, nineinthemirror.com

4

Realistic but fun shoes

Rialto loafers, £270, crispinsshoes.com

5

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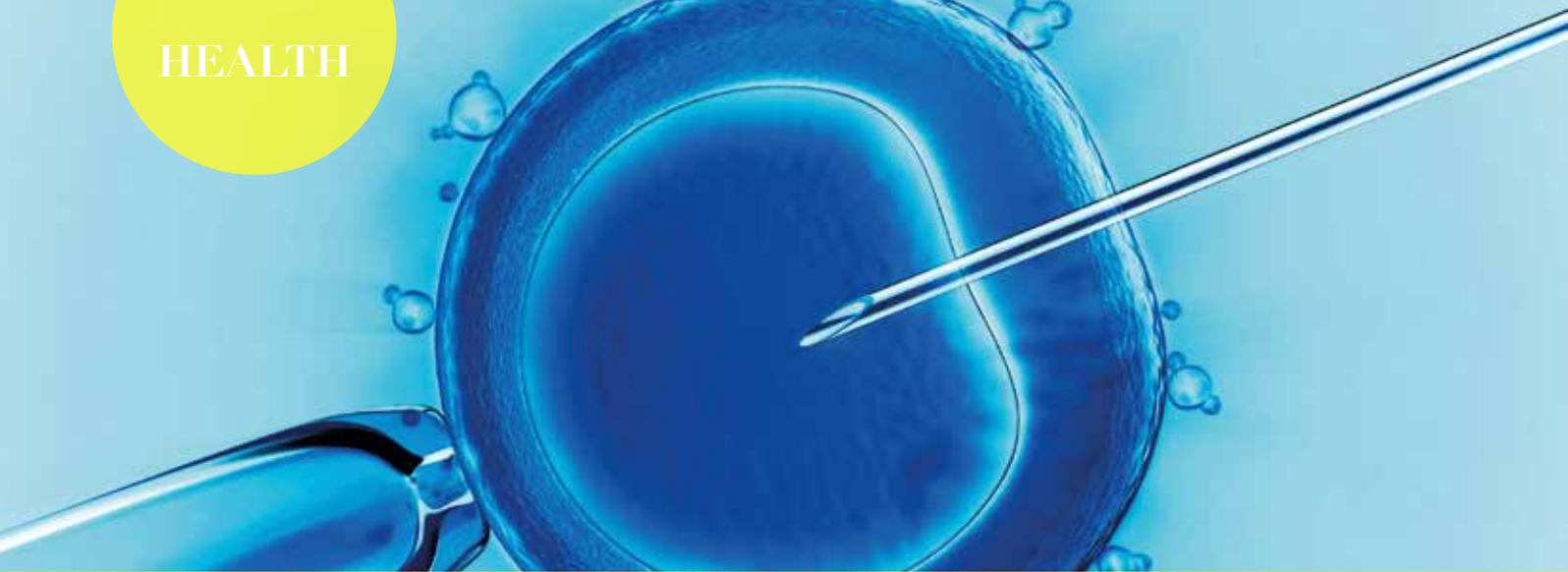
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MAKING BABIES

Consultant Gynaecologists Mr Rehan Salim from The Portland Hospital and Mr James Nicopoullos from the Lister Fertility Clinic work together to help make dreams of parenthood come true.

By Jo Waters

One in seven couples in the UK - 3.5 million people - experience difficulties conceiving. Although around 84 per cent of couples will conceive naturally within a year, others may have an underlying medical problem that is stopping the woman becoming pregnant.

AGE AND FERTILITY

The average age of first time mothers in England and Wales is now above 30 for the first time, according to the Office of National Statistics.

‘Fertility does decline with age - there is a marked drop off in fertility between the ages of 38 and 42,’ says Mr Rehan Salim, a Consultant Gynaecologist and sub-specialist in reproductive health at The Portland Hospital.

‘Although a woman of 45 may ovulate, the quality of her eggs will be of much lower quality and less likely to result in a healthy live birth. Time is more forgiving when it comes to sperm quality though, and men can still produce quality sperm well into their 60s.

‘Many of the medical causes of infertility are treatable and the earlier you come forward for investigations the better in most cases.

‘Before you start thinking about IVF we will investigate whether we can restore your natural fertility.’

THREE COMMON CAUSES OF FEMALE INFERTILITY

POLYCYSTIC OVARIAN SYNDROME (PCOS): In PCOS, harmless cysts grow on the ovaries and the ovaries do not regularly release eggs (ovulate). Symptoms include difficulty getting pregnant, irregular periods or no periods at all, and weight gain. ‘There are lots of treatments for PCOS including medication, losing weight and eating a healthy balanced diet,’ says Mr Salim.

ENDOMETRIOSIS: This is where tissue that behaves like the lining of the womb is found outside the womb, and is estimated to affect as many as 2 million women in the UK. It causes heavy, painful periods and may result in fertility problems. ‘The most effective way to treat endometriosis surgically is to strip away the tissue from the inside of the pelvic wall via keyhole surgery,’ says Mr Salim.

FIBROIDS: These are non-cancerous tumours that grow in and around the womb and affect up to 40 per cent of women. Although most women will have no symptoms, others suffer heavy

A quarter of women who use their own fresh eggs in either in vitro fertilisation (IVF) or donor insemination (DI) end up with a live baby.

or painful periods, tummy or lower back pain, painful sex and a frequent need to urinate. In some cases fibroids also affect fertility. 'Medication can relieve symptoms and there are also surgical or less invasive procedures that can help,' says Mr Salim.

WHEN IVF IS THE NEXT STEP

'If we reach the stage where we think a woman can't conceive naturally, we will suggest going down the IVF route,' says Mr Salim.

'Our patients can choose where they want to go for treatment but we have a very close relationship with the Lister Fertility Clinic.'

Latest figures from the Human Fertilisation and Embryology Authority (HFEA) reveal that around a quarter of women who use their own fresh eggs in either in vitro fertilisation (IVF) or donor insemination (DI) end up with a live baby.

For women under 35, this figure is one third.

At the Lister Fertility Clinic, which treats around 2,000 couples a year, the live birth rate for women under 35 was 45 per cent in 2013, 35 per cent in women aged 35 to 37, 21 per cent in women aged 38 to 39, 15 per cent in those aged 40 to 42, and 8 per cent in those aged 43 to 44.

Mr James Nicopoullos, a Consultant Gynaecologist at the Lister Fertility Clinic, says three things make the service stand out.

'Apart from treating mainstream patients, we'll also - after careful counselling about their chances of success - treat women with low ovarian reserve and women at the upper extremes of the age spectrum,' he says. 'Our ethos is not to select the patients we treat - in fact, 39 per cent of our IVF cycles are performed on women with low ovarian reserve compared to 11 per cent nationwide.'

'We also run an egg sharing programme where women under 35 can receive discounted treatment if they donate half of their eggs.'

The Lister Fertility Clinic also increasingly treats single women and same sex couples, and provides an egg freezing service.

IVF TECHNIQUES

Intra-Cytoplasmic Sperm Injection (ICSI): This technique involves injecting a single sperm directly into the eggs using a specially prepared needle. 'This has transformed fertility treatment success rates for men with poor sperm quality,' says Mr Nicopoullos.

Intra-cytoplasmic Morphological Sperm Injection (IMSI): This allows the selection of the very best sperm by using a microscope 6,000 times more powerful than normal ICSI microscopes.

Blastocyst implantation: 'We can now allow fertilised eggs to develop in the lab until day five after fertilisation (the blastocyst stage) as opposed to day two in the past,' says Mr Nicopoullos. 'This means we can select the best quality embryos to implant. It's natural selection as genetic development really kicks in on day three.'

Egg donation: Over half of women aged over 45 having IVF now use donated eggs, according to the HFEA. 'The Lister Fertility Clinic has the largest egg donation programme in the UK, with a good supply of donor eggs from younger women via the egg sharing programme, as well as working with carefully chosen overseas clinics if needed,' says Mr Nicopoullos.

Embryo selection techniques: 'The use of new genetic techniques such as CGH (Comparative Genomic Hybridisation) allows us to genetically test all the chromosomes in an embryo so that we transfer only the normal ones back into the womb,' says Mr Nicopoullos. 'This can minimise the

trauma of miscarriage and potentially improve chances of live birth.'

'New time-lapse imaging techniques also allow us to film the development of embryos 24 hours a day to help us choose the best embryos for transfer without the need for the expense or invasiveness of genetic testing.'

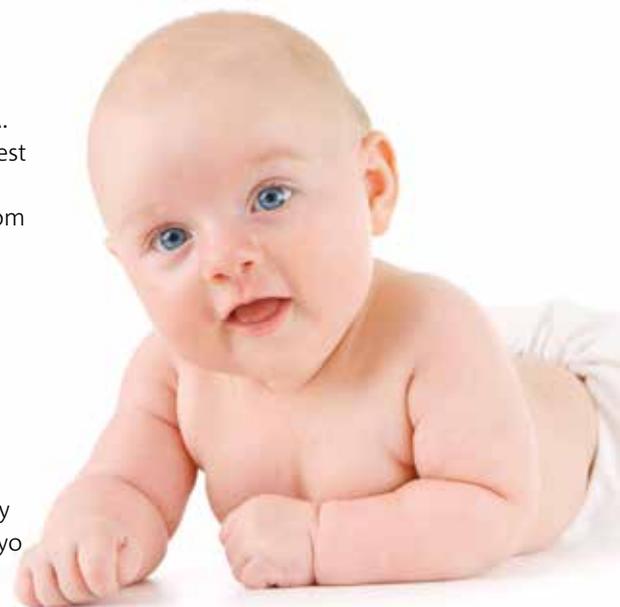
SOCIAL EGG FREEZING

Freezing your eggs while they are of high quality when you are young is becoming increasingly popular amongst professional women, says Mr Salim.

'We are definitely seeing more social egg freezing, where younger women embarking on professional careers are 'banking' their eggs for later in life.'

'This is best done between the ages of 25 and 35, before egg quality and quantity declines.'

'Ten years ago, we'd only really do this if a woman was undergoing chemotherapy. The game changer was a new technique for freezing eggs called vitrification, which means eggs are now much better quality when they are thawed than in the past.'



Bringing up BOYS vs GIRLS



Raising boys and girls can be a completely different experience.

JO WATERS discovers expert tips for bringing up sons and daughters, and reveals how early diagnosis and intervention can help with developmental disorders.

PARENTING IS A LEARNING CURVE

for all of us. But are there differences in how boys and girls develop? And should we treat them differently?

Dr Chelvi Kukendrarajah, a Consultant in Neurodevelopment at The Portland Hospital, has a finely tuned eye for spotting differences - although she warns it's wrong to stereotype behaviour on sex alone.

'There's this myth that girls are easily amenable and more likely to do what they are told, when in fact some girls can be extremely challenging,' she says. 'We have to treat children as individuals and resist the temptation to make generalisations based on sex.'

'Other factors such as birth order can also have an influence - for instance, first borns tend to be more focused and get spoilt, whereas second and subsequent children are much more independent. However, there are some differences in the rate and ways in which boys and girls develop.'

How are boys and girls different?

'Generally, girls will have better language skills from an earlier age, but then some bright boys will too,' says Dr Kukendrarajah.

'Girls will usually be better organised earlier too - they'll arrange their toys and will be able to focus and complete short tasks. They'll find schoolwork and concentration easier and, later on at school, be better at planning and will get good grades and be quite competitive.'

'With boys, these skills come later, which is why they tend to do better at A-level and university.'

The way girls and boys play is also different.

Girls tend to be more creative in their play - they like dressing up and role play, for instance - while boys are

more physical and boisterous and generally clumsier.

Girls are also generally more independent than boys at an earlier age - but boys will usually have better analytical and mechanical skills.

However, none of these traits are set in stone.

'You'll get some boys who are quiet and well organised, and some girls who are boisterous and disorganised,' says Dr Kukendrarajah.

'The blurred lines between these characteristics allow individual boys and girls to traverse the spectrum of childhood behaviour.'

How to handle boys and girls

Whether you have a son or a daughter or both, what they all need is clear consistent boundaries - rules that are non-negotiable, that they understand you won't waver on.

Positive parenting for both sexes is about looking at your child's strengths and building on them, and identifying their weaknesses and supporting them.

'Boys are quite good at being told what to do, but girls have to contend with more prickly social navigations and have a far greater capacity to hold a grudge,' says Dr Kukendrarajah.

'With girls, it's almost as if they want you to treat them like a friend - you have to make it seem like it's their idea. With boys it's not so complicated.'

'We have to treat children as individuals and resist the temptation to make generalisations based on sex.'

'Positive parenting for both sexes is about looking at your child's strengths and building on them, and identifying their weaknesses and supporting them. For instance, if they are socially awkward, it's about helping them learn how to make friends - by inviting other children over to play or encouraging them to make eye contact.'

SPOTTING PROBLEMS IN DEVELOPMENT

Developmental issues affecting children include:

Autism

Autism Spectrum Disorder (ASD) affects social interaction with others, communication, interests and behaviour. The main features of ASD start in early childhood and are estimated to affect 1 in 100 people. Statistically, autism affects more boys than girls, although the reasons for this are unclear.

'It may be that high-functioning girls are better at copying other children and disguising their symptoms,' explains Dr Kukendrarajah.

It's possible to identify some symptoms of autism in children as young as nine months.

'They may not hold out their arms to greet you, can be aloof or very active or inactive,' explains Dr Kukendrarajah.

'They may also have issues with eating such as an aversion to "lumpy food", or a particular smell or texture. They may also be hypersensitive to loud noise.'

Dr Kukendrarajah urges parents to come forward as early as possible if they notice particular behavioural traits in their child.

'The brain is still pliable in childhood and early intervention and support can help these children do really well,' she says.

'There is no cure for autism but if we can teach them social skills, they can cope better. Early interventions that enhance social attention should result in changes in brain activity.'

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is the most common behavioural disorder in the UK, affecting between 2 to 5 per cent of school-aged children. Symptoms include short attention span, restlessness, constant fidgeting or over activity, and being impulsive, and children can have it in addition to autism and dyspraxia.

It tends to be diagnosed when children start school and is more commonly diagnosed in boys than girls - possibly because the main symptom in girls tends to be problems with concentration rather than hyperactivity, and can be missed.

'The right educational and behavioural management and, in some cases, medication can help a child manage their symptoms,' says Dr Kukendrarajah.

Pathological Demand Avoidance (PDA)

PDA is part of the autism spectrum. It's not a separate diagnosis and the main features are resisting and avoiding the ordinary demands of life; appearing sociable but lacking depth in understanding, excessive mood swings and impulsivity, language delay, comfortable in role play and pretend, and obsessive behaviour often focussing on people. 'These children tend to be very demanding and hard work,' says Dr Kukendrarajah.

'They will have tantrums, be manipulative and want their own way. Parents need support, and there is evidence that earlier diagnosis and support can help children with challenging behaviour to become more able and independent.'

Dyspraxia

Now known as Developmental Co-ordination Disorder (DCD), dyspraxia affects physical co-ordination, and children can have it as well as autism and ADHD.

Children with the condition usually hit physical developmental milestones such as crawling and walking later, as well as having difficulties with drawing, writing and sport.

Around one in 20 children is thought to be affected in the UK, and it is three to four times more common in boys than girls.

'Therapies can help children with their co-ordination. For instance, they can be taught to break down difficult movements into much smaller parts, or use pencils and pens that have special grips to make them easier to use.'

WINTER WARMERS

Wrap up warm in the latest children's coats





4



5



6



11



9



10



13



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- ❖ 3. Moncler down coat, £246, melijoe.com
- ❖ 4. Aviator leather coat, £1,295, uk.burberry.com
- ❖ 5. Hatley girls classic navy splash raincoat, £39, skinandbliss.com
- ❖ 6. Chloe coat, £216.99, designerchildrenswear.com
- ❖ 7. Victoria coat, £50, monsoon.co.uk
- ❖ 8. Mayoral floral puffa coat, £46, alexandalex.com
- ❖ 9. Thermal quilted jacket with stormwear technology, from £24 - £30, marksandspencer.com
- ❖ 10. Burberry puffa coat with Nova check hood, £175, alexandalex.com
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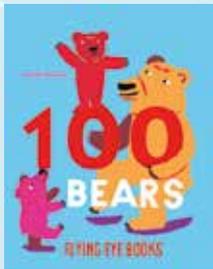
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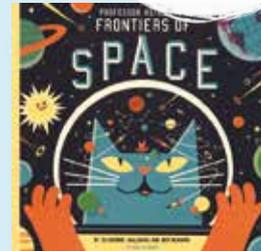
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A life-changing operation and follow-up physiotherapy available at The Portland Hospital has the potential to help children with cerebral palsy walk better.

MAKING JUDE'S DREAM COME TRUE

By Jo Waters

LIKE MANY SEVEN-YEAR-OLD BOYS, Jude Liversage is football crazy and would love to lead his team to victory by scoring a fantastic goal. But, until now, this seemed like a dream he was highly unlikely ever to achieve.

Born with cerebral palsy, a neurological condition that affects movement and causes muscle stiffness, Jude has always struggled to keep up with his classmates on the pitch.

'Jude loves his football, he's nuts about Chelsea and loves playing too,' says Jude's dad Tony, a financial adviser who lives in Lower Hatton, Staffordshire, with his wife Kelly, who runs a hairdressing business, and Jude's twin sister Marcie.

'But he's been prone to lots of falls and has not been able to play a full match with his schoolmates because the muscles in his legs are so tight.

'As he's got bigger and taller, we were told it could get worse and he could end up in a wheelchair. It was heartbreaking because he just wanted to be like all the other boys.

'We joined a football club for children with cerebral palsy just so he'd be able to play in a team.'

It was at the football club that Tony and Kelly first heard about a procedure called Selective Dorsal Rhizotomy (SDR), which can reduce muscle

stiffness in around 25 per cent of children with cerebral palsy, aged between four and 10, and improve their ability to walk.

It involves a four-hour operation, dividing and cutting some of the nerves in the spinal cord that contribute to spasticity (stiffness) in the legs. This is then followed up with intensive physiotherapy to build up muscle strength and function in the legs.

'Jude loves his football, he's nuts about Chelsea and loves playing too.'

'A couple of the boys in the cerebral palsy football team had undergone the procedure and we could see what a big difference it had made,' says Tony.

'Some had the operation done in the USA and others had managed to get it on the NHS.

'We decided we had to find out if it could help Jude too. We knew there were risks attached to the operation but there was so much potentially to gain.'

After waiting five months for an NHS referral, the family was warned they could face a long wait for treatment.

'The operation works best in children aged 3 to 10, and we didn't want Jude to get any worse waiting,' says Tony.



'We then found out the operation was also available privately at The Portland Hospital and could be performed by Mr Kristian Aquilina, a leading expert in the procedure.'

Mr Aquilina was the first neurosurgeon to perform SDR in the UK and specialises in a technique which uses a single entry point into the spine, which is safer and quicker to recover from than previous surgical methods.





Nicole Cash, Clinical Lead for Physiotherapy at The Portland Hospital, says physiotherapy has to be varied and specifically tailored to a child's interests to keep them motivated otherwise they get bored. 'We've been working with Jude on his knees - saying it's good practice for being a goalkeeper, for instance,' she says.

Mr Aquilina explains that SDR is not a cure for cerebral palsy but it can reduce spasticity and has been shown to have long-term benefits.

'It may take up to two years for the full benefits to be achieved but evidence shows these can be maintained 20 years later,' he says.

The family contacted Mr Aquilina by email to ask if Jude might be suitable, explaining that his legs were exceptionally strong due to his football. Children need to have adequate muscle strength in their legs and trunk to benefit from SDR.

After Mr Aquilina and the multidisciplinary team assessed Jude and confirmed he could benefit, the family began fundraising to pay for the procedure which can cost around £30,000 at The Portland Hospital.

However, once they had raised half the cost, The Portland Hospital decided to waive the rest of the fee and the operation was performed on 4 July, followed by three weeks of twice-daily intensive physiotherapy.

The Portland Hospital Chief Executive Officer Janene Madden says Jude was a perfect patient.

'We heard the extraordinary story of this football-loving boy, the absolute dedication of his family and the support of Jude's football heroes and it touched everyone's hearts.'

'We knew if anyone could help it was Kristian Aquilina and our brilliant SDR team. Jude has been a real star and we are all delighted he is making such good progress.'

Claire Dunsterville, Therapy Services Manager at The Portland Hospital, adds: 'Children with cerebral palsy use the tightness of their muscles to stand up and

'We've been working Jude on his knees - saying it's good practice for being a goalkeeper.'

when that is taken away by SDR it can unmask weakness which is why physiotherapy is so important.

'Jude has done amazingly well. After the operation, children literally need to relearn how to walk so they have to put in a lot of effort. Jude can now put his feet down flat on the floor for the first time and is already walking again.'

'A lot of families travel to the US for SDR at around twice the cost of having the operation done here when travel and accommodation costs are factored in.'

'The other advantage of having it performed in the UK is that the patient can be rigorously assessed face-to-face before the operation and get the vitally important physiotherapy and follow-up for up to two years.'



'The procedure is now much safer than it was in the past because the opening we need to make in the spinal column to get to the nerve root is much smaller.'

For Jude, the effects of SDR are potentially life-changing.

He says: 'I'm really excited that I'm going to be able to kick a ball hard for the first time, tackle hard and maybe score a goal. I think the operation is going to help me walk and run better and catch up with the other boys - it's brilliant.'

Tony and his family can't praise The Portland Hospital staff enough for the care they have received.

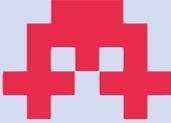
'They've looked after our whole family,' he says. 'We can't ever thank them enough.'

IS TECHNOLOGY good for your child's health?

Children today are immersed in a world of computer screens, tablets and smartphones. But what effect is it having on them?

By Claire Coleman





TODAY'S CHILDREN ARE THE first generation to grow up as true digital natives.

Surrounded by sophisticated gadgets from birth - the very first picture you took of your child was probably on your smartphone - they are as comfortable swiping and zooming on a tablet screen as they are turning the pages of a book.

But when it comes to this type of technology, is it a question of too much, too young?

Are we harming children by giving them access to devices like these?

Or, given that our lives are increasingly conducted digitally and online - and theirs will be all the more so - is it more harmful to deprive them of the opportunity to develop the skills they need to use such gadgets?

You could be forgiven for thinking that it's all bad news.

After all, in recent months, headlines have warned that children who use tablets and smartphones could lack motor skills, increase their risk of Alzheimer's disease, be socially and emotionally stunted and even become so addicted to the technology, that they require psychological treatment.

But many of these problems are based on hypotheses rather than solid data because, quite simply, smartphones and tablets haven't been around for long enough for us to fully understand the problems associated with them.

However, there is research that shows that, in children, lots of close work forces the eye to elongate which leads to short-sightedness or myopia - and screens are infinitely worse than books.

'You can stare at a screen for far longer than you can read a book,' explains Mr Saurabh Jain, a Consultant Paediatric Ophthalmologist at The Portland Hospital.

'And, unlike a book or a Kindle, a computer, tablet or phone screen, where the image is made out of pixels, flickers, making it harder for the eyes to focus on it for long periods of time.

'It's this aspect of screens which causes computer users to suffer from headaches, and we see similar problems in children who use screens like this for long periods of time.'

The pervasiveness of such technology only exacerbates the problem.

Children who use tablets and smartphones could lack motor skills, increase their risk of Alzheimer's disease, be socially and emotionally stunted.

'Sitting in front of a smartphone or tablet is not necessarily any worse than sitting in front of a TV but, because portable devices are so readily available, children are likely to be spending more time in front of them than they would in front of a television,' says Mr Jain.

So, just how much time is it appropriate for a child to spend in front of a screen?

'There are very few guidelines, but both the American Association for Pediatric Ophthalmology and the American Academy of Pediatrics say children under two should have no screen time and that those older, should have less than two hours a day,' he adds.

Mr Jain also recommends regular screen breaks and suggests that screen time should be balanced by outdoor play - and not just because of the physical benefits.

'Studies from Singapore have shown that playing outside does work to counteract screen time. Being outside is very good for eyes because things are not in straight lines and the eyes are forced to focus on things that are at different distances,' he says.

However, tablets and smartphones shouldn't be entirely demonised. There

is some research that suggests that they can actually support literacy in nursery, early primary and special education and, in a hospital setting, many medical professionals are in no doubt that gadgets have a very valuable part to play.

'The portability of iPads makes them very useful in situations where you want to distract a child,' says Manisha Wickrama, Play Specialist at The Portland Hospital. 'If a patient is having a procedure, we might use an iPad and get them to focus on that rather than, for example, the blood test.'

Tablets can also be used to help prepare children for operations or hospital tests that might otherwise be very daunting.

'If a child is claustrophobic, one of the play specialists will explain exactly what an MRI involves and show them pictures of the scanner on an iPad,' explains Chiara Shenoy, Senior Radiographer at The Portland Hospital. 'They even have an app that plays the noises it makes - it sounds a bit like being on a construction site, with lots of banging and knocking.'

Beyond distraction and preparation, Manisha believes that there is a purely recreational role for gadgets like these.

'As well as iPads, we have an Xbox, Nintendo Wii and DS as part of our provision for adolescents. But we'd also encourage children to explore many other forms of play and therapeutic activities too,' she says.

And that's probably the best advice that parents can take too. By all means let your child engage with technology, but supervised, in moderation, and as part of a whole range of stimulating activities that will help them develop.



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PARENT TALK

Q

Why do so many children have allergies and what's the best way to treat them?

By Sophie Goodchild

A There's no doubt that an increasing number of children are developing allergies, and there are several theories to explain this rise. One of the most popular theories is that we've become too clean for our own good which means children aren't being exposed to enough germs. It's these good and bad germs which help shape our immune system which, in turn, keeps us healthy.

The most common foods that trigger an allergic reaction include eggs, milk, wheat and peanuts. Peanut allergies are the biggest problem. More than one in 50 children in the UK has an allergy to peanuts which they're unlikely to outgrow - and there are 25,000 new cases of peanut allergy every year in the UK.

Children who develop eczema early in life are most likely to also develop a peanut allergy, according to a pioneering new study called Learning Early About Peanut Allergy (LEAP). This research concluded that eating peanuts is an effective way of preventing food allergies developing in the first place. In fact, experts now recommend parents introduce

peanuts into the diet of babies with severe eczema as early as possible. This overturns previous guidance which recommended avoiding or at least not introducing foods that can produce an allergic response.

'My advice to parents who have a baby with eczema is to see their GP, a paediatrician or an allergist so that their infant can be evaluated,' says Professor Gideon Lack, a Consultant Paediatric Allergist at The Portland Hospital who led the LEAP study.

'The doctor can check if they have a peanut allergy using a skin prick test. If the result is negative, then peanuts should be introduced into the baby's diet under the doctor's guidance in order to develop a tolerance. However, the food needs to be introduced into their diet in the first year of life for this to be successful. Early introduction is key, even as early as four to six months of age, and the baby should consume the equivalent of about five teaspoons of peanut butter per week over the first few years of life.'

When it comes to weaning, Professor Lack recommends introducing new foods individually on different days, but quite rapidly and from the age of

four months so that children build up a tolerance to a wide range of foods.

And if a rash appears after eating a new food, it doesn't necessarily mean they are allergic to it.

'In many cases, if parents see an eczematous rash on their child they think, 'it must have been the banana or the egg I fed them', and so avoid the food,' says Professor Lack.

'This fear that foods are causing eczema and other symptoms in young infants is preventing children from eating these foods regularly and developing a tolerance to them. It means the allergy becomes a self-fulfilling prophecy.

'I'm convinced that excessive fear of foods and avoidance during the first six months to one year of a baby's life is a significant driver behind food allergies.'

So, if you are worried that your child may have an allergy, make sure you seek help. With the right professional support and guidance, parents can take steps to ensure their child doesn't develop an allergy in the first place.

How simple lifestyle changes can improve women's health

Adopting a healthy lifestyle can be all it takes to improve women's health and boost fertility.

AFTER BEING DIAGNOSED WITH A MEDICAL CONDITION, ONE OF THE first questions you often ask is whether there is a pill or procedure to cure it.

Modern medicine offers an ever-growing range of medicines and many clever surgical procedures which allow doctors to treat health complaints more effectively than ever. But sometimes what's needed is far simpler than the latest pill or high-tech device.

Professor Ellis Downes, a Consultant Obstetrician and Gynaecologist at The Portland Hospital, has been looking after women for over 25 years.

He believes that, increasingly, lifestyle factors may hold the key to improving health. He says: 'When a patient comes to me with a concern, whether she's got a gynaecological issue, or is pregnant, increasingly I can see how her lifestyle might have affected her – positively or negatively.'

'We can't do anything about our genes, but by looking at our lifestyles we can maximise the chances of staying healthy and especially maintaining our fertility.'

'Modern medicine, with new drugs and clever surgical procedures, can help many problems, but all too often maintaining a healthy lifestyle, or changing a poor lifestyle can really help women with female health problems.'

Adopting a healthy lifestyle – eating healthily, maintaining a healthy weight, exercising, not smoking and drinking alcohol in moderation – is not rocket science. But it can be difficult to achieve in the fast-paced world in which we live, where there is an abundance of fast food and many of us are time poor. However, taking steps towards a healthy lifestyle can make all the difference.

'Disease and health are influenced by our genetic make-up and our lifestyle,' says Professor Downes.

'We can't do anything about our genes, but by looking at our lifestyles we can maximise the chances of staying healthy and especially maintaining our fertility.'

Here Professor Downes explains how lifestyle factors can affect and boost women's health.

OBESITY

We all like a good meal and enjoy a bit of chocolate. However, for an increasing number of people, obesity is a real problem.

The UK is in the middle of an obesity epidemic and, while the risks of obesity are well known in terms of increased chances of dying from heart disease or diabetes, the effects on female health are less well known.

Obese women are more likely to have heavy periods because extra fat tissue affects hormone production, especially oestrogen.

They are also more likely to find it difficult to conceive – and less likely to be successful with infertility treatment like IVF.

Obesity is now recognised as a major risk factor in pregnancy, increasing the risk of miscarriage and stillbirth.

Obese women are also more likely to have a difficult birth; needing assistance with a vaginal delivery (ventouse or forceps) or an emergency caesarean section in labour.

MUSCLE TONE

While avoiding obesity is important for your health, so is the way you maintain a healthy body shape.

Health professionals are increasingly recognising the concept of 'healthy slim' versus 'unhealthy slim'.

Unhealthy slim means losing weight by semi-starving, while healthy slim involves a combination of calorie restriction and exercise to increase the muscle to fat ratio.



A recent Italian study of women who were struggling to conceive divided them into two groups. They both weighed the same, but one group was advised to do modest muscle toning exercise while the other was merely advised to avoid being overweight.

Those women doing the muscle-toning had a higher spontaneous pregnancy rate compared to the other group.

SMOKING

The simple advice is, don't smoke. Apart from the obvious concerns about lung cancer and heart disease, smoking has significant effects on women's health.

The risk of infertility is doubled in smokers versus non-smokers.

It takes roughly one and a half years longer for a woman who smokes to conceive compared to a non-smoker.

That's because nicotine and tar products in cigarettes reduce the action of the cilia, the tiny hairs in the fallopian tube which move the sperm and egg along.

Women who smoke are also more likely to have an earlier menopause compared to non-smokers.



ALCOHOL

Sensible drinking not only maintains health, but can prevent alcohol-related problems.

Very heavy drinking can affect a woman's hormones and cause irregular or heavy periods.

Advice about drinking alcohol during pregnancy has become very confused – some doctors say not to drink at all during pregnancy, others say one to two units up to twice a week is acceptable.

Looking at the evidence, the occasional glass of wine in pregnancy won't cause any problems - although many women who are pregnant just don't feel like drinking as they can't taste it properly.



DIET

It goes without saying that we should try to eat a balanced diet, with plenty of fresh fruit and vegetables.

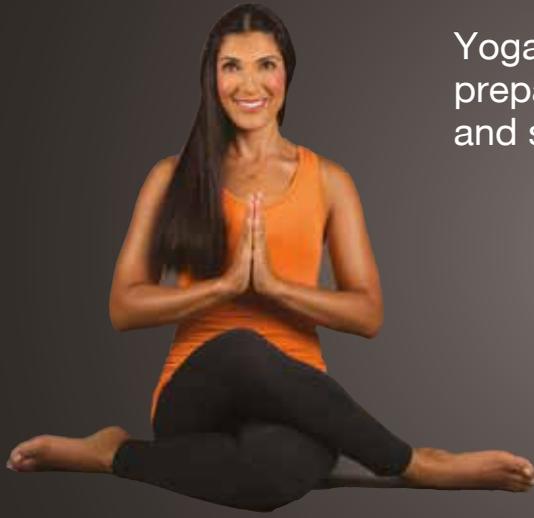
Every week, medical journals are full of the latest discoveries about the benefits of Vitamin D - which is increasingly recognised as one of the most important vitamins.

It is now recommended that pregnant women should take Vitamin D supplements. While data can be confusing and further research studies about the effects of Vitamin D on pregnancy are needed, it is now generally accepted that Vitamin D supplementation in pregnancy has a beneficial effect on birth-weight – babies of mothers who take the supplement have a higher birth weight which generally means they are healthier and have fewer neonatal problems.

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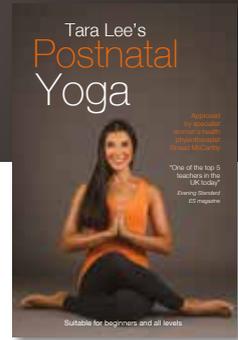
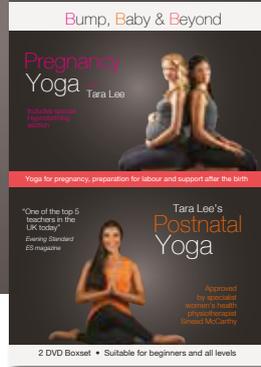
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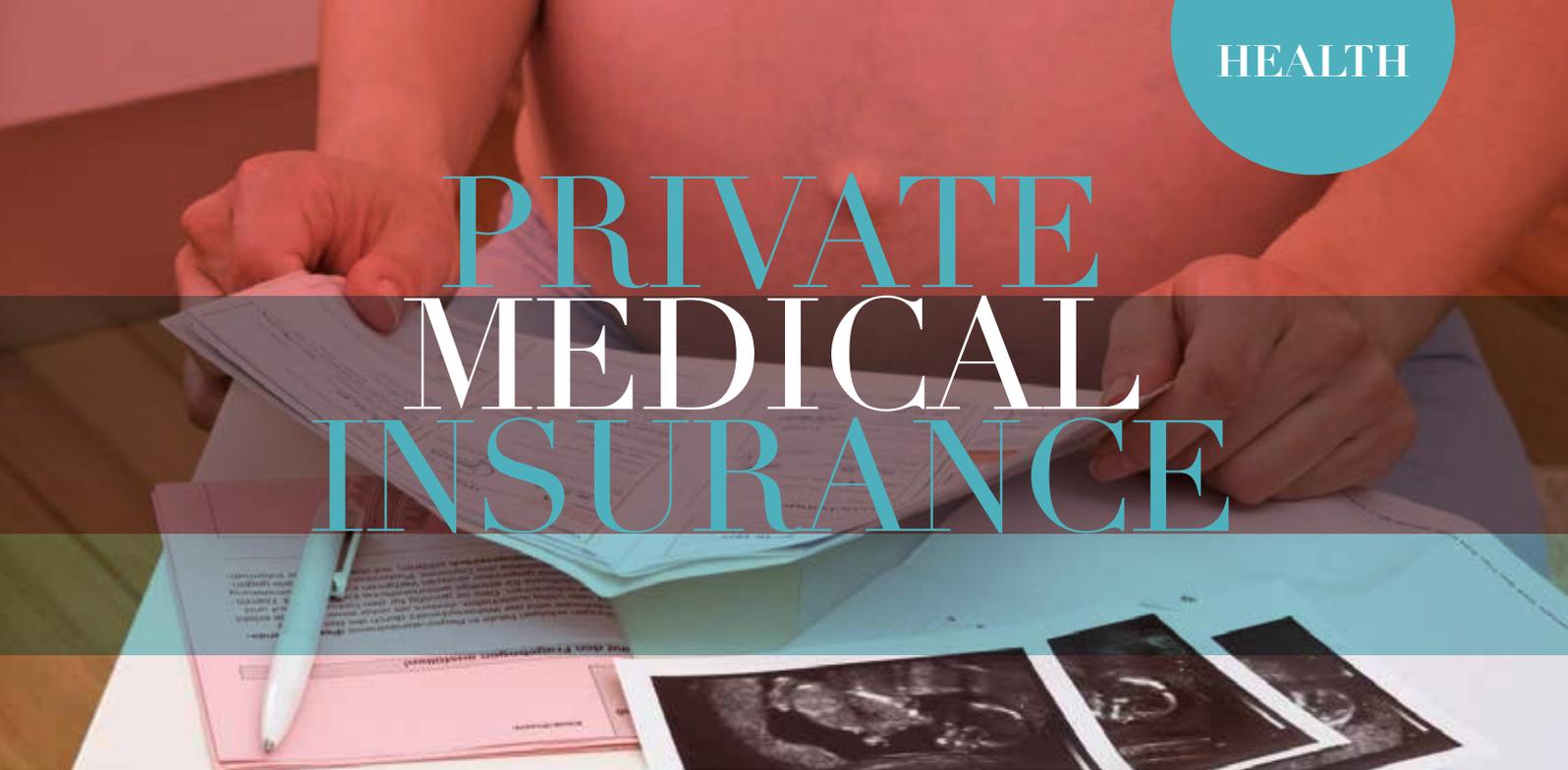
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PRIVATE MEDICAL INSURANCE

FINDING OUT YOU ARE PREGNANT IS an exciting moment for most couples.

However, working out what maternity care you are entitled to on your private health insurance can often prove to be something of a minefield.

No two private health insurance policies are the same, which means that what is covered by one insurer, may not be covered by another.

Unfortunately, as a general rule, UK private health insurance policies do not cover the costs of routine childbirth, explains Brian Walters, former vice-chair of the industry body the Association of Medical Insurers and Intermediaries (AMII) and principal of award-winning health insurance broker Regency Health in Cheltenham.

'Some insurers cover complications of pregnancy, such as ectopic pregnancy, post-partum haemorrhage, miscarriage and caesarean section where there is a risk to the mother's life, but routine childbirth is not generally covered,' he says.

However, there are exceptions. For example, Freedom Health Insurance offers an 'Executive Benefits' package on its 'Elite' plan, which provides £3,000 toward routine maternity during the lifetime of the policy, but only after a two-year qualifying period.

International medical insurance policies provide more generous cover for routine maternity.

But only certain insurers will cover UK nationals in addition to expats, says Mr Walters.

One such insurer is Morgan Price, whose top-level 'Evolution Elite' plan covers routine maternity up to £10,000 after a 10-month waiting period, while InterGlobal has a maternity add-on that provides US\$8,500 for normal pregnancy and childbirth after a 12-month waiting period.

At The Portland Hospital, patients paying for their care account for about 45 per cent of its 1700 deliveries a year. Maternity packages at The Portland Hospital start at £6,850.

The cost of private maternity care is made up of several different components: the consultant obstetrician's fees, anaesthetist's fees, paediatrician check, routine antenatal scans and blood tests, and hospital fees.

However, costs will vary depending on which doctor you see and the level of care you and your baby need, and costs will rise in the case of an emergency.

'Some insurers cover complications of pregnancy, such as ectopic pregnancy, post-partum haemorrhage, miscarriage and caesarean section where there is a risk to the mother's life, but routine childbirth is not generally covered.'

If in doubt, the best thing to do is check with your insurer. Even if you are one of the lucky ones whose maternity care and delivery is covered, it's important to check exactly which elements are covered as there are likely to be some exclusions.

For those without private health insurance but who want the benefits of private maternity care, which include convenient antenatal appointments, continuity of care and a more comfortable environment, paying for care themselves is the other option.

Nigel Hawkins, Head of Contracting at HCA International, said: 'At a high level it is fairly easy to generalise – if you have a UK insurance policy you may not be covered for all the costs associated with pregnancy and complications unless you have a medical need for a caesarean section. If you have an international policy it is likely you have access to more generous benefits. The devil is in the detail though. If at all possible, my advice would always be to check the terms of your policy before you actually want to use it and to confirm with your insurer if you are unsure.'



PREGNANCY INSPIRES A BOOMING BUSINESS

How a severe case of Pulmonary Arterial Hypertension which almost cost a mother and baby their lives, turned into a successful business venture.

By Nicole Mowbray

LOTS OF CHANGES HAPPEN TO A woman's body during pregnancy. Aches and pains appear where previously there were none, and activities that were easy suddenly become more difficult.

So when 32-year-old Hollie Sassienie began to get breathless 15 weeks into her first pregnancy, she wasn't overly concerned.

'My sister was actually pregnant at the same time and we discussed our health throughout,' says Hollie.

'She wasn't feeling too different from me, so I really didn't think it was anything to worry about, especially as I have always suffered with asthma.'

However at 22 weeks, Hollie, an events manager, became unable to walk to the bathroom or go upstairs without fainting.

'I'd never fainted before in my life,' Hollie says. 'I spoke to people and my midwife and we just put my symptoms down to pregnancy.'

However, Hollie's condition took a turn for the worse seven weeks later, when she passed out six times over a weekend.

'I sat up to go to the toilet in the night and fainted on the bed,' Hollie recalls. 'My husband Darren woke up and called an ambulance. The consultant at the hospital immediately referred me to a cardiologist who did an echocardiogram.'

The results of the picture of Hollie's heart were devastating.

They showed she was in a critical condition and could die at any moment.

Unbeknown to her, Hollie had developed a dangerous heart and lung condition called Pulmonary Arterial Hypertension.

The condition means the arteries carrying blood from the heart to the lungs constrict abnormally, forcing the heart to work harder than usual.

Sufferers of the often-deadly disease are advised not to get pregnant as the risk to the health of both mother and baby is too great.

They've since appeared on Dragon's Den, received awards from business tycoons Theo Paphitis and Sir Richard Branson, scooped 15 awards and the company is going from strength-to-strength, with many celebrity fans.

However, Hollie had no idea she had the condition until she started feeling unwell when she was pregnant.

Doctors told Hollie her daughter would have to be delivered prematurely, in the next 48 hours.

'It didn't seem real until I woke up in the critical care unit at Hammersmith hospital at 2am,' she says.

'My mum, dad, brother, sister and Darren were all at my bedside. I was 29-weeks pregnant and a tube had





been put into my heart to deliver medication to try to bring the condition under control.'

While Hollie was in hospital, Darren sprang into action. Despite finding that two women with Hollie's condition who'd delivered babies had both died days later, he desperately searched for consultants who were experienced in complicated cardiac obstetrics.

Five weeks after being admitted to hospital, Hollie was taken into surgery to deliver her baby in May 2012, accompanied by a roomful of consultants and experts. The procedure took five nerve-wracking hours.

Despite being six weeks premature, baby Gabriella was born healthy, and was sent home after 10 days.

Hollie spent a total of three weeks in

'When I got home, I couldn't get out to buy the things I wanted to,' Hollie says.

'So my friends put together a box of treats and necessities for both Gabriella and me. It started me thinking, wouldn't it be great to produce these commercially?'

The couple launched Sassy Bloom – a personalised monthly subscription service for mothers and babies between the third trimester and the age of two - in November 2013.

Every month, subscribers receive a box of age-appropriate goodies for their baby, including toys, books, accessories and products - sometimes with an occasional treat for mums thrown in too.

They've since appeared on Dragon's Den, received awards from business tycoons Theo Paphitis and Sir Richard



hospital before being allowed home.

But Hollie and Darren's experience was life-changing in more ways than one.

Branson, scooped 15 awards and the company is going from strength-to-strength, with many celebrity fans.

'Sassy Bloom is doing really well,' Hollie says. 'Mums and babies really love it. We have a great community of mums active on social media and every day we have a stream

of photos, videos and posts with people raving about their latest Sassy Bloom box and counting down to their next one.'

Hollie will have Pulmonary Arterial Hypertension for life and needs daily medication to keep it under control.

'My condition will never go away, but I have learned to manage it,' Hollie says.

'Keeping regular appointments has meant my symptoms are under control and there is no need for me to have a heart and lung transplant, as some other sufferers need.

'For the first six months I had to put medicine into my heart intravenously twice daily. Now, I take tablets three times a day. I'm so glad I have my daughter and, while I didn't have the best experience of pregnancy, so much good has come out of it.'

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A day in the life of...

**Chiara Shenoy,
Senior Radiographer
at The Portland Hospital**



“THE RADIOGRAPHY TEAM AT THE Portland Hospital usually sees around eight patients a day, including babies, and we are one of the only sites in London that offers MRI scans under general anaesthetic.

My day starts at 6am when I get up and head to a climbing wall in Bermondsey to do some bouldering. After a session there, I get on my bike and cycle to work.

I’m one of three MRI radiographers and usually start work at 9am. If we’re doing scans under anaesthetic – which we do twice a week – I’ll start at 8am. I wear a tunic and trousers, and make sure I’m not wearing anything metallic as this can interfere with the scanner.

When patients come in, we spend time with them going through their medical history. We also prepare them for what to expect when they are having the scan. If a child is claustrophobic, then we have play specialists who explain exactly what the MRI involves. They show them pictures of the scanner on an iPad, and have an app that plays the noises it makes – it sounds a bit like being on a construction site, with banging and knocking and the scan can take from 30 minutes to up to two hours.

For very young babies under three months old, we do a ‘feed and wrap’ scan where the baby has a feed while in our department and, when they fall asleep, we scan them. For older babies, we find they are much more aware, so a scan under a general anaesthetic works better.

We’re a very close-knit team in the imaging unit and our work is quite varied. Within the department we have around seven radiographers in at any one time, with a range of specialisms. We have CT scanning which does cross-sectional 2D or 3D images, X-ray rooms where we carry out standard X-rays and fluoroscopy (real-time X-ray) to look at things like the gastro-intestinal tract, fibroids and carry out urological examinations, ultrasound rooms to scan children, plus an additional ultrasound service that specialises in women’s imaging (to look at the pelvic organs and investigate causes of infertility). The bulk of our MRI scanning is on the brain and spinal cord. At The Portland Hospital, we tend to do more specialised imaging than you’d find at other hospitals.

The best part of my job is working with kids. We have some three year olds who are willing to go in the scanner without an anaesthetic. In a daunting

environment, they can be really brave and it’s really satisfying to work with them and make their experience a positive one. We often get letters afterwards from the children saying how much fun it was. It’s great to get a good result, regardless of what is going on medically.

The toughest part is unexpected findings on scans – when you see things for the first time that even the doctor might not be expecting. It’s why we do the job, but it’s hard and you can’t give too much away which can be difficult. Radiologists report their findings to the doctor - we don’t pass information to the parents directly.

When my working day finishes at 5pm, I jump on my bike and sometimes cycle to yoga. It can take a while to unwind from a difficult day, but I find being on my bike really helps me process things. I’m from Melbourne, Australia, but have been in London for 12 years, so often have friends over for dinner and am in bed by 10.30pm.”

As told to Louisa Pritchard



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By Nicole Mowbray



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Green People – Organic Babies Baby Wash and Shampoo. £7.25 greenpeople.co.uk

Estelle and Thild – Biocare Mild Baby Shampoo. £13.50 beautybay.com



This Works – Baby Sleep Body Wash. £12.00, thisworks.com



Sophie La Girafe - Starter Kit. £14.99 Available from Harrods. Sophielagirafe.co.uk

Bamford – Baby Hair and Body Wash. £20, bamford.co.uk



Estelle and Thild – Biocare Baby Wash. £13.50 beautybay.com



Dads change *nappies* too

Every parent knows that shopping with a baby is no easy task and when it comes to changing your baby's nappy, it can become a particularly tricky task for dads. Not having access to the baby changing facilities because they are located in the ladies bathroom or they are simply not there is a common frustrating occurrence.

Ashton Kutcher took to social media this year to vent his angst about this issue and highlighted a very good point: dads change nappies too. Thousands of dads across the country agreed and championed Kutcher's campaign to improve baby changing room facilities.

For Sudocrem Care & Protect, encouraging retailers to improve their baby changing rooms and recognising the best ones out there is no new task.

This September, Sudocrem Care & Protect will launch the third 'Baby Changing Room Awards' whereby the public will vote for who they believe provides the best baby changing room facilities. Last year saw Sainsbury's in Wandsworth, London crowned the winner.

"It's often simple things like good baby changing facilities that make life better for parents in the First 1,000 Days", says father-of-three Nick Wilkie and CEO of NCT, "That's why the Baby Changing Room Awards are such a great idea and why NCT is so pleased to be involved."

As lots of parents discover, it's not just shopping which creates a few nappy changing challenges. Try travelling on motorways to discover that the world isn't baby friendly! That's why this year's awards include a new category - Best Service Station - along with Best Retailer and Best Independent Retailer.

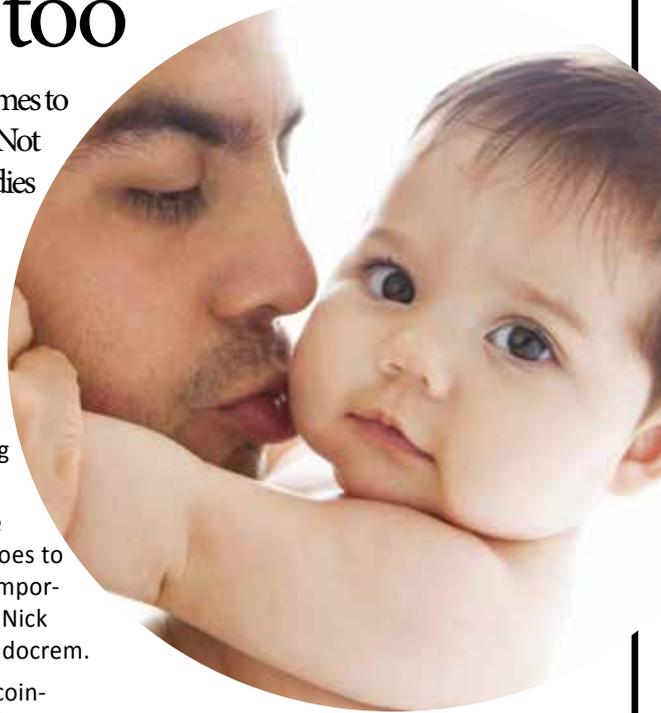
Sudocrem Care & Protect has also been developed with the practical considerations of parents in mind together with the needs of delicate infant skin. The unique nappy rash ointment acts as a barrier to protect delicate skin against the chemicals found in urine and poo. It conditions the skin with Vitamin E and pro Vitamin B5, which helps to protect the skin and keep it soft, healthy and moisturised. Finally a protective barrier guards against infection. Not only does this changing bag essential provide triple protection against the cause

of nappy rash but it is also comes with a hinged flip-top lid which gives quick, mess-free access to the ointment using just one hand; a must when nappy changing demands speed and efficiency!

"Every year we get more and more entries for our award, which just goes to show that retailers recognise the importance of being baby friendly," says Nick Lang, Senior Brand Manager for Sudocrem.

The Baby Changing Room Awards coincides with the launch of the Babychange app by NCT sponsored by Sudocrem Care & Protect.

The winning baby changing rooms will receive a special certificate and use of the Sudocrem Care & Protect Baby Changing



Be in with a chance of winning a short break at Knoll House, Britain's original family friendly hotel*.



*Terms & Conditions apply



Room logo. Everyone who nominates their favourite changing facilities will also be entered in to a prize draw for the chance to win one of several prizes, including a short break at Knoll House, Britain's original family friendly hotel*.

If you would like to nominate a changing room for the award, then let us know which baby changing room, why you want to nominate them and preferably a photo on Facebook, on the Sudocrem website or by emailing: babychangingroomawards@satellitepr.com. Entries will be judged by Nick Wilkie and Sudocrem.

The closing date for entries is 13th of December 2015 and the winners will be announced in the first week of January 2016.



For more information about Sudocrem Care & Protect, visit

www.sudocrem.co.uk/care-and-protect



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2



3



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4



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3. Children's wooden play shop by Nic Nac Noo, £169, notonthehighstreet.com (food not included)

4. Tidlo country play kitchen, £125, very.co.uk

5. Meat and fish crate, £11.99, argos.co.uk

6. Felt pizza set, £16, gltc.co.uk

7. Wooden ice lollies, £15, naturalbabyshower.co.uk



6

7



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1



3



2



4



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7



8



9



6



11



10

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2. Tote Bag £69.00, seraphine.com
3. Cashmere qipao long sleeve top, Shanghai Tang, £413, shanghaitang.com
4. Printed midi skirt, Rocha John Rocha at Debenhams, £45, debenhams.com
5. Nordica capri leggings, Lucas Hugh, £250. Cross-back tank, Lucas Hugh, £150, net-a-porter.com
6. Sapphire navy skinny jeans, Saltspin, £145, saltspin.com
7. Navy and gold stone-set watch, Accurist, £70, hsamuel.co.uk
8. Soft tailored culotte, John Lewis Kin, £69, johnlewis.com
9. Printed wrap skirt, John Lewis Kin, £59, johnlewis.com
10. Navy trenchcoat, Rain-Wave, £220, rain-wave.com
11. Cross body bag, Laael, £270, laael.com

TREATING GESTATIONAL DIABETES

It affects up to 10 per cent of pregnant women and is symptomless. So how do you know if you have gestational diabetes?

By Lucy Elkins



DIABETES IS OFTEN THOUGHT OF AS A DISEASE THAT affects only the overweight or unfit - but it is a common problem among pregnant women too.

In fact, up to 10 per cent of expectant mothers develop a form known as gestational diabetes, according to Mr Ashok Kumar, a Consultant Obstetrician at The Portland Hospital.

The problem is that, unlike the more common lifestyle-related Type 2 diabetes, there are no tell-tale symptoms such as excessive thirst. So, in many cases, there is nothing to alert the pregnant woman that something may be wrong.

Here Mr Kumar, who has conducted research into this subject, explains all you need to know about gestational diabetes, how to find out if you have it and how it is treated.

What is gestational diabetes?

Gestational diabetes means you have unusually high blood sugar during pregnancy.

Normally, the hormone insulin picks up glucose from the blood stream and helps get it into cells. However, during pregnancy, the body can become less sensitive to the effects of insulin, leading to a rise in blood sugar.

The trigger in expectant mothers is hormonal changes taking place in their body.

‘Hormonal changes – such as the rise in progesterone - change the way the body uses insulin,’ explains Mr Kumar.

These changes mean it becomes less easy for insulin to take sugar out of the blood stream and into the cells of the body. It’s Nature’s way of ensuring there is enough energy getting through to the baby, but sometimes this system works too well and it tips the woman into diabetes.

Who is at risk?

Anyone can develop gestational diabetes at any stage of pregnancy, but some people are more vulnerable than others.

‘If you are of Asian, African or Middle Eastern descent, then your risk is instantly higher than it would be otherwise,’ says Mr Kumar.

‘A woman who has a body mass index (BMI) of 30 or more, has previously had diabetes in pregnancy or whose mother or father has diabetes – be that Type 1 or Type 2 – is more likely to develop it too.’

Women are screened during their first antenatal check-up at The Portland Hospital to see if they have any risk factors for gestational diabetes.

'If they do, then we may do a fasting blood glucose test – this checks the amount of glucose circulating in their blood and can tell us whether or not they have, or are likely to develop, gestational diabetes,' says Mr Kumar.

Women without risk factors will also be screened later in their pregnancy.

'We normally do this with a blood test between 24 and 27 weeks – if we did it earlier we might not pick it up,' adds Mr Kumar.

What problems can it cause?

Without treatment, high levels of sugar circulating in the mother's blood will be passed on to the baby.

'The baby then grows very big (10lbs or 4.5 kg or more) and that can make labour complicated and increases the risk of intervention during delivery,' adds Mr Kumar.

The other issue is that, as the baby is having more sugar than normal, it has increased levels of insulin to deal with this.

'As soon as the baby is born, it has less sugar to process but insulin levels are still high and this means the baby is at risk of hypoglycemia - when blood sugar drops dangerously low - and this can lead to fits in the infant,' says Mr Kumar.

How is it treated?

Happily, there is much that can be done to tackle gestational diabetes. Simple things like swapping to a low carbohydrate diet and taking regular exercise can help.



'We have specialist dietitians at The Portland Hospital who can devise a diet for women to help ensure they have minimal carbohydrates but still have all the energy and nutrients they need for a healthy pregnancy.

What is the risk to the child?

A baby born to a mother with gestational diabetes is at greater risk of developing Type 2 diabetes themselves in later life.

'A woman who has a body mass index (BMI) of 30 or more, has previously had diabetes in pregnancy or whose mother or father has diabetes – be that Type 1 or Type 2 – is more likely to develop it too.'

'They can also advise on exercise. Around half of women respond simply to that and need no further treatment,' says Mr Kumar.

Those who don't respond may be put on metformin, a drug which helps lower blood glucose. In some cases, injectable insulin may be necessary.

'In around 96 per cent of cases, diabetes resolves completely once the baby is born – but, in a small percentage, it continues for life,' says Mr Kumar.

A woman who has had gestational diabetes is at greater risk of developing Type 2 diabetes and so will have her blood glucose levels measured annually to check they are not starting to creep up.

Type 2 diabetes occurs when the body becomes less sensitive to the effects of insulin and starts to produce less than the body needs, so blood sugar levels start to rise. If left untreated, it can cause serious health conditions such as heart disease, nerve damage and kidney problems.

The child is also at an increased risk of obesity.

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1. Morris H, The bottom line on nappy rash, British Journal of Midwifery, September 2012, Vol 20, No 9, pages 540-543

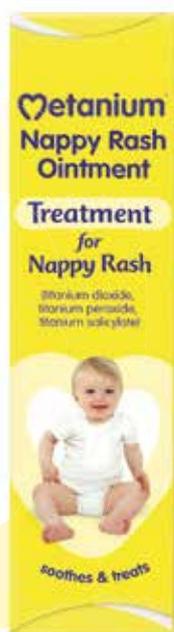
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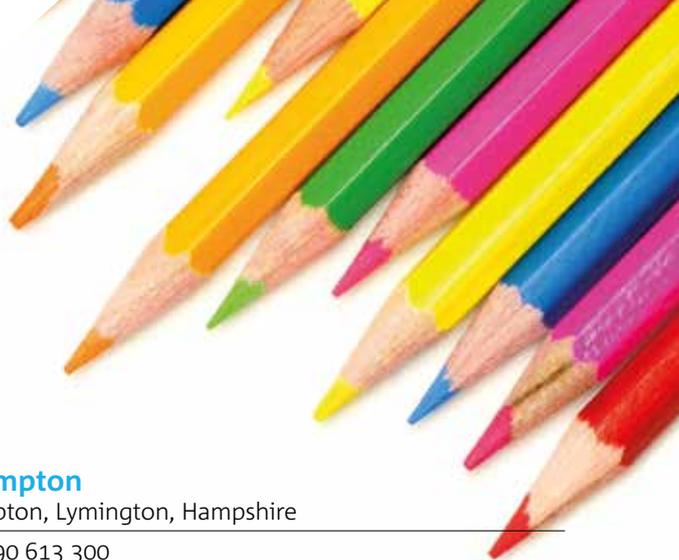


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Ages 3-13. Number of pupils: 300

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Headteacher: Mr Donal Brennan
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Admissions contact: Mrs Penelope Sticher - registrar@eatonsquareschool.com or Mrs Lyndsay Salaman - nursery@eatonsquareschool.com

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Headteacher: Mr Titus Mills. B.Ed, PGCE
Admissions contact: School Registrar, Mrs Suzanne Wright

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☎ 020 7225 3131
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Headteacher: Mrs Hilary Wyatt
Admissions contact: Ms Emily Markham - registrar@ravenstoneschools.com

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ISI REPORT 2015



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www.queensgate.org.uk



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Before starting, children are assessed by Specialist Teachers and an individual programme is designed. Children enrolled in the Morning School receive English (**dyslexia**), maths (**dyscalculia**) and touch-typing/handwriting (**dyspraxia**) lessons. Groups are no larger than three and often individual.

Dependent on needs, children usually attend one to five mornings a week, for usually one to three terms.

The McLeod Centre for Learning runs after school sessions for 5-18 years. A wide range of subjects to 'A' level is offered as well as remedial handwriting, touch-typing and **tutoring** for 4+, 7+, 8+, 11+, and 13+ **entry exams**. Specialist support for dyslexia, dyspraxia and dyscalculia is also available. Our teachers, experienced in selection processes, provide **interview practice** for independent preparatory and senior schools.

... children conquer their learning needs within a nurturing environment

The McLeod Centre for Learning's **touch-typing** classes are after school and at weekends during term time. Intensive courses are run during holidays. Many children, who have already learned during a course choose to continue, to work on spelling whilst building typing speeds.



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