



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Burping, fear of childbirth, cancer diagnosis, and corner shops

Burping. There can be few more frustrating consultations than those with first-time parents trying to manage infantile colic. The desperation in their sleep-deprived voices can make it extremely difficult not to offer some intervention. In a recent Indian randomised controlled trial, a paediatric team sought to determine the impact of teaching parents about burping technique on colic and regurgitation episodes in a population of term new-born babies, following them up for 3 months.¹ A total of 19% of the cohort of babies went on to get colic and there was no difference in prevalence of colic or number of episodes between the intervention and control groups. Episodes of regurgitation, meanwhile, were actually significantly higher in the intervention group. Although the study was limited by the small sample size and the difficulty recording outcomes, it's safe to say we won't be rushing to fund burping training interventions in the NHS any time soon!

Fear of childbirth. For a small minority of women childbirth is seen as a distressing experience with the fear being so severe it becomes disabling, often leading to caesarean section requests. In light of the concerns about rising caesarean section rates around the world, this has become an important target for intervention, and women experiencing severe fear in Sweden are now offered counselling. Meanwhile, in a recent study of pregnant Australian women, the sources, responses, and moderators of childbirth fear were examined through qualitative investigation.² In nulliparous women, lack of confidence to birth, fear of the unknown, and concerns about perineal tearing and labour pain were common. However, for multiparous women, negative experiences of previous births were the most prominent factor. Both groups had unmet information needs and chose to avoid birth planning in order to cope during the pregnancy. The authors suggest maternity care models should offer opportunities for personalised conversations that help women modify their fears in early pregnancy to promote positive anticipation and preparation for birth.

Cancer diagnosis. Every time a news story discusses cancer diagnoses through emergency presentations, there seems to be debate and disagreement about the extent to which this reflects on the quality of primary care. Significant event audits (SEA) are a tool for self-reflection and improvement and now a key part of GP revalidation. In a recent study, SEA reports from GP practices about their last patient diagnosed with cancer via emergency presentation were gathered and analysed.³ In most of the 222 cases, patients had contact with their practice before diagnosis. Cases with protracted primary care contact were often characterised by complexity, comorbidity, and reassurance from negative investigations. Although the authors acknowledge that in many cases emergency admissions are unavoidable and clinically appropriate, they also include a number of clinical recommendations. Among them is encouragement for GPs to seek 'second opinions' and challenge colleagues' opinions to ensure a holistic assessment approach. In addition, they suggest particular care should be taken to ensure action plans and potential diagnoses are always recorded fully in patient notes.

Corner shops. Many low-income minority neighbourhoods have high levels of obesity and one of the contributing factors may be limited accessibility to full-service supermarkets. Corner shops tend to stock calorific and unhealthy foods and sugary beverages and their proximity and convenience make them popular in disadvantaged, inner-city areas. A group of researchers recently conducted point-of-purchase surveys from customers exiting four New York City corner shops (known as 'bodegas').⁴ Most consumers (68%) shopped at them more than once daily and the most commonly-purchased items were sugary drinks and snacks, coffee, sandwiches, and potato chips. The study is a stark reminder that access to affordable, healthy foods can be a considerable challenge in urban areas and that health inequalities continue to exist in communities all over the world.

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