



doi:10.1136/edpract-2023-326271

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As I began to write this Epistle, I heard the exciting news of India making history with the first successful landing of the Chandrayaan-3 spacecraft near the south pole of the moon. The scientific and technological advancement which made this feat possible are to be shared, to allow other countries to follow suit. At *E&P*, we also aim to share the knowledge and skills to improve clinical practices across different continents. This month's journal brings a series of such articles.

In the Medicines update section, an important article by Vasantha Gowda and colleagues outlines the innovative gene therapy (onasemnogene abeparvovec) in the treatment of babies and young children with spinal muscular atrophy (SMA), a severe neurodegenerative condition. The article details the patient selection and decision-making pathway and the screening process for this exciting disease-modifying therapy. It highlights the importance of early diagnosis to enable timely commencement of treatment (*see page 347*).

I would also like to bring your attention to two fantastic articles in the 'Interpretations' series. The Bristol Stool Chart is a frequently used tool to diagnose constipation and to assess treatment response. Samuel Harvey

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and colleagues provides an interesting background on the origin, strengths and weaknesses of this stool form chart for use in the management of childhood constipation. The article is my editor's choice of the month as it provides a well-written evidence-based context for a popularly adapted diagnostic tool (*see page 335*). Another linked article on the management of childhood constipation authored by Sian Copley and colleagues is also included to provide readers with a full scope of information on this topic (*see page 314*).

The second article in this series is by Jonathan Holland and colleagues on lumbar puncture manometry, which is an essential skill for all paediatricians. The authors have provided fantastic guidance for this procedure, along with an instructional video which can be easily adapted into practice (*see page 340*).

The 'Quality Improvement' series features an article by Sarah Williamson and Nitesh Singh on NEO-TRAIN. This fantastic project uses six targeted, evidence-based interventions to improve the outcomes of preterm babies. The authors highlight how sustainable change can be achieved with committed inter-professional collaboration and continual staff engagement, for instance with learning forums. This can also improve outcomes by reducing practice variation (*see page 374*).

Our 'Problem Solving in Clinical Practice' section brings two interesting and challenging cases. The case of neonatal

anaemia and jaundice highlights missed opportunities in the antenatal and perinatal period which may have otherwise allowed for appropriate early diagnosis of newborn jaundice. With the increasing availability of genetic diagnostics, the importance of reviewing previous pregnancy outcomes, family and genetic history is crucial for alerting the clinical team and planning postnatal investigations prior to delivery. In neonates, due to lack of clinical signs or late presentations, management is heavily reliant on investigations, so the importance of detailed review of investigations is climacteric. I hope this has piqued your interest to read the report by Lucy Jefferson and colleagues (*see page 377*).

There are excellent reviews of evidence-based recommendation on 'Sudden and unexpected postnatal collapse' published by the British Association of Perinatal Medicine (*see page 351*) and on 'Post-exposure prophylaxis for varicella/shingles' published by the UK Health and Security Agency (*see page 355*). This includes a summary of the guidance with helpful practical pointers which may influence practice, such as adapting guidance in the context of available local resources.

All the articles are focused, practical and relevant to clinical practice. I hope you enjoy reading them. I look forward to receiving your contributions and suggestions.

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