To the Editor: Necrotising enterocolitis (NEC) is an acute gastrointestinal emergency occurring almost exclusively in preterm, low birth weight infants. Mortality, morbidity and the complication rate are high. An increase in NEC at the Groote Schuur Hospital nursery in 2008 prompted a change of practice, resulting in a significant decrease of NEC.

Methods
Folders on all infants who developed NEC, defined as infants with Bell's Stage IIIB or more, in the GSHI nursery between 1 July 2007 and 30 July 2008 were reviewed retrospectively. A prospective database of infants diagnosed with NEC was then commenced on 1 January 2009 and completed on 31 December 2009. The results from these periods were compared. Data included birth weight, gestational age, type of feeds received, HIV exposure and outcomes. Permission to maintain a patient database was obtained from the UCT Health Sciences Research Ethics Committee.

Results
Admission totals for the Neonatal Unit during the periods compared were similar: 2 100 in the 2007/2008 period versus 2 140 in 2009. The mean birth weight of infants with NEC in 2008 was 1 344 g (range 705-2 940 g) compared with 1 035 g in 2009 (range 700-1 490 g). The number of patients with NEC was reduced from 52 cases (2.5% of total admissions) in 2007/2008 to 14 cases (0.6% of total admissions) in 2009. During both time periods, the babies who developed NEC were more likely to be formula-fed – 65% of cases in 2007/2008 and 71% in 2009.

Discussion
The exact aetiology of NEC is uncertain. It is almost certainly multifactorial in origin, including prematurity and infection. During the two time periods, the number of admissions remained similar, and patient overcrowding and understaffing persisted. Despite this NEC was reduced. We attribute this to changes in our practice during 2009. We adopted a 'minimal handling' approach and a more conservative approach to managing preterm infants that involved fewer investigative procedures including blood sampling, echocardiography and X-ray.

References

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