

FOREWORD

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The evolution of the subspecialty of Neonatology during the past four decades has been a remarkable one, leading to improvements in both survival and quality of outcome that are nearly unsurpassed in modern medicine. Infants with a variety of surgical problems, congenital heart disease, severe lung disease and congenital malformations, whose survival was once deemed hopeless, now frequently live normal, highly productive lives. Most striking, perhaps, is the outcome of the extremely low birth weight neonate. Infants below 1000 g in the 1970's rarely survived, yet intact survival is now the norm and developmental outcomes in these patients improve on an annual basis. These results have made it seem as if anything is possible in the neonatal intensive care unit (NICU), and the management of even the most complex cases at times looks fairly routine.

Because of this amazing success in the NICU population, however, one class of neonates has, perhaps, not received the attention it deserves, namely the late preterm infant. Because the appearance of these infants so closely resembles the full-term infant, and because the practice of neonatal medicine has improved so dramatically, the late preterm infant has often been erroneously viewed as merely a slightly smaller version of the term infant, with a similarly modest set of potential problems. The past decade, however, has revealed this assessment to be far from the truth, and the late preterm infant has been found to have a constellation of problems that require as much skill and planning as any complex NICU patient. Issues of respiratory distress, hypoglycemia, hyperbilirubinemia, sepsis, feeding problems and other concerns occur far more frequently in this class of infants than has been previously recognized, and survival itself is more of a problem than was formerly appreciated.

Because recognition of the problems of the late preterm infant has been a relatively recent development in Neonatology, few

evidence-based approaches to the management of these patients have been published for the various care providers who interact with them. With the production of Multidisciplinary Guidelines for the Care of Late Preterm Infants, the National Perinatal Association, in collaboration with many expert individuals and organizations, has performed a long overdue service for caregivers that will prove invaluable to physicians, midwives, nurses, ancillary members of the health-care team, and, most importantly, the parents of late preterm infants. The methodical approach to the evaluation and management of these neonates, thoroughly supported by up-to-date references, will serve as an ideal road map to improve the outcomes for these infants. I would urge all neonatal providers to carefully read this manual and adopt these carefully considered and clearly outlined strategic approaches to the care of the late preterm infant.

DISCLOSURE

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