

Spectrum of Practice — Historical Review



Committee on Practice Management

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In 1986, Drs. Merenstein and Rhodes chaired a meeting entitled *Neonatal Manpower* to explore the spectrum of neonatology practices. The practice paradigms presented there were the following:

1. University, academic teaching and research: Phil Sunshine, MD;
2. University-based, multiple hospital delivery of neonatal/perinatal care: Robert Hall, MD;
3. Neonatology incorporated within a (general) pediatric practice: Gilbert Martin, MD;
4. Private (group) neonatology practice in a freestanding tertiary community hospital: John Hartline, MD; and,
5. Military: Gary Pettett, MD.

The participants discussed the evolution of the pediatric subspecialty of Neonatal/Perinatal medicine as the number of

neonatologists was increasing and the influences of diagnosis-related groups (DRGs) and the other precursors of managed care were becoming more prominent. The steadily increasing number of neonatologists becoming available would lead to their presence in smaller hospitals (“a neonatologist in every pot”) and extend their care to healthy premature infants and even into the well-baby nursery. The needs for teaching and research would continue. Much discussion ensued and no consensus arose as to whether the anticipated changes were good or bad.

Since that meeting, the number of neonatologists has more than doubled and the above five paradigms must be expanded to include hospital-employed neonatologists, HMO staff neonatologists, and the neonatologists employed by large national practice management companies. A few neonatologists work exclusively for locum tenens organizations. Neonatologists now cover more hospitals with smaller delivery services, some of which have established NICUs, and responsibility in the normal, well-baby nursery is more common. Because of this complexity, the choice of a practice can be confusing and challenging.

Address correspondence and reprint requests to American Academy of Pediatrics, Section on Perinatal Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098, USA.

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