

# Editorial

## The Role of the NICU in Developing Countries

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The Journal of Perinatology is proud to serve as a platform for the presentation of data from 11 South American newborn intensive care units (NICUs) regarding outcomes of very low birth weight infants. As such, the Journal continues in its tradition of providing a forum for the presentation of international data on the care of newborn infants that allows for comparison of the neonatal mortality and morbidity results from different countries. As these NICUs represent the highest level of care in their respective countries, the outcomes can, in turn, serve as benchmarks for the standards of care throughout Latin America.

The limitations of this study should be clear to all. The NICUs cared for a highly selected population, i.e., only those inborn and admitted to the unit, the units varied in size from 9 to 91 admissions, the total population studied was relatively small, and there are no data as to sociodemographics of the population. Furthermore, as the NICUs came from four different countries, i.e., Argentina, Peru, Chile, and Uruguay, the absence of information as to the countrywide neonatal mortality rates precludes one from putting the outcome data into a full perspective.

These limitations notwithstanding, the authors should be commended for the initial step in the collection of baseline data for what can be termed a Latin American neonatal network on the model of the existing NICHD or Canadian Neonatal Network. One must ask, however, if it would have been more appropriate to limit the comparisons to units from the same country given the different socioeconomic levels of the population in each country, the variety in the organization of the health care services, and the different level of resource allocation for perinatal services. Such a comparison may be a better guide for the health care planners of each country.

More importantly, this article, which focuses on the outcome of the very low birth weight infants, raises serious questions as to the proper role for NICU in non fully industrialized or developing societies. To simply put it, should such societies invest their limited resources for the care of the high-risk very low birth weight infant,

especially those born less than 26 weeks' gestation,<sup>1</sup> as opposed to directing their efforts to the basics of perinatal care for the large cohort of infants who are born with birth weights over 1500 g. As such, the emphasis should be on providing proper nutrition for mothers during their pregnancies, ensuring that there are trained birth attendants and proper thermal environment for each birth, guaranteeing that the basics of neonatal resuscitation be learned and implemented and that exclusive breastfeeding be instituted and sustained. Such measures would undoubtedly have a greater impact on neonatal infant mortality.

On the other hand, as documented in the recently published text: "Improving Newborn Infant Health in Developing Countries",<sup>2</sup> national programs such as the one in India<sup>3</sup> that combine a network (the National Neonatal Forum) of selected tertiary care NICUs with an organized primary care system may well be the way to go for such countries. Critical to the success of such endeavors is that the NICU and its' personnel do not work in isolation from the community, that they have a direct responsibility for training and supervision at the primary care level, and that they not limit their services in the NICU to selected segments of society. Such integrated programs, apparently, are the best bet for improving perinatal outcome.

The Journal of Perinatology, thus, welcomes further contributions from our international colleagues and along with the Section of Perinatal Pediatrics of the Academy of Pediatrics hopes that it can serve both as a facilitator and transmitter of critical information for the welfare of newborn infants worldwide.

### References

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