

Supplement Editor's overview

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It is better to light one candle than curse the darkness—motto of the Christopher Society

This is the fourth supplement to the *Journal of Perinatology* entitled 'Recommended standards for Newborn Intensive Care Unit (NICU) design'. The first supplement that was published in 1999 under the leadership of Robert White, MD established recommendations based on current evidence. A consensus committee was formed and the second supplement was published in January 2003. This consensus committee continued to meet and pursue research as technology advanced, and design and redesign became an integral part of the NICU environment. The recommendations of the sixth consensus opinion were published in the October 2006 supplement to the *Journal of Perinatology*. The seventh consensus committee remains multidisciplinary and consists of physicians, nurses, architects, health care administrators, interior designers, state planning officials, engineers and PhD specialists with expertise in many areas.

Advances have been made in understanding the role of the physical environment, the family and the health care team in providing newborn care, which will improve short- and long-term

morbidity. This fourth supplement expands the environment, as the delivery room standards and the operating room standards are presented in it. In addition to the actual 'recommended standards', there are articles on transitional hypothermia, the impact of architectural design on environmental sound and light, flooring in the NICU, the development of potentially better practices to support the neurodevelopment of infants in the NICU, the impact of a family-centered care initiative on the NICU care, staff and families and the results of the premature birth national need-gap study. In addition, there are recommendations and expansions on the topic dealing with 'single-family' rooms as this type of design has become more popular in the last twelve months.

The goal of these supplements for the NICU design has been to utilize evidence-based information as much as possible and incorporate advancements as technology proliferates.

We are cautious in this 'therapeutic exuberance' but also know that the new NICU design or redesign is a constantly evolving and an exciting field. We will continue to 'light these candles' and 'curse the darkness' with less frequency.

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Committee