

2015 UAB Perinatal Conference

The NICU and Beyond

Before the NICU...

Long before the first neonatal intensive care units (NICUs) opened in the 1960s, physicians treated premature infants and debated their future. To be sure, the smallest such infants likely died within hours at home, victims of what we would recognize as respiratory distress syndrome. The fate of those born 1 to 2 months early, however, hung in the balance. In 19th century American cities, where some 15% to 20% of all infants died before reaching their first birthday, premature babies were the most vulnerable of all. Many succumbed to a vicious cycle of hypothermia, poor feeding, and infection in the first weeks of life. Physicians rarely did anything to save them, and resigned themselves to seeing this high mortality as a law of nature, not amenable to medical effort.

Evolution of the NICU

All of this began to change in 1880. In that year, the French obstetrician E.S. Tarnier introduced two simple but effective interventions on the wards of Paris's largest maternity hospital: the incubator and the gavage feeding tube. Combined with skilled nursing care and wet nurses, the introduction of these two measures was associated with a remarkable decline in mortality of premature newborns in the 1200- to 2000-g range from 66% to 38%. Tarnier's results ignited widespread excitement in France and around the Western world. Paris's health authorities installed incubators in other maternity hospitals, and a variety of newer and more complex models appeared across Europe and the United States. Most remarkably, so-called incubator baby shows became a staple of world fairs and midways at the dawn of the 20th century. Featuring live infants, these shows invited the public to view the new technology in a setting that evoked faith in progress and a dash of side-show sensationalism.

William F. Malcolm. *Beyond the NICU: Comprehensive Care of the High-Risk Infant*, 1st Edition, 2014.

**July 31, 2015
Birmingham, AL**

The Conference will be held in the Children's Harbor Building at the Children's of Alabama Hospital. The Bradley Lecture Center is located on the 4th floor
**1616 6th Avenue South,
Birmingham, AL 35233**
(across from Burger King)

COORDINATORS

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AGENDA

At Discharge & Beyond

Greater numbers of premature infants and infants recuperating from illness, coupled with earlier discharge from the NICU, have increased demand for complex post hospital care.

Survival to discharge has improved across all gestational ages; for those born at 23-26 weeks, the survival is approximately 70 percent, and for those completing 32-36 weeks, the survival rate exceeds 90 percent.

However, intact survival is not always guaranteed, and up to 30-50 percent of very low-birthweight infants, for example, have residual disability associated with chronic lung disease, sensory impairment, neurodevelopmental delays, and nutrition and growth challenges.

The perceived benefits of a shortened hospital stay, such as lessened risk of adverse parenting behavior, decreased hospital-acquired morbidity or cost may be outweighed by increased mortality or morbidity in the infant not yet proved to be physiologically stable.

This complex infant will have a direct impact on the primary care setting, and on a provider who must now be versed in the care of infants with residual issues such as chronic lung disease, neurodevelopmental deficits, growth failure and nutritional deficiencies. Some disabilities may not be immediately apparent at the time of hospital discharge, thus outpatient providers must also carefully assess and intervene early to maximize potential.

The birth of even a healthy infant creates new family demands. When the birth is high-risk, there is additional stress due to maternal recovery from a high-risk pregnancy, uncertainty about neonatal outcome or adaptation to the NICU environment. While preparing for discharge, parents of at-risk infants may remain anxious and question their ability to adequately assume care beyond the NICU.

Parenting a NICU graduate is more challenging due to neurobehavioral immaturity and alterations in behavioral responses or sleep/wake patterns. An infant's well-being is interdependent on his family; therefore, it is essential to identify strengths and risks in the family system that may impact the infant once discharged.

The successful discharge plan must consider family values, and acknowledge characteristics such as cultural and ethnic heritage, language, safety and competence.

Annette Carley, MS, RN, NNP-BC, PNP-BC

7:30a – 8:00a

Registration and Continental Breakfast

8:00a – 8:05a

Welcome

Joseph Philips, MD; Tara McNair, RN, BSN

8:05a – 9:35a

Supporting Developmental Outcomes:
From the NICU and Beyond

Myriam Peralta, MD;

Sheree York, PT, DPT, PCS; Jill Everette

9:35a – 10:05a

IVH in the NICU

Brian Sims, MD, PhD

10:05a – 10:15a

Break

10:15a – 11:00a

Follow-up of IVH

Leon Dure, MD; Paola Mendoza, MD

11:00a – 11:30a

BPD in the NICU

Rune Toms, MD

11:30a – 12:15p

BPD Post Discharge

David Lozano, MD

12:15p – 1:15p

Lunch (provided)

1:15p – 1:45p

Care of the Late-Preterm Infant

Joseph Philips, MD

1:45p – 2:15p

ROP in the NICU

Joseph Philips, MD

2:15p – 2:45p

ROP Post Discharge

Thomas Metz, MD

2:45p – 3:00p

Break

3:00p – 3:45p

Surgical Management of NEC

Colin Martin, MD

3:45p – 4:30p

NEC Post Discharge

Reed Dimmitt, MD

4:30p

Evaluation and Adjournment

The meeting room is usually cold when first entering. It is difficult to maintain a constant temperature that meets the need of each individual participant. For your comfort, we suggest that a jacket, sweater, or sweatshirt be worn.

SPEAKERS

Reed A. Dimmitt, MD
Professor
Pediatric Gastroenterology, Hepatology,
and Nutrition

Leon S. Dure, IV, MD
Professor
Division of Pediatric Neurology & Neurobiology

Jill Everette
March of Dimes NICU Family Support
Specialist at UAB

David J. Lozano, MD
Associate Professor
Division of Pediatric Pulmonary

Colin A. Martin, MD
Associate Professor
Division of Pediatric Surgery

Paola Mendoza, MD
Assistant Professor
Division of Pediatric Rehabilitation Medicine

Thomas H. Metz, MD
Assistant Professor
Department of Ophthalmology

Myriam Peralta, MD
Professor
Division of General Pediatrics

Joseph B. Philips, III, MD
Professor
Division of Neonatology

Brian Sims, MD, PhD
Associate Professor
Division of Neonatology

Rune Toms, MD
Associate Professor
Division of Neonatology

Sheree York, PT, DPT, PCS
Director, PT/OT Department
Children's of Alabama

OBJECTIVES

Upon completion of this live activity, participants will be able to:

- Recommend developmental interventions in the NICU and follow-up post-discharge
- Assess outcome of very low birth weight infants
- Review the pathophysiology and management of infants with BPD in the NICU and post-discharge
- Review the pathophysiology and management of infants with NEC in the NICU and post-discharge
- Identify problems, develop management plan and predict outcome of infants with ROP in the NICU and post-discharge
- Identify problems, develop management plan and predict outcome of infants with ICH in the NICU and post-discharge
- Recommend plan of care for the late-preterm infant

ACCREDITATION

Children's of Alabama designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Children's of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

No application to the Alabama Board of Nursing has been made. Per Alabama Administration Code Chapter 610-X-10-.04e, AMA PRA Category 1 Credits are acceptable for CEUs. CME conversion to CEUs for this conference equals 8.4 Continuing Education Hours. To receive the Nursing Contact Hours, go to the Alabama Board of Nursing website: www.abn.alabama.gov

- Click on Continuing Education (on the gray bar in purple letters)
- Click on Access Individual CE Record
- When the Individual CE Record page opens, follow the directions on the screen.

All participants will receive a Certificate of Attendance showing the total number of Contact Hours received.

DIRECTIONS

Parking will be available in the 5th Avenue Parking Deck. Take a ticket upon entering the deck. Parking on the 2nd Floor of the deck is for Patients/Visitors Only. **Bring your ticket with you to the Conference. The ticket must be validated or there will be a \$25 charge to exit the deck.** Take the elevator in the center of the deck to the 2nd Floor. Take the crosswalk into the Children's Hospital. Follow the hallway to the right of the information desk. You will cross another crosswalk into the Bradley Center. Take those elevators to the 4th Floor.

DIRECTIONS to the 5th Avenue Parking Deck (1600 5th Avenue South). If you are not familiar with the Birmingham area, the streets run north and south, while avenues run east west. For example, the back of parking deck faces 5th Avenue South, and is located between 16th and 17th Street South.

From the West on I-20/I-59 Take I-65 South, bearing to the right at the major junction before reaching Birmingham. Exit I-65 at the 4th Avenue South Exit. You will be traveling East on 4th Avenue South. Turn right onto 16th Street South. The parking deck entrance will be on your left at the corner of 5th Avenue and 16th Street South.

From the North on I-65 Exit I-65 at the 4th Avenue South. You will be traveling East on 4th Avenue South. Turn right onto 16th Street South. The parking deck entrance will be on your left at the corner of 5th Avenue and 16th Street South.

From the East on I-20/I-59 Take I-20/I-59 West into Birmingham. After the 22nd Street North Exit in Downtown Birmingham, get into the far left-hand lane. Bear left onto I-65 South Exit. Exit I-65 at the 4th Avenue Exit. You will be traveling East on 4th Avenue South. Turn right onto 16th Street South. The parking deck entrance will be on your left at the corner of 5th Avenue and 16th Street South.

From the South on I-65 Take the University Boulevard/8th Avenue South Exit. You will be going East on University Boulevard. Turn left onto 11th Street South. Turn right onto 5th Avenue South. Building is first left after McDonald's.

From the East on U.S. 280 Take Highway 280 to Highway 31 North to Birmingham (also called the Elton B. Stephens "Red Mountain" Expressway). Exit at 3rd/4th Avenue South exit. Take a left onto 3rd Avenue South. You will be traveling west on 3rd Avenue South. Turn left onto 16th Street South.

Enter the deck on either the 16th or 17th Street entrance



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Registration Form July 31, 2015



PLEASE REGISTER IN ADVANCE BY COMPLETING THIS ENROLLMENT FORM.
MAIL REGISTRATION FORM AND FEE TO ADDRESS BELOW OR FAX IT TO (205) 934-3100.
REGISTER EARLY, SEATING IS LIMITED

Please type or print legibly

Name: _____ Degree (MD, RN, RT, etc) _____

Hospital/Practice _____ Email address: _____

Mailing Address _____ City _____ State/Zip _____

Office # _____ Home/Cell #: _____ Fax # _____

(Confirmation will be sent via e-mail or Fax ONLY)

Course fee:

- **\$75 (includes handouts, breakfast, lunch and breaks)**

For more information contact Cassandra at UAB Neonatology,
(205) 934-4680 or chudson@peds.uab.edu

Make check payable to **UAB Neonatology** and mail to:

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