

Narrative Medicine in Neonatology and Pediatrics

Alberto Grao Dianes^{*}

Department of Pediatrics, Ludwig Maximilian University of Munich, Munich, Germany

^{*}Corresponding author: Alberto Grao Dianes, Department of Pediatrics, Ludwig Maximilian University of Munich, Munich, Germany, E-mail: AlbertoGrao184@gmail.com

Received: October 11, 2021; Accepted: October 25, 2021; Published: November 01, 2021

Citation: Dianes AG (2021) Narrative Medicine in Neonatology and Pediatrics. Neonat Pediatr Med S10: e001

Copyright: © 2021 Dianes AG. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Editorial Note

Firstly, I am honoured to be an Editor for this Prestigious Journal namely Journal of Neonatal and Pediatric Medicine which is a scholarly Open Access journal that aims to publish the most comprehensive and reliable source of information on a wide range of nutrition topics, including neonatal-perinatal medicine, neonatal intensive care, neonatal treatment, neonatal drugs, neonatal feeding, neonatal nursing, and neonatal infections, in the form of original research and review articles, as well as case reports, short communications, commentaries, and case studies.

I would like to enclose some points about the articles enlisted in the previous issue of the journal. The article entitled “Pitfalls in the Nutritional Management of Very Low Birth Weight Infants—Lessons to be learned from Detailed Chart Analyses.” detailed that in new-born care; the nutrition and growth are critical. Appropriate development of VLBW (Very Low Birth Weight) infants, in particular, has a significant influence on long-term outcomes. Early protein consumption, postnatal growth, and increase in head size conforming to intrauterine reference curves are all linked to optimal neurocognitive development.

This postnatal malnutrition is attributed in part to a steady rise in enteral feeding, indicating gut intolerance and a higher risk of Necrotizing Enterocolitis (NEC). Several studies have refuted these claims: An increase of up to 35 mL/kg per day in oral feedings did not result in a greater incidence of NEC.

Only an independent careful review of charts and patterns can reveal certain basic flaws in the management of preterm newborns. Patient care electronic tools and documentation should have comprehensive definitions and be structured to prevent errors. Regular assessments of internal guidelines, which should contain defined foundations of care, are required to ensure optimal care quality.

Another article entitled “Proportion of Mortality and its Associated Factors among Preterm Neonates Admitted to Neonatal Intensive Care Unit of Addis Ababa Public Hospitals, Ethiopia, 2021: A Prospective Cohort Study” by the authors Dires Birhanu and other co-authors dealt with Preterm Neonatal Mortality. Preterm birth is predicted to affect 15 million kids worldwide, representing more than one out of every ten live births, with an estimated one million child deaths each year as a result of preterm complications. Each year, 909,000 preterm neonates die in the first 28 days of life, and more than 100,000 preterm neonates die after the neonatal period, frequently following extended hospital stays.

Prenatal corticosteroids, tocolysis, magnesium sulphate, antibiotic prophylaxis, and neonatal kangaroo mother care, plastic wraps, continuous positive airway pressure therapy, surfactant, and oxygen therapy are among the ten recommendations made by the World Health Organization (WHO) to improve preterm baby survival. It is possible to save three-quarters of the newborns.

Preterm mortality was found to account for 34.9 percent of all deaths. Preterm mortality was statistically related to thrombocytopenia, dehydration, hospital-acquired infection, and use of a homemade CPAP type, his study reveals the fact that preterm mortality is high, requiring immediate action.

As a result, intervening early and effectively on the identified related causes of preterm death might have considerable benefits in the working process of enhancing preterm infant survival.

Finally, on behalf of the journal, I'd like to thank and express my gratitude to all of the editors, reviewers, authors, and readers for believing in us and collaborating with us over the years to make this journal a successful open-access journal. I look forward to their continuous support in the upcoming years.