Infant Health Matters

Tiny patients need innovative technologies tailored to their size and weight. Other medical devices, such as ventilators and tubing designed for infants, also prevent avoidable illness and death.

Q: Do you recall a time when safety was critical for a patient’s survival?

Yes, on numerous occasions. I think about this patient who became the first life saved by a pulse oximeter designed for infants. Back then, the oximeter was part of a study, not yet widely accepted and distributed in hospitals. My patient was in critical condition, and the conventional pulse oximeter my team and I were using repeatedly failed to provide an accurate reading of blood oxygen levels. I made a crucial decision to use the “experimental” monitor, which had important modifications to enhance infant safety, and it worked, ultimately saving the infant’s life.

Q: How can policymakers encourage the development of more medications and devices for infants?

Policymakers have a lot of options for incentivizing drug development in areas of high need. That includes research grants, patent extensions, tax credits, or regulatory incentives like priority review vouchers. We need policymakers to use these tools to encourage optimal infant care and protection. But policies also have to allow for infants to access these drugs and devices once they are developed. For example, at some hospitals, administrators are mandated to purchase medical products from specific manufacturers without considering performance and outcomes data. This can limit access and discourage smaller companies from innovating for infants especially those at greatest risk for disparity.

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Encouraging competition, promoting innovation, and ensuring access can go a long way toward furthering devices and medications for infants—and saving lives.

Disclosure: No relevant disclosures noted

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National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants’ safety.

Access. Budget-driven health care policies should not preclude premature infants’ access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.

Which Infants are More Vulnerable to Respiratory Syncytial Virus?

RSV is a respiratory virus with cold-like symptoms that causes 90,000 hospitalizations and 4,500 deaths per year in children 5 and younger. It’s 10 times more deadly than the flu. For premature babies with fragile immune systems and underdeveloped lungs, RSV proves especially dangerous.

But risk factors associated with RSV don’t touch all infants equally.*

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Caucasian Babies</th>
<th>African American Babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity</td>
<td>11.6%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>58.1%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>7.3%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Siblings</td>
<td>60.1%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Crowded Living Conditions</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Source: Respiratory Syncytial Virus and African Americans

AFRICAN AMERICAN BABIES bear the brunt of RSV. Yet the American Academy of Pediatrics’ restrictive new guidelines limit their access to RSV preventative treatment, increasing these babies’ risk.

READ

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