

## NCFIH 2022 Infant Health Policy Summit: Closing Remarks

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*The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCFIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCFIH prioritizes safety of this vulnerable population and access to approved therapies.*

***“The black maternal health crisis – We must remember the historical basis of this issue, work on improving access in the present, and never let this be deprioritized in the future.”***

This brings us to the close of the 8th annual Infant Health Policy Summit.

We covered a lot today:

- The black maternal health crisis – We must remember the historical basis of this issue, work on improving access in the present, and never let this be deprioritized in the future.
- Infant and maternal health disparities – The progress is not enough. We advocate, but the words must become actions
- Infant health care teams – We must achieve whole-person care for infants and their families.
- The burden of RSV – RSV is not going away. Yet, access to effective prophylaxis is still limited. We must continue to advocate for effective solutions.
- Human donor milk safety – This is a critical need biologic, not simply a food source. Our most at-risk infants depend on it.
- And formula and product shortages. If you have not seen the May 22, 2022, 60 Minutes segment entitled “In Short Supply,” I would encourage you to watch it. The shortages of these critical need products should never happen. We must eliminate the safe harbor that facilitates GPO-mediated sole sourcing.

I know I have learned a great deal. And I hope all of you did as well.

Thank you to our sponsors, who made it possible for us to all come together today.

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And thank you to our speakers. Sharing their knowledge and experiences with us gave us a trove of insights and helped sharpen our goals for the months ahead.

Finally, a huge thank you for joining us in person or virtually today. We all lead busy lives. But by simply taking the time to be here, you have shown your commitment to finding solutions and improving the lives of infants all across this country.

We are excited to work alongside each of you to benefit infants as we move forward.

Let me say this. The challenges and barriers we have discussed today are daunting. The solutions are neither simple nor quick.

But whether it is developing preventive treatments or reducing health disparities, we have a tremendous opportunity – even a calling – to use our time and energy to impact infants positively.

As we work alongside all of you – advocating together – we know the future of infants everywhere becomes brighter and brighter.

Our time together may be drawing to a close, but our work on behalf of infants does not stop here.

In the months ahead, let us push forward, advocate for policies to protect infants, increase awareness, and alleviate burdens on both infant and maternal health.

If you are interested in learning more about the topics we have discussed today, you can visit the National Coalition for Infant Health's website at [infanthealth.org](http://infanthealth.org), or feel free to speak to one of our team members on your way out.

We look forward to seeing you all next year!

*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.