

Neonatal intensive care units critical to infant survival

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Very low birthweight and very preterm infants are more likely to die if they are not born at hospitals with neonatal intensive care units specially equipped to care for seriously ill newborns, in contrast to similar babies born at those specialized facilities.

"We encourage women who have high risk pregnancies to talk with their health care provider about the care their baby may need after birth and about the appropriate hospital where they should deliver so their newborn can receive the proper NICU level of care," said Diane Ashton, MD, MPH, March of Dimes deputy medical director.

A model for a regionalized system of [neonatal intensive care](#) units, (NICUs), to enable sick babies in all parts of the United States to get the specialized care they need, while managing costs, was outlined by a 1976 report called "Toward Improving the Outcomes Pregnancy" developed by the Committee on Perinatal Health and the March of Dimes. This report, which recommended Level I hospitals provide basic care, Level II hospitals care for moderately ill infants, and Level III NICU facilities take the most seriously sick babies, has been credited with improving the national [infant mortality](#) rate.

"The initial success of this system of regionalized perinatal care saved the lives of thousands of infants over the years," said Dr. Ashton, noting that it is not always possible for women to too choose where they deliver. Over time, the regional system has weakened and more seriously ill babies are being born outside Level III NICUs.

The March of Dimes and its partners this winter will publish "Toward Improving the Outcome of Pregnancy III, which will include new recommendations on quality improvement efforts for women and health care providers to help more babies be born healthy.

Very-low birth weight babies, those who weigh about 3.3 pounds at birth, and very [preterm infants](#), those born at less than 32 weeks gestation, had a more than 50 percent increase in the risk of dying before they were a month old or discharged, if they were not born at a Level III hospital, according to the research by investigators led by the Centers for Disease Control and Prevention, CDC, published in the Sept. 1 issue of the Journal of the American Medical Association.

"We should continue our efforts to prevent preterm birth altogether. Yet when a pregnant woman is at risk for delivering a very low birth weight or very premature baby, we should provide the best and most risk-appropriate care possible," said CAPT Wanda D. Barfield, MD, MPH, director, of the CDC's Division of Reproductive Health, and a co-author of the study. "We were happy to do the research that could benefit both parents and [health care providers](#) in making the best possible choices for care."

In 2006, the infant mortality rate declined to 6.7 out of every 1,000 live births from 6.9 in 2005, according to the National Center for Health Statistics. Despite the decline, more than 28,500 babies died in 2006 before they were a year old, and babies who died from preterm birth-related causes accounted for more than 36 percent of infant deaths.

Provided by March of Dimes Foundation

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