

The top five unnecessary tests, treatments in newborn medicine

July 21 2015



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Timmy Ho, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues identified candidate unnecessary tests and treatments in a national survey. Over three rounds of a modified Delphi process, an expert panel comprising 51 individuals representing 28 perinatal care organizations narrowed the list.

The researchers found that the 1,047 survey respondents suggested 1,648 candidate tests and 1,222 treatments. Consensus was achieved on the top five items after three Delphi rounds. These included: (1) avoiding routine use of antireflux medications for treatment of symptomatic

gastroesophageal reflux disease or apnea and desaturation treatment in preterm [infants](#); (2) for treatment of initially asymptomatic infants without evidence of bacterial infection, routine continuation of antibiotics beyond 48 hours should be avoided; (3) routine pneumograms for pre-discharge assessment of ongoing/prolonged apnea of prematurity should be avoided; (4) in the absence of indication, daily chest radiographs should be avoided for intubated infants; and (5) in [preterm infants](#), [routine screening](#) term-equivalent or discharge brain magnetic resonance imaging should be avoided.

"The *Choosing Wisely* Top Five for newborn medicine highlights tests and treatments that cannot be adequately justified on the basis of efficacy, safety, or cost," the authors write. "This list serves as a starting point for quality improvement efforts to optimize both clinical outcomes and resource utilization in newborn care."

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Citation: The top five unnecessary tests, treatments in newborn medicine (2015, July 21)
retrieved 17 April 2024 from
<https://medicalxpress.com/news/2015-07-unnecessary-treatments-newborn-medicine.html>

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