

## Thinking Neonatology for the Future: Position Paper of the Portuguese Neonatal Society

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As Portuguese and as doctors, we are all proud of the results achieved by the Portuguese National Health Service (Serviço Nacional de Saúde, SNS), from the day it was conceived, designed, and created. The gains in health are manifest and every day we are reminded in constant communications.

It is a point of pride for doctors because having SNS openness defined politically, they were the main workers of its implementation. They were able to assume as their own the ultimate goal of the law, in which all of the sick patients and not only some patients deserved medical care.

This evolution had particular relevance in the newborns and children who became an integral part of the performance of the entire SNS.

The SNS and Portugal have benefited. The consequences of improved health care for newborns and children have had an immediate effect on declines in the infant mortality rates, including the newborn mortality rate. This made the SNS one of the best in the world. A goal that is still today touted as a great achievement, but that has lost its initial brilliance and has already been surpassed by some countries that have continued to invest and reform.

The intervention in the newborn began in the 1980s. It was founded, realistic, and patient-centered by volunteer people of recognized merit and executive capacity. Both their ideas and work still exist today.

They created neonatal units, were equipped with appropriate technology, had their functions defined, were integrated into a network of skills and, above all, were comprised of motivated doctors for this area of medicine, which has been absolutely defining for some as their life purpose. All of this process had follow-ups, regular and serial, at the beginning. It is useful to recall that, at that time, Portugal did not have the economic and medical resources it has today, that more children were born, that there was an ancestral regional culture almost unchanged and that a revolution was indeed

being carried out in the medical care of newborns.

In a few years, perinatal, early neonatal, late neonatal, and infant mortality rates began to be comparable with the Nordic countries and better than some developed countries. Portugal was then a developing country. We were ahead of our time.

The medical community has been able to maintain this reality during all of these years, until now, with voluntarism, selflessness, dedication, and mission spirit. However, there are currently signs of alarm and concern. All of this work that has been developed is at risk, and it is our job as neonatologists to draw attention to this fact.

Recent periods of disinvestment in health care due to a lack of economic resources have conditioned the work in the neonatal units, with lower availability of doctors and nurses. The teams have aged, of course, with consequent lower availability for the most uncomfortable and maladapted work, such as night work. The renewal of human resources was not organized in an orderly manner. The reduction of working hours conditioned the closure of wards, causing transfers that can condition the best prognosis for the patient. The investment in equipment and the necessity of its renewal, for having exceeded its period of validity, was not always done. The updating of new research and treatment techniques has often been done poorly and disorganized, limiting universality. The facilities in which some units are in operation have not been updated, presenting serious limitations of space and treatment conditions.

The rules of neonatal care in Portugal have been progressively changing, with the approval of legislating, regulatory, and monitoring institutions.

The reality of neonatal patients has also changed. It changed the survival and morbidity of premature babies, changed medically assisted procreation, changed treatment techniques, and witnessed a democratization and universalization of some highly differentiated

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techniques. Adapting to these new realities requires a high degree of technical differentiation and trained and experienced teams. The best results are dependent on the number of patients treated by each team, which is not always considered.

The concept of a referral network, with a stratified attribution of skills, was lost, becoming deregulated and outdated, with the consequent loss of commitment of the hospital units to the development of human conditions, equipment, and adequate structures. A dispersion of care has emerged, jeopardizing the minimum limits of patients treated for each level of treatment differentiation.

While it is true that every pregnant woman and every newborn has the right to be treated in the right place, it is also certain that it is up to the medical community to define and apply the right places. It was following this path that the current results were achieved.

Doctors and neonatologists manifested their discomfort and announced their concerns with some regularity, but to no avail. Institutions and official bodies, technical and political, have not heard or perceived the reality experienced. It was not possible to obtain from the competent authorities an enforceable framework. The licensing of sites whose volume of treated patients did not reach a recommended minimum value was also examined, and their suitability for better clinical results was questioned.

Being fully aware of the current course, with the evolution of the last years being questioned, defending

the best medical practice and looking for the initial objectives that provided such excellent results, we consider that it is necessary to return once again to equate the rules of operation of neonatal care, review the conditions that legalize birth centers, whether in defining the typology of neonatal units or in the requirements of available human resources and their appropriate training.

It is necessary to learn from what began in the 1980s and whose teachings we must reapply now.

It has become urgent to be aware of the risk of neonatology in Portugal. The current reality may be fragile, representing risks in the health promotion of term and premature newborns as well as in the increase of neonatal and infant mortality.

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