

## Preface

# Current Controversies in Perinatology



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*Editors*

In the modern era of perinatology, controversy exists in the daily clinical management of the most vulnerable infants in the neonatal intensive care unit (NICU). Infants who may not have survived beyond the perinatal period in the past now survive, and their comorbidities create clinical conundrums in both the short term and the long term. Therefore, we are always in search of new and better ways to care for these infants. We have become increasingly aware though that innovation requires continued critical evaluation and review. Such evaluations have always been important because of the potential dangers of introducing untested therapies to the high-risk infant. More so now than ever, we are charged with the responsibility to inform families of the risks and benefits of the treatments we offer so that they can make the best decisions for their child.

The NICU has not been spared from the controversies that our culture has faced: implicit bias as it affects the care of babies of color, newborn sex designation as it pertains to disorders of sex development, and withholding care in infants facing end of life, to name a few. We are faced with therapeutic drift of treatments that were tested in one population, but its use has been extended to others without validation of safety or efficacy. We are left to speculate perinatal outcomes of infants born during a global pandemic, when disinformation is abundant and the clinical stakes are high. These are just a few topics that will be addressed in this issue of *Clinics in Perinatology*. We have selected contributors to this issue who have been working actively on the problems they discuss. We are thankful to them for the time they have spent critically analyzing these important topics. Our hope is that the topics and issues raised in this issue will stimulate further discussions and inquiry, challenge current practice and dogma, and provide fodder for future research.

This is the seventh issue of "Controversies in Perinatology" for Dr Kliegman and the first for Dr Cohen. We appreciate that no great advance in any field has been made

without controversy. We embrace the opportunity to continue a tradition of examining, questioning, and validating new and innovative practices in the NICU together. We would like to express our appreciation to Carolyn Redman for her outstanding editorial assistance and dedication to this issue.

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