The NICU Graduate, Heart Transplantation, and Sexuality Education for Adolescents

Joseph R. Hageman, MD

We welcome Dr. Bree Andrews, a Neonatologist, and Colleen Peyton, a Pediatric Physical Therapist, as guest editors for this issue of Pediatric Annals about how to approach the neonatal intensive care unit (NICU) graduate. Their team of authors provide practical clinical information about preterm and term infants who are discharged from the NICU to the care of pediatric providers. As we know from clinical experience and as outlined in the Guest Editorial, these babies fall into three categories: premature infants, infants with congenital malformations requiring surgery and subspecialty follow-up, and term infants with distress at birth.

The articles delve into specific NICU graduate topics such as ongoing medical problems and developmental concerns, approaches to providing optimal nutrition, immunization questions, early recognition of long-term neurodevelopmental impairment, and the importance of a team approach.

HEART TRANSPLANTATION

In the Feature Article, “Heart Transplant in Children: What a Primary Care Provider Needs to Know,” Dr. Swati Sehgal and colleagues present a comprehensive clinical overview of issues that general pediatric providers need to be aware of when caring for patients who have undergone heart transplantation. Since the first heart transplant in 1967, infants, children, adolescents, and young adults have undergone cardiac transplantation for indications including congenital heart disease, which is the most common indication for infants younger than age 1 year, and cardiomyopathy, which has become an increasingly common indication in older children.1 Infants are the most common age group undergoing transplantation in North America, whereas teenagers are more commonly transplanted in Europe.1 According to the International Society of Heart and Lung Transplantation, the median survival rate for those younger than age 1 year at transplantation is 22.3 years, 18.4 years for age 1 to 5 years, 14.4 years for age 6 to 10 years, and 13.1 years for older than age 11 years.1 As survival rates continue to rise, the probability that pediatric providers will care for post heart transplant patients also increases.

HEALTHY BABY/HEALTHY CHILD

In this month’s “Healthy Baby/Healthy Child” column, Dr. Rachel S. Dawson presents a thoughtful and comprehensive overview of the varied approaches to sexuality education for our adolescent patients. With so much fluidity around what is the “right” or “best” approach, I found Dr. Dawson’s common sense approach to be valuable as a parent, as a grandparent, and as a pediatric provider.

As always, we welcome your comments and feedback.

REFERENCE