Chaired by Professor Robert Boyd, this seminar reviewed the development and changes in care of the newborn in the UK over the past 50 years. Advances in techniques were described, such as mechanical ventilation, total parenteral nutrition and continuous monitoring of vital signs, to care for ill or vulnerable newborn infants. Diagnostic techniques that were developed and introduced in the 1970s and early 1980s were discussed, such as ultrasound imaging, magnetic resonance spectroscopy and imaging and near infrared spectroscopy, for the non-invasive investigation of the brain, as well as the setting up of neonatal intensive care units. Witnesses include: Professor Eva Alberman, Dr Herbert Barrie, Professor Richard Cooke, Dr Beryl Corner, Dr Pamela Davies, Professor John Davis, Professor David Delpy, Professor Victor and Dr Lilly Dubowitz, the late Professor Harold Gamsu, Professor David Harvey, Professor Colin Normand, Professor Tom Oppé, Professor Osmund Reynolds, Dr Jean Smellie, Professor Maureen Young and nurses, including Miss Anthea Blake, Miss Caroline Dux and Miss Mae Nugent. Christie D A, Tansey E M. (eds) (2001) Origins of neonatal intensive care, Wellcome Witnesses to Twentieth Century Medicine, vol. 9. London: The Wellcome Trust Centre for the History of Medicine at UCL. ISBN 978 085484 0762
Nosocomial infections are the most important cause of morbidity and mortality among neonates and mostly in infants admitted to neonatal intensive care units (NICU). Based on a worldwide database of health care-associated outbreaks (http://www.outbreak-database.com) we performed an analysis of the incidence, type of pathogens and clinical features of neonatal viral outbreaks especially those reported in NICUs. In conclusion, our study analyses the viral origins of nosocomial infections in NICU and underline that the role of viral agents in neonatal nosocomial infections needs to be further investigated even in diseases traditionally considered of bacterial origin like necrotizing enterocolitis. Language. English. Newborn babies who need intensive medical attention are often admitted into a special area of the hospital called the Neonatal Intensive Care Unit (NICU). The NICU combines advanced technology and trained health care professionals to provide specialized care for the tiniest patients. NICUs may also have intermediate or continuing care areas for babies who are not as sick but do need specialized nursing care. Some hospitals do not have the personnel or a NICU and babies must be transferred to another hospital. Some newborn babies will require care in a NICU, and giving birth to a sick or premat