

The care of the magic of life before and after its beginning

It's a real honor for me to be invited to participate in this Special Anniversary Issue of the Journal of Perinatal Medicine, this excellent, provocative and so useful tool to stimulate Perinatal knowledge and research for the entire world.

Joachim is to whom we should be extremely grateful for all his permanent work and success since Perinatal Science started.

The Journal helps me a lot to understand how impacted in my work as Neonatologist the crucial importance of permanently think on prenatal development and postnatal experiences of the newborn we are caring, and how the parents live the moment.

So we should produce High Technology but at the same time seriously consider High Prenatal life Advances.

Possibly no other field of medicine has undergone such dramatic progress in reducing mortality and morbidity as the care of preterm newborns. In recent years, remarkable advances in the care of pregnant women and their babies have led to an increase in infant survival. However, advances in neonatal care need to be accompanied by mechanisms that help us deliver care safely to this most vulnerable population.

Introduction

I would like to share my experience.

I have often asked myself starting from what moment do we as neonatologists and pediatricians concern ourselves in an integral way with the well-being of the baby, the mother and his family?

I believe that any moment is a good time to start. I also believe that the election of this moment begins to have true meaning when it comes deeply from within; when we are convinced that what we are doing is important to the child and the mother.

We should develop a philosophy of listening to our patients; not just ordering but sharing; not just directing and imposing, but crying if we have to without any shame and respecting. Certainly feelings and emotions guide human behavior.

Technology might have its limitations, but not our feelings, not our desire to help or to listen. We should start to realize that even little things sometimes qualified as trivial in academic medicine (like sitting down to listen to a patient) are as vital to the health of that patient as issuing a proper technological approach.

The Beginning of Life – Miracle of Birth

'If anyone ever wishes to know the significance of the word love, ask a mother". I copied this message because I firmly believe in the truth it encompasses. I have deep respect and admiration for all mothers. Each interview I have with a mother further enriches me as a person and as a doctor. I see mothers lonely, especially those in the first pregnancies, confused, sometimes alone and facing the great responsibility of giving life and helping in the growth and maturation of their babies.

I believe that it is time to rediscover the most marvelous masterpiece that has ever been dreamed of -

another human being - and to rediscover this from the very moment of conception, as the Journal of Perinatal Medicine helps so much to emphasize.

We must try to make everyone aware of this miracle and help mothers to appreciate their wonderful work and to talk to them translating to their language the advances of prenatal and postnatal mother-infant grow and development interaction.

To communicate in a meaningful and uncomplicated manner using a language which dissolves barriers, so that a two-sided dialogue can spontaneously occur.

At the Hospital and Del Salvador University, I organize meetings with parents I called "An Invitation to Life", which main objectives are:

1. Offer information about current medical research which was translated into a language they could comprehend.

2. Encourage the expression of feelings, emotions and wishes.

In other words, these meetings were to take place between emotionally motivated persons (parents and infants) and the support group (the medical team) in an environment where the physical and emotional needs of the infant were synchronized with those of the parents. The meetings were divided into three basic modules, and were sometimes held at scheduled times or sometimes just spontaneously. We gave each module a title:

Module 1: A Marvelous Adventure

Module II: The Amazing Newborn

Module III: Individualized Developmental Care and Assessment

Module I: A Marvelous Adventure

In developing this idea I asked the mothers to accompany us on an imaginary journey which would take us through the wondrous stages a baby goes through from the very first days of his creation. Together we watched videos to see the transformations taking place both in the mother herself and naturally in the infant. They were shown that small being who was already throbbing with life and vitality. When we saw the segment concerning ovulation in ("The Beginning of Life") film, we felt that we were witnessing an atomic_explosion. The paradox is that this explosion does not produce destruction, but on the contrary, this explosion produces life.

Following ovulation, we continued the journey through the incredible and spectacular moments of fusion of ovule and sperm and its prodigious transformation from a single cell to sixty million cells which will constitute the future newborn baby. The incredible change in weight and volume from a single cell to one three million times larger is always a moment of awe among the parents who are generally unaware of these figures.

We then went on to look at the characteristics and capacities of the child in the womb. We kept in mind the infant's auditory ability and the fact that the baby within the womb is capable of retaining absolutely everything of that experience.

Module II: The Amazing Newborn

In this phase we introduced the newborn giving a detailed description of his physical, sensorial and communicative abilities. We emphasized the fact that the baby speaks. He speaks with all of his

senses, but mothers have to learn to watch him and become aware of his signals.

The main objective of this module was to demonstrate that the newborn is not an object, he is a person. He is an individual who has already shared months of his life with his mother in the utero and remembers the intrauterine experience. (This module was based on the film "The Amazing Newborn", Marshall Klaus).

Module III: Individualized Developmental Care and Assessment

Better understanding of the role of early sensory experience and environmental influences leads to a new goal in NICUs, which is the survival of infants without disabilities while also preserving their full potential. Attention must focus on the role of chronic stress of infants receiving intensive care.

Repetitive painful procedures as well as early experiences of overstimulation or inadequate stimulation during early life can alter the programming of the hypothalamic hypophyseal adrenal axis, thus increasing the risk of developing cardiovascular disease, hypertension, and glucose intolerance later in life.

Individualized developmental care, as proposed by Heidelise Als, is based on the infant's degree of maturity, and aims at reducing stress and promoting physiologic stability in preterm infants. The most important interventions to reinforce positive outcomes must be those that not only have immediate direct effects, but continue to have an impact even after discharge. Stimulation of the interaction between a mother and her child and the mother-child bond in the early stages of life likely has long-term effects. The medical actions that lead to actual advances must be programmed according to the contemporary sociocultural context, and guided by moral and ethical principles from which clinicians must never depart.

In del Salvador University, Buenos Aires, Argentina, I spearheaded this Special Prevention and Anticipatory Program called "An Invitation to Life," which is based on educating of expectant parents. This program provides families and pediatric health-care professionals with a summary of recent advances in science, how to see the world through the eyes of children, and how childhood memories persist and could diminish or increase stress levels. This program encourages and leads parents and pediatric health-care clinicians to modify their goals and try to optimize results.

Perinatology have the remarkable opportunity of participating in the dream of a new beginning alongside parents of premature infants, no matter how small, accompanying families to find a new perspective in their lives, to increase their self-esteem, and to have faith in their own strength. Clinicians need to learn:

- a) what mothers really feel,
- b) what mothers do NOT want clinicians to do, as well as
- c) what they are hoping clinicians would have done but never did.

Conclusions — A Vision of Hope

I have developed great admiration for the maternal role. Mothers themselves should be proud of their roles and should enjoy their babies' growth and development. It is our role as physicians to support them. One way of doing this is to improve communications between ourselves and them. We could start by trying to put ourselves in the position of the mother, what is she feeling at that moment, what anxiety is she undergoing, what joy is she experiencing. Of course, this is easier said than done, but if we could reach this level of communication, I guarantee you that babies, parents and society would

benefit.

If these principles are practiced we can take the first steps towards the complete development of both mother and child. I also believe that it will enable all of us to see the world from a different vantage point — one where beauty is not only found in the aesthetic and where companionship, listening and support can be found in each and every human being.

At times when I become depressed thinking that there are so many people who do not understand this philosophy, or who do not believe it, an old proverb rescues me from depression, “Many little things done by many little persons in many little places will be able to change the face of the world”.

Great progress has been made in perinatal care, but the health-care system must do much more. The health-care system faces a great challenge, the era of reflection between real progress and innovations. It means

Seriously consider what we are really doing and what we should really do.

This new paradigm needs to be adopted universally.

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