



From national newborn guidelines to international consensus

Ulusal yenidoğan rehberlerinden uluslararası uzlaşılara uzanmak

Ömer Erdeve¹, Mehmet Vural², Nuray Duman³, Nurullah Okumuş⁴, Fahri Ovalı⁵, Eren Özek⁶, Esin Koç⁷

¹Division of Neonatology, Department of Pediatrics, Ankara University, Faculty of Medicine, Ankara, Turkey

²Division of Neonatology, Department of Pediatrics, İstanbul University, Cerrahpaşa Faculty of Medicine, İstanbul, Turkey

³Division of Neonatology, Department of Pediatrics, Dokuz Eylül University, Faculty of Medicine, İzmir, Turkey

⁴Division of Neonatology, Department of Pediatrics, Sağlık Bilimleri University, Faculty of Medicine, Dr. Sami Ulus Maternity and Children's Training and Research Hospital, Ankara, Turkey

⁵Division of Neonatology, Department of Pediatrics, Medeniyet University, Faculty of Medicine, İstanbul, Turkey

⁶Division of Neonatology, Department of Pediatrics, Marmara University, Faculty of Medicine, İstanbul, Turkey

⁷Division of Neonatology, Department of Pediatrics, Gazi University, Faculty of Medicine, Ankara, Turkey

Cite this article as: Erdeve Ö, Vural M, Duman N, et al. From national newborn guidelines to international consensus. Turk Pediatri Ars 2018; 53(Suppl 1): S1-S2.

Turkey recently showed a faster development in term of neonatal mortality when compared to other countries in similar position. A struggle against rarer and more challenging diseases started in the last years as neonatal mortality rate decreased, therefore, the number of patients who require follow-up for specific morbidities such very-low-birth-weight premature infants, congenital heart disease patients, and infants with inborn error of metabolism increased (1, 2). On the other hand, reduction in mortality rate has directed more attention to pregnancy follow-up, including recommendations on fetal care, early diagnosis of antenatal pathologies, and providing appropriate health services before the delivery (3). As the number of tertiary neonatal intensive care units increased in last ten years and neonatologists distributed more homogeneously throughout the country, many newborns with no chance of survival in the past can be transported to reference hospitals with the improved transport system and can survive nowadays. The spread of health care through the country has helped to ensure equality of opportunities, too (4).

The Turkish Neonatal Society has been developing national guidelines since 2014 in order to provide a national

standard of care and scientific resources in the education of neonatologists. These guidelines are widely accepted nationwide and supported by the state health authority. The first guidelines were developed for the care of premature and sick term infants, but then upon the need, they have been enriched on different morbidities, intra-unit applications and rarer diseases.

New guidelines have been developed in contact with other disciplines then neonatology and this paid attention to make common statements with related disciplines. For example, similar recommendations have been made with perinatology societies for antenatal care, while consensus reports regarding ophthalmology and neonatal endocrinology have been established together with related associations. Turkey Retinopathy of Prematurity Guideline (in association with Turkish Ophthalmological Society) and five guidelines for neonatal endocrine problems (in association with Turkish Pediatric Endocrinology and Diabetes Society) have emerged through this cooperation.

In 2017, the Turkish Neonatal Society decided to update 22 guidelines that were created within 3 years' effort and

Corresponding Author / Sorumlu Yazar: Ömer Erdeve E-mail / E-posta: omererdeve@yahoo.com

©Copyright 2018 by Turkish Pediatric Association - Available online at www.turkpediatriarsivi.com

©Telif Hakkı 2018 Türk Pediatri Kurumu Derneği - Makale metnine www.turkpediatriarsivi.com web adresinden ulaşılabilir.

DOI: 10.5152/TurkPediatriArs.2018.01823

to publish them as separate articles. Reasons that led the society to publish them as articles are as follows:

1. In recent years, many studies about neonatology indexed from our country have been published in international reputable journals and attracted attention in the international scientific community. In international conferences, meetings, and congresses, Turkey's scientific developments in this field have been appreciated and suggested as a model for many countries in the region.
2. In terms of health statistics, Turkey is located in a transition zone between high and middle-income countries (5). Therefore, the national statements to be established should be based on local studies and facilities. On the other hand, it will be able to form a model for Eastern European, Middle Eastern, and Caucasian countries on a scientific basis.
3. Turkey has been a country of immigration and emigration throughout history. On the other hand, although the rate of consanguineous marriage varies regionally, despite all developments, it did not fall below an average of 22%. These reasons make our country genetically rich in inherited diseases (6, 7). When rare diseases are concerned, many studies conducted in Europe show that patients originating from Turkey have an important place (8, 9).

For the reasons mentioned above, our guidelines that we have updated in order to provide a higher quality and standard of newborn intensive care in our country,

have attracted our attention to have a potential for being an international reference. Therefore, we found it appropriate to publish our guidelines both in Turkish and English. We hope that the 22 guidelines you find in this issue of the Turkish Pediatrics Archive will help the neona-

tal health of our country, as well as the health of all newborns, starting from our region and reaching the world.

References

1. Demirel G, Tezel B, Ozbas S, Oguz SS, Erdeve O, Uras N, Dilmen U. Rapid decrease of neonatal mortality in Turkey. *Matern Child Health J* 2013; 17: 1215-21. [\[CrossRef\]](#)
2. GBD 2013 Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the global burden of disease study 2013. *Lancet* 2015; 385: 117-71. [\[CrossRef\]](#)
3. Kültürsay N, Aşkar N, Terek D, et al. The change of perinatal mortality over three decades in a reference centre in the aegean region: Neonatal mortality has decreased but foetal mortality remains unchanged. *Balkan Med J* 2017; 34: 553-8. [\[CrossRef\]](#)
4. Atun R, Aydın S, Chakraborty S, ve ark. Universal health coverage in Turkey: enhancement of equity. *Lancet* 2013; 382: 65-99. [\[CrossRef\]](#)
5. Global Burden of Disease Child and Adolescent Health Collaboration, Kassebaum N, Kyu HH, et al. Child and adolescent health from 1990 to 2015: Findings from the global burden of diseases, injuries, and risk factors 2015 study. *JAMA Pediatr* 2017; 171: 573-92. [\[CrossRef\]](#)
6. Koç İ, Eryurt MA. The causal relationship between consanguineous marriages and infant mortality in turkey. *J Biosoc Sci* 2017; 49: 536-55. [\[CrossRef\]](#)
7. Dursun A, Zenciroglu A, Hakan N, et al. Distribution of congenital anomalies in a neonatal intensive care unit in Turkey. *J Matern Fetal Neonatal Med* 2014; 27: 1069-74.
8. Ikram UZ, Mackenbach JP, Harding S, et al. All-cause and cause-specific mortality of different migrant populations in Europe. *Eur J Epidemiol* 2016; 31: 655-65. [\[CrossRef\]](#)
9. Wanner P, Bollini P. The contribution of the foreign population to the high level of infant mortality in Switzerland: a demographic analysis. *BMC Pregnancy Childbirth* 2017; 17: 151. [\[CrossRef\]](#)