

Iberoamerican Society of Neonatology. Collaborative Group for the Improvement of Clinical Practice and Research in Neonatology

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INTRODUCTION

Education, training and advances in Neonatology in Spanish- and Portuguese-speaking countries has been highly unequal in the last 15 years. Indicators of neonatal health in Iberoamerica show wide variability and there are marked differences in both the provision of neonatal services and their quality. These differences are found not only among different countries but also among regions and health centers within the same country. The aim of achieving a broad, involving, open and uniform education dates back many years. However, various phenomena, among which are factors related to politics, culture and power, have hampered the homogeneous progress and development that would enable wide participation. Nevertheless, with a great deal of work and effort, many advances have been achieved throughout the region, although greater cohesion, collaboration and participation are obviously required to improve dissemination of knowledge and progressively close the gap between what is known and what the newborn receives.

Before describing the mission and objectives of this newly-formed Society, we would like to point out that a basic aim is to "bring together" the advances achieved, by providing a collaborative, participative, and non-exclusive forum. An independent forum that will serve to aid the broad interrelationships that will improve neonatal care and health indicators throughout Iberoamerica.

Although neonatology is one of the largest pediatric specialties, if not the largest, Iberoamerica lacks a Society devoted to collaboration in neonatal medicine. The utility

of a Society for neonatology would consist of facilitating communication and professional development among professionals who contribute to the well-being of newborns and their families. During the last two or three years a group of neonatologists in Iberoamerica have been crystallizing this idea. Toward the end of 2003, a meeting was held in Caracas, Venezuela, within a national congress on neonatology, in which the Society became a reality. At the end of May 2004, the first educational meeting was held in the Galapagos Islands in Ecuador, the aim of which was to stimulate the commencement of activities and the consolidation of the Society. This meeting was organized by the Guayaquil Society of Pediatrics and 300 neonatologists were registered from Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Spain, the United States, Peru, Mexico, Venezuela and Uruguay. For the first time, these participants interacted within a scientific, educational, professional and friendly framework. A meeting was held at this event to form the Society's first Executive Board and its Council, and the philosophy and aims of the Iberoamerican Society of Neonatology (IASN) were discussed¹. Thus, the first steps of the IASN were taken, a Society in which many Iberoamerican neonatologists have deposited their hopes and dreams.

PHILOSOPHY

The undeniable reality is that there is a huge gap between knowledge and the care received by neonates and their families in Iberoamerica. However, there is also evidence showing that this gap can and should be

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narrowed. Although we live and move within the phenomenon of “globalization”, it is painful to see the immense variability in indicators of neonatal health among centers and regions in the distinct countries of Iberoamerica. Education in neonatology and neonatal health have not been “globalized”, but can and should be, in line with other social advances. For this to become reality, we need to go beyond anecdotal evidence and achieve systematic change and use the opportunity provided by this moment in time to raise standards of care. We know that to do *more of the same* or maintain the *status quo* cannot be justified if we truly want all newborns in Iberoamerica to get what they need.

Almost a century ago (in 1911) S.W. Newmayer wrote: “The country which first recognizes its responsibilities to the child, will receive the recognition of the world as being the foremost civilized nation”. Unfortunately, none of our countries has achieved this, and the organized care of newborns remains to be recognized as a responsibility toward children in several Iberoamerican regions and countries. It is time to recognize and fix the development and implementation of organized systems of neonatal care as a priority. To create and/or establish standards that governments, societies or institutions have not been able to implement or institute, we believe that the media should be used to mobilize and support all the talent to be found in our region, without exception.

The evidence shows us again and again that improving education and eliminating corruption are the two essential factors to improve neonatal health indicators in developing countries. Corruption is a central factor in both health and poverty. Corruption robs the sick of what could cure them and the poor of the little they have. On beginning this Collaborative Group, our agreements are based on an attempt to integrate opinions by stimulating the participation of neonatologists and pediatricians who manage newborns with a philosophy of openness and collaboration and without allowing, and even reporting, corrupt methods, and by encouraging interrelation and education in the active search for methods and interventions to reduce inequalities in neonatal indicators throughout the entire Iberoamerican region.

Some of us believe that three mottos should be frequently remembered. In order not to *be more of the same* we need to make these mottos part of the daily life of the IASN. The first is the well-known *Res Non Verba*, (actions, not words). The second comes from Goethe: “Things which matter most must never be at the mercy of things which matter least”. And the third, from the famous philosopher of science, Karl Popper, who wrote: “If we respect the truth, we must take heed of our errors through critical rationalism and permanent self-criticism”. With these mottos, our aim is to remember the importance of preventing and avoiding competitiveness and exclusions for personal reasons, common in our

environment, since these lead to delays, prevent or hamper development, and help to maintain inequalities in neonatal indicators. With this philosophy, we will continue to think about how we can achieve an increasing degree of public and medical pressure to create what we like to call a *neonatal democracy*, using the power of education to bring about change.

Our philosophy will therefore be to facilitate, stimulate and implement actions for the benefit and development of others, including medical professionals, members of the neonatal health team and, naturally, newborns and their families. With diversity and openness, we aim to stimulate participation, so that what each of us knows can help others, or serve to teach others to continue helping. In brief, education and service for some with the aim of benefiting others. *Doing ourselves good by doing good*.

If this spirit of generalized openness is maintained and made a priority, supporting and stimulating participation, and if the tasks of education and planned services are carried out, we foresee that in 10 years the Collaborative Group of the IASN will have helped to improve neonatal indicators in Iberoamerica and to reduce variability among the distinct regions.

OBJECTIVES

The main aim is to improve the quality of life of newborns and their families in the Iberoamerican population.

In broad and general terms, the objective of the IASN is to stimulate work and the search for solutions within a framework of regional collaboration, facilitating, stimulating and supporting only those actions that are ethical and fall within a framework of professional integrity. The plan involves including as members neonatologists from most or all of the countries of Iberoamerica and becoming the representative organization of all Iberoamerican neonatologists, representing their interests (individual and institutional) when dealing with governmental organizations (national and international) and various societies and organizations.

The objectives outlined are ambitious but realistic and include:

1. Stimulating *development* through *education*.
2. Providing up-to-date continuing education with a scientific and human basis.
3. Facilitating, supporting and implementing education programs in neonatology.
4. Implementing high-quality postgraduate training programs with rigorous clinical and scientific standards.
5. Helping to implement programs of continuous improvement of the quality of care received by newborns and their families.

6. Participating in the planning and drawing up of teaching and clinical practice guidelines.

7. Spreading, disseminating and diffusing (SDD) knowledge that could help to improve the quality of neonatal care in centers in all participating countries.

8. Promoting education and training in neonatal research by contributing to the teaching of the steps and methods required to achieve high-quality scientific investigation.

9. Stimulating and supporting collaborative research within rigorous ethical frameworks in investigation.

10. SDD knowledge that could help to improve the quality of neonatal research in participating countries.

Finally, another aim is to develop an Iberoamerican network of centers of neonatal care. All of the above will be of benefit to many newborns as well as to neonatologists and participating countries.

PLANS OF ACTION

The IASN will establish several distinct activities related to education, information and networking.

Among the educational activities, an *Annual Congress* will be held, the headquarters of which will alternate among the various Iberoamerican countries¹. The aim of the Annual Congress will be to deal with a series of current and pivotal topics. Within each subject, distinguished speakers from various parts of the world will be invited to present these topics in conferences and discuss their physiopathology, diagnostic approaches, clinical practice, epidemiology and new research findings. Together with these speakers, investigators from the region will send and present selected studies, constructing a bridge between daily clinical practice and research. The IASN will set up grants to enable individuals to attend the Annual Congress. Prizes will also be created for the best clinical and experimental studies, as well as for young researchers. The aim is to provide a setting for open and participative scientific activity with time for dialogue and networking among speakers and other participants and among participants from diverse regions among themselves. This will stimulate participation and the quality of regional studies, encouraging interest in research in the search for accurate data to improve clinical practice and care.

In addition to this central activity of education, there will also be continuing training, implemented in various

ways. This includes the development, implementation and/or support of education programs and their development *"in situ"* in small cities and centers in regions far from large or capital cities and the identification of public sector hospitals in regions or areas with poor neonatal health indicators. Education will be provided in these areas and the steps that will enable its development and continuing improvement will be established. In addition, the basic tools required, with proven efficacy, will be donated to improve neonatal outcomes. Other educational activities will include education through the Internet, on which experts will post summaries and analyses of clinically relevant articles. All this will be free.

The action plans of the IASN also include the development of a database, with guidance for data interpretation, to obtain accurate information and thus be able to identify areas requiring improvement and collaborate in the implementation of actions designed to improve neonatal outcomes. Establishment of the "network" will facilitate communication with evaluation of the local and regional results and of epidemiology, revealing the results and impact of the plans and programs performed or set up.

The IASN also intends to play a role in standardizing training programs among distinct countries and to establish levels of knowledge and clearly defined skills, which would allow collaboration among neonatologists from participating countries. The Society will also contribute to specifying the minimum training requirements for the accreditation of neonatologists and the requirements to be met by hospitals wishing to be accredited as neonatology training centers. To do this, it will act together with those in charge of training programs, of interest to all neonatologists, to guarantee and consolidate the future of our profession.

This Society has been established very recently and has already made progress in its aims. The Executive Board and the Council have recently been formed, the statutes are at an advanced planning stage and the website has been posted. Various Working Groups, both permanent and temporary, have already begun to be formed. The meetings of the Executive Board and Council will be held in the Congresses, as will be the Assembly, which will be open to all the Society's members.

The IASN allows and would like all neonatologists to be become members of the Society. Thus, any neonatologist or pediatrician in Iberoamerica devoted to neonatal care can seek membership of the IASN¹.

REFERENCES

1. Sociedad Ibero-Americana de Neonatología (IASN). Available at: www.siben.net.