

# A need for multidisciplinary approach in healthcare

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Multidisciplinary teams in neonatology and pediatrics have increasingly become a way to provide quality cost-effective healthcare focused on involving the patient's family. A challenge in the field is to use resources in a way that best meets the needs of the population. The range of care for newborns and children includes diagnosis, treatment, including supervision, rehabilitation, and unfortunately, in some cases, end-of-life care (1).

Neonatal and pediatric conditions are common. Neonatal pathology is different from that of an older child. The neonatologist must demonstrate a good knowledge of the basic concepts around the diagnosis and management of abnormalities in the newborn. The evaluation of the newborn or pediatric patient requires a multidisciplinary approach for the best results in solving medical challenges. The inclusion of radiology, pneumology, otolaryngology, neurology, ophthalmology and genetics in multidisciplinary discussions with neonatologists and pediatricians can lead to more effective diagnosis potentially reducing morbidity and mortality in neonatal and pediatric disorders.

As medical and technological advances in neonatology have taken place rapidly in recent years, neonatal care has become increasingly specialized. Increased survival rates among infants with extreme prematurity and severe illness have led to the regionalization and overspecialization of maternity wards to promote more effective and cost-effective neonatal care. The regionalization of perinatal services has allowed the incorporation of care practices to support development as integral as-

pects of the multidisciplinary team in the neonatal intensive care unit.

The effects of prenatal and perinatal interventions and care have an impact on development later in life (2,3).

There remains a need to strengthen collaborative efforts between subspecialties when complex patients are cared for to optimize outcomes. Practicing fragmented care with complex patient populations is not acceptable and can be harmful to the patient, with worse outcomes and higher costs (4,5,6).

Physicians reported varying degrees of appropriate multidisciplinary collaboration between the specialties. Culture and logistics are the most common barriers to multidisciplinary collaboration.

For example, despite increased interest and understanding of the potential neurological sequelae associated with CHD, in less than 50% of centers, a geneticist or neurologist was routinely involved in the management of these patients (7).

A successful care team, involving the families of patients and partners in all specialties needed to solve the medical case, is essential for successful planning of activities and interventions, as part of the broader process of coordinating health care (8).

Coordination of highly competent care with fidelity to the definition of best practice will lead to a change in current medical practices to ensure a common understanding and proper planning of care among patients, families, care coordinators and healthcare providers.

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