



Preface
Evidence-based medicine



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Guest Editors

It ain't so much what we don't know that gets us into trouble as what we do know that ain't so. —Will Rogers

The field of neonatal–perinatal medicine is littered with examples of therapeutic interventions that were at one time “known” to be beneficial but were later determined to be harmful. A partial list includes diethylstilbesterol, benzyl alcohol, sulfonamides, hexachlorophene, and the unrestricted use of supplemental oxygen. What can we as neonatologists do to prevent this history from repeating itself and to improve the care and outcome of our patients? This issue of the *Clinics in Perinatology* provides insightful summaries of the challenges facing evidence-based practitioners as well as pragmatic approaches to deal with these challenges.

New evidence is accumulating at a phenomenal rate; finding the best evidence among the rest of the medical literature can be a daunting task. However, new and better tools are continually being developed to help practitioners efficiently locate and evaluate the available evidence. The Cochrane Collaboration provides a growing and readily accessible resource to help assure neonatologists that their care is based on detailed, critical, and current reviews of the best available evidence. Unfortunately, there are many clinical questions for which there is no good evidence on which to base practice. There is much to learn when we still cannot answer such basic therapeutic questions as what blood glucose level to maintain, what PaO₂ and PaCO₂ to achieve, what bilirubin level to treat, when to start and how rapidly to advance feedings, and when to administer blood products, particularly among extremely premature infants. The development of

neonatal research networks has greatly expanded the opportunities for neonatologists in private and academic settings to participate in the large multicenter studies that are needed to resolve important clinical questions in neonatology.

As neonatal–perinatal medicine practitioners increasingly recognize the need for better evidence to support their practices, the hope is that this recognition will lead to increased zeal and support for well-designed research that provides unbiased assessments of the long-term impact of therapies on patients and their families.

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