

## Preface



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*Guest Editors*

The current era in medicine represents an unusually exciting time for many reasons, an observation that is especially true in the area of neonatal brain injury. Without question, one of the most devastating problems in the neonatal period has traditionally been the newborn infant with brain injury: either the term baby born following a difficult delivery, or the premature infant with chronic hypoxia and ischemia. Until recently, the causes for these problems were not well understood, the sources of injury were difficult to diagnose, and the outcomes were refractory to treatment, resulting in a most depressing situation. Now, however, the prognosis is becoming increasingly brighter. Improvements in obstetrical monitoring and management have reduced the incidence and severity of perinatal hypoxemia, and fetal assessment and intervention are becoming more feasible each day. The rapidly emerging world of genomics, proteomics, and metabolomics indicates that we will soon have new diagnostic tests for a variety of disorders that often result in neurological injury in the fetus and newborn infant. Most importantly, trials of physiological approaches, such as brain and body cooling and new pharmacological therapies, have begun to suggest that brain injury as a clinical situation may, at last, be amenable to treatment and not an irrevocable circumstance.

This issue of *Clinics in Perinatology* is a follow-up to our issue published in September 2006 on brain monitoring in the neonate. We are again fortunate to have many of the world's leading experts in neonatal brain injury lend their knowledge and experience to create a state-of-the-art issue on the diagnosis of brain injury and the neuroprotective strategies that are currently available. We are most grateful to them for their

thoughtful and thought-provoking contributions, and we hope that this issue is someday viewed as a summation of the story of how neonatal–perinatal medicine first began to eradicate neonatal brain injury as a NICU outcome.

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