

## Long Distance Neonatal Transport –The Need of the Hour – Is it?

As a pediatrician who did my training in India and who is presently working with NETS - a regional, neonatal and paediatric retrieval service for newborns and children in Sydney, I read this article with great interest(1). I would like to commend Rainbow Hospital for developing the retrieval service to transport patients safely to their hospital. There are numerous studies that support their findings that the overall prognosis for such babies is improved.

Sophisticated neonatal transport has improved the safety of transporting preterm infants but may not be the substitute for the benefits of *in utero* transport. It is recommended to develop state wide or countrywide coordinated strategies in reducing non tertiary hospital births and hence optimizing the vital implications for health outcomes and resource planning(2).

The authors have not taken in to account the preretrieval state as well as the distance of transport in the two groups. Teaching basic skills in temperature regulation, fluids, neonatal resuscitation and prevention of hypoglycemia (keeping them “warm, pink and sweet”) to general practitioners, pediatricians and other doctors working in remote areas will prevent the various complications studied by the authors. The stabilization of newborns before

the retrieval process is as important as the retrieval.

In Australia, the demography and population density make it mandatory to have specialised neonatal transport services. It is indeed a less expensive option than establishing intensive care facilities in low population remote areas.

In India, where population density is high and distances are not that great, the need for regional transport services is more difficult to justify. The model to adopt should be similar to that in the USA, where hospitals like Rainbow in India have trained personnel doing routine hospital work, but yet available to do retrievals when required. The Australian model of regional transport services requires a huge capital infrastructure. This money can be better invested in increasing the facilities of neonatal intensive care units.

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### REFERENCES

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