

# Collaboration Across Specialties Is Hallmark of Innovative Center for Prenatal Pediatrics



Since its creation, the Center for Prenatal Pediatrics at Morgan Stanley Children's Hospital has demonstrated that a facility uniquely dedicated to complex pregnancies can dramatically improve the way medical care is delivered. Its strength is an integration of specialty management to keep everyone focused on the same goals, reassuring patients and maximizing the likelihood of an optimal outcome. No approach is better suited to putting together a plan for a successful outcome.

"In certain high-risk pregnancies, care in specialized centers provides the most comprehensive approach, from prenatal diagnosis to neonatal management," said Lynn Simpson, MD, Director of the Center, a NewYork-Presbyterian Hospital facility. "These are complex pregnancies managed best when there is a strategy in place to keep specialist care coordinated for both the mother and her baby, who may have a significant birth defect. I don't think that this level of care could be achieved in any other way."

The management of each case proceeds rapidly after the first contact with the Center. A clinical care coordinator gathers the history and patient data to set up a preliminary work-up that will provide or confirm a diagnosis and define therapeutic options. The patient will leave the facility with answers and information about the likely route of care through the prenatal period, delivery, and newborn period. The goal is not only to provide a plan of management for prenatally diagnosed anomalies, but also to provide reassurance to the mother and her family.

"Knowing what is ahead can make all the difference. We put the puzzle pieces together when everyone—the physicians and patients—can calmly evaluate the options and agree on what comes next," Dr. Simpson explained. "The patient has

an opportunity to become fully informed by the experts who specialize in the relevant issues. We find the patients extremely grateful.”

Not all patients who come to the Center for an evaluation return for delivery. Sometimes the diagnostic work-up determines that the risks of an adverse outcome are low. Whether they return or not, referring physicians are kept in the loop about all aspects of the patient’s diagnosis and medical needs. A system has been developed specifically to ensure that reports are circulated to all those involved in care, including staff at the Center and every healthcare professional with an interest in the patient’s outcome.

“We think it is important to maintain communication with physicians who will continue to be involved in the patient’s care after they leave the Center. We prepare a package of material on each case to provide to referring physicians, and we typically follow up with a phone call. This is a system that we put in place at the beginning, which ultimately provides the best care for patients returning to their referring physicians,” Dr. Simpson said.

The degree of coordination of care may be unmatched anywhere. If multiple specialists are involved, the clinical care coordinator organizes appointments so that the patient and family members can complete all the appointments in a single visit to the Center. When appropriate, this includes geneticists to counsel about the hereditary nature of the condition and risks for future pregnancies as well as various pediatric specialists that may become involved with care of the child after delivery.

While the organization of the Center is a key strength, it is also important to emphasize that patients benefit from the physicians who are defining today’s standards of care. The Center for Prenatal Pediatrics draws on the deep roster of leading specialists working at NewYork-Presbyterian/Columbia, where several research initiatives are ongoing. The staff has a regularly scheduled meeting to discuss cases, providing a systematic and consensus approach.

“Everyone affiliated with the Center is invited to the meetings, which are important to fostering a collaborative approach. Creating a time to discuss cases and work together is part of what makes the management plan fairly seamless for the patient,” Dr. Simpson observed. “The Board of Directors of the Center includes representatives from every specialty involved in managing complex pregnancies, including maternal–fetal medicine specialists, geneticists, pediatric surgeons, pediatric subspecialists such as cardiologists, and neonatologists.”

There is no complication or fetal anomaly that the Center is not prepared to handle. Patients have access to still-emerging interventions performed in few hospitals around the world, including in utero procedures and therapies. While other hospitals attempt to provide this level of care, few will be able to provide the

one-stop opportunity for the management of high-risk pregnancies, particularly for those with rare complications. The strength of the program is further fostered by the proximity of the new Carmen and John Thain Labor and Delivery Unit, located on the top floor of Morgan Stanley Children's Hospital.

"From the beginning, our goal was to pioneer a better way of taking care of complicated pregnancies. We want to provide the best of care, and I think this is what we are achieving," Dr. Simpson reported.

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