

Advocating for developmental care for infants with complex congenital heart disease

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Developmental disorders, disabilities, and delays are common outcomes for infants with complex congenital heart disease. Targeting early factors influencing these conditions after birth and during neonatal



hospitalization for cardiac surgery remains a critical need. However, significant gaps remain in understanding the best practices to improve neurodevelopmental and psychosocial outcomes for these infants.

The Journal of the American Heart Association has published a science advisory that highlights critical gaps in research aimed at evaluating developmental care interventions to improve neurodevelopmental outcomes in complex congenital heart disease. It also describes the burden of developmental disorders and disabilities for infants with complex congenital heart disease and describes developmental care's potential health and neurodevelopmental benefits.

"Developing early interventions to promote brain maturation, mitigate <u>risk factors</u>, and change the trajectory of neurodevelopment are now urgent research priorities," explains the advisory's lead author, Amy Jo Lisanti, Ph.D., RN, CCNS, Research Assistant Professor at the University of Pennsylvania School of Nursing and a member of the research faculty at Children's Hospital of Philadelphia's Research Institute.

This advisory calls upon research scientists, clinicians, policymakers, government agencies, advocacy groups, and health care organization leadership to support funding and hospital-based infrastructure for developmental care in the complex congenital heart disease population. "Prioritization of research on and implementation of developmental care interventions in this population should be a major focus in the next decade," says Lisanti.

More information: Amy Jo Lisanti et al, Developmental Care for Hospitalized Infants With Complex Congenital Heart Disease: A Science Advisory From the American Heart Association, *Journal of the American Heart Association* (2023). DOI: 10.1161/JAHA.122.028489



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