The Division of Newborn Medicine at Weill Cornell Medicine provides a wide range of services tailored for newborn children. We collaborate with medical subspecialists from a myriad of disciplines in order to provide the absolute best healthcare plan for your child, and are affiliated with top-ranked NewYork-Presbyterian Komansky Children's Hospital at Weill Cornell Medical Center.

Our neonatal team also provides care for extremely premature neonates and newborn infants requiring medical or surgical intervention at our Lower Manhattan Hospital Neonatal Intensive Care Unit (NICU).

**Services & Programs**

**Neonatal Intensive Care Unit (NICU)**
Our 50-bed Neonatal Intensive Care Unit (NICU) provides a wide range of newborn services specially tailored for individualized care of extremely premature neonates and newborn infants requiring medical or surgical intervention.

**Nursing Care**
We have certified neonatal nurses and as well lactation consultants in the NICU. Our certified lactation nurses support our goal of maximized breastfeeding rates at discharge, through
consultation as early as the antepartum period. Our neonatal nurses support cue-based feeding, facilitating an earlier discharge from the NICU. Our exceptional nursing care helps us achieve low rates of central line infection and pressure injury.

Support Staff
Support staff members include social workers, speech/feeding therapists, dieticians, physical therapists, a dedicated child life specialist and a music therapist.

Consultants
Our full range of pediatric consultants attract the transfer of sick infants from multiple hospitals. Specialized surgical care is provided by our general, cardiothoracic, urology, plastic, otolaryngology, maxillofacial and neurosurgery physicians. The Weill Cornell Medicine Department of Pediatrics offers consultation for all pediatric subspecialties.

Delivery Service
Our active service, which delivers approximately 5,200 newborns per year, boasts extensive infertility and high-risk obstetrics programs.

Newborn Care
Newborn care is provided in our family-centered well-baby newborn nursery, located within the NYP Phyllis and David Komansky Children’s Hospital. Care for healthy infants’ minor medical problems (eg. jaundice requiring phototherapy) is provided in our seven-bed Continuing Care Nursery (CCN) staffed by neonatologists.

Fetal Care Center
If you have recently learned that your baby has a disorder or abnormality requiring special care, or if you have a high-risk condition that makes your pregnancy complex, our fetal care center is capable of meeting all of your needs. Director Ericalyn Kasdorf, M.D. and our fetal care team work with maternal fetal specialists, and pediatric subspecialists including cardiologists, geneticists, neuroradiologists, pediatric general surgeons, neurosurgeons, urologists and ENT surgeons, to provide comprehensive management from in utero diagnosis through the neonatal period, and in some cases includes longitudinal follow-up.

Neonatal Follow-Up Program
The neurodevelopmental and nutritional progress of infants at risk during their first three years of life is evaluated by neonatal attendings, fellows, physical and occupational therapists, and a nutritionist as part of our neonatal follow-up program. High-risk infants are evaluated for six years.

Neonatal Nutrition Program
Specialized Neonatal Nutrition Program services for infants and toddlers are provided during hospitalization in the NICU and through the Neonatal Follow-up Program. Our individualized feeding
plans are designed to promote optimal nutrition and growth for infants in the NICU and beyond. Infants and toddlers with failure to thrive and other manifestations of poor growth care are carefully observed in our clinic. Parents are counseled in order to provide a balanced diet, with special consideration given to medical, physical and behavioral difficulties that influence food consumption (e.g. bone mineralization deficiencies, feeding tubes, picky eating habits).

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**Our Team**

[Image of Dr. Jeffrey Perlman]

**Dr. Jeffrey Perlman**

Chief, Newborn Medicine  
Director, Neonatal Intensive Care Unit  
Professor of Pediatrics  
Attending Pediatrician  
[View Dr. Perlman's Profile]

[Image of Dr. Alpa Basu]

**Dr. Alpa Basu**

Assistant Professor of Clinical Pediatrics  
Assistant Attending Pediatrician  
[View Dr. Basu's Profile]

[Image of Dr. Catherine Chang]

**Dr. Catherine Chang**

Assistant Professor of Clinical Pediatrics  
Assistant Attending Pediatrician  
[View Dr. Chang's Profile]

[Image of Dr. Vargabi Ghei]

**Dr. Vargabi Ghei**

Assistant Professor of Clinical Pediatrics  
Assistant Attending Pediatrician
Dr. Sherrie Hauft  
Professor of Clinical Pediatrics  
Attending Pediatrician  
View Dr. Hauft's Profile

Dr. Ericalyn Kasdorf  
Director, Fetal Care Center  
Assistant Professor of Pediatrics  
Assistant Attending Pediatrician  
View Dr. Kasdorf's Profile

Dr. Aimee Parow  
Assistant Professor of Pediatrics  
Assistant Attending Pediatrician  
View Dr. Parow's Profile

Dr. Gail Ross  
Associate Attending Psychologist  
Associate Professor of Pediatric Psychology  
View Dr. Ross's Profile

Dr. Vivien Yap  
Director, Neonatal-Perinatal Medicine Fellowship  
Assistant Professor of Pediatrics  
Assistant Attending Pediatrician
What to expect

Research

Global Health
Dr. Jeff Perlman leads a robust Global health program in Tanzania and the Eastern Cape of South Africa targeting the reduction of early neonatal mortality. He introduced the Helping Babies Breathe program in Tanzania in 2009. A pilot implementation of the program resulted a 47% reduction in early neonatal mortality.

Helping Babies Breathe has subsequently been introduced nationally in Tanzania and is embedded in the medical and nursing school curricula. More recently a bundle of interventions to the mother and baby (maternal and neonatal antibiotics), antenatal steroids and avoidance of hypothermia was associated with a 48% reduction in early neonatal mortality (< 7 days).

Initial training of Tanzanian Doctors and Midwives in 2009 in Dar es Salaam, Tanzania.

Resources

Neonatal Outcomes

Our neonatal outcomes, including mortality and complications of prematurity, are superior to worldwide benchmark standards:

<table>
<thead>
<tr>
<th>Population</th>
<th>Australia &amp; New Zealand</th>
<th>Canada</th>
<th>Israel</th>
<th>Japan</th>
<th>Spain</th>
<th>Sweden</th>
<th>Switzerland</th>
<th>United Kingdom</th>
<th>Vermont State (US)</th>
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</thead>
<tbody>
<tr>
<td>Condition</td>
<td>9%</td>
<td>10%</td>
<td>14%</td>
<td>5%</td>
<td>17%</td>
<td>8%</td>
<td>10%</td>
<td>10%</td>
<td>16%</td>
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<tr>
<td>Mortality</td>
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<tr>
<td>Bronchopulmonary Dysplasia (BPD)</td>
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<tr>
<td>Severe Intraventricular Hemorrhage (NIH)</td>
<td>6%</td>
<td>10%</td>
<td>12%</td>
<td>4%</td>
<td>10%</td>
<td>5%</td>
<td>8%</td>
<td>6%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Our mortality is lower at all gestational ages when compared to the Vermont Oxford Network of comparable NICUs throughout the U.S. and Canada:

![Mortality Chart]

**What Sets us Apart**

- We are nationally recognized for optimizing management of newborn babies in the delivery room including maintenance of temperature in the normal range and electronic heart rate detection.
- Our team is nationally recognized for minimizing infant risk of brain injury using a dedicated neonatal neurology approach. Risk of Hypoxic Ischemic Encephalopathy (HIE) has been reduced using selective head cooling, and intraventricular hemorrhage has been averted in high-risk premature infants through the use of indomethacin. All of our ICU beds are equipped with EEG video monitoring technology, facilitating the early detection of seizure risks.
- Our neonatologists use echocardiography to dynamically assess sick infant hearts.
- Our NICU features a nearby simulation area where physicians and nurses undergo frequent simulations to enhance patient care.
- Our dedicated psychiatrists and active family advisory group support parents in their time of need.
Division of Newborn Medicine (NICU)

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