



## Neonatal therapeutic hypothermia

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### Abstract

Neonatal Hypoxic ischemic encephalopathy (HIE) has been associated with a high risk for long term morbidity and mortality. HIE occurs in one to three per 1000 live births in high income countries, and up to 20 per 1000 live births in low-and middle-income countries. The pathophysiology of HIE includes a cascade of events resulting in oxidative injury and cell death. Therapeutic hypothermia is a protective therapy, inhibiting various events in the cascade of injury. Therapeutic Hypothermia (Selective Head Cooling or Total Body Cooling) should be initiated within six hours. Studies showed that infants who were started on therapeutic hypothermia within the first six hours after birth, have significantly less morbidity and mortality, and improved long-term neurological outcomes. Therapeutic Hypothermia is now widely offered as standard of treatment for neonatal encephalopathy in high income countries, but it's still a challenge in middle-and low-income countries.

The objective of this presentation is to

1. Discuss the definition of hypoxic ischemic encephalopathy (HIE)
2. Examine the supporting evidence behind therapeutic hypothermia
3. Outline criteria and implementation of treatment
4. Review importance of early recognition and transfer

### Biography

Taha Ben Saad grew up in Tripoli, Libya and graduated from Faculty of Medicine, Tripoli University. He completed his residency at Woodhull Medical Center, Brooklyn, New York, and Fellowship in Neonatal –Perinatal Medicine at University of Rochester. He joined St. Vincent Women's Hospital after completing his fellowship. He earned an MBA Degree from Indiana Wesleyan University, also appointed as Clinical Assistant Professor, Marion University, and College of Osteopathic medicine. He is the Medical Director of the Neonatal Transport. He was awarded The Outstanding Outpatient Teaching Faculty Award for 2011. He has strong interest in resident teaching and education.



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