

Call for Submission: Neonatal & Pediatric Medicine

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Editorial Note

Journal of Neonatal and Pediatric Medicine (NNP) is an academic Open Access journal that means to distribute generally complete and solid wellspring of data on immense subjects of sustenance that incorporate different parts of neonatal perinatal medication, neonatal serious consideration, neonatal treatment, neonatal medications, neonatal taking care of, neonatal nursing, neonatal diseases in the method of unique exploration and audit articles, just as case reports, short correspondences, discourses, scaled down surveys and making them uninhibitedly accessible online with no limitations or some other memberships to scientists around the world.

The companion audit measure is intended to guarantee the consistency of the submitted original copies in accordance with the set rules for a standard open access case report or exploration paper. The Neonatal and Pediatric Medicine has been obtained by OMICS International for scattering of information in the field of Neonatal medical care and medication with arrangement of free sharing and transmission of articles under the standards of the Bethesda Statement.

In a commentary article entitled "Assurance and Management of Pediatric Heart Failure" written by Dominic Alex precisely discussed about Pediatric cardiovascular breakdown (PHF) addresses a huge justification horridness and mortality in adolescence. Etiology and pathogenesis are different among adults and children: the first overwhelmingly relates to ischemia (60–70% of cases), the last because of inborn heart ailments (CHDs) or cardiomyopathies in a huge part of the cases. Hence, supervising PHF requires unequivocal data and abilities. As of now, there are grounded rules for the organization of cardiovascular breakdown (HF) in the adult populace, anyway a similar understanding for PHF is lacking. This article offers a framework on the etiology, end, and treatment of PHF, with a specific focus on practical issues required for the board.

The signs and contraindications for pediatric heart transplantation are summarized in. Recently, the consequence of pediatric transplantation has continued improving. The most recent data from The International Society of Heart and Lung Transplantation show that the center perseverance is 19.7 years for children, 16.8 years for youngsters ages 1-5 years, 14.5 years for youngsters ages 6-10 quite a while, and 12.4 years for youngsters 11-17 years of age at the period of transplantation.

HF in adolescents is an erratic issue with heterogeneous etiology and presentation. Rather than adults, PHF is by and large a direct result of hidden coronary ailment and reversible conditions, appropriately crediting it manageable to legitimate treatment or present second intense therapy. While the general norms of the board resemble those in adults, there is a shortfall of randomized clinical primers and worldwide standards for PHF. An insightful agreement between extrapolation from grown-up HF rules and the progression of youth unequivocal data on treatment address a keen method to manage upgrade the board in this troublesome field.

The other article in this journal entitled "Congenital Uterine Anomalies, Preterm Birth and Cervical Cerclage: A Mini Review" by author Burk Schaible which is a mini-review article indeed explained about congenital discomforts.

Preterm birth is one of the first perplexing issues in perinatal medication with almost one out of ten pregnancies coming about in preterm birth. Authentic endeavours made unobtrusive decreases in preterm birth arriving at a nadir in 2015 of 9.6%. Lamentably, the current pace of preterm birth has ascended to 10.23% without a reasonable etiology.

Cervical length screening stays questionable given the clashing information and the absence of improved results in patients with inherent uterine abnormalities. Future examination should look to make all around planned imminent investigations that limit heterogeneity, perplexing variables, and predisposition to evaluate which uterine oddity presents the most noteworthy danger of preterm birth because of cervical deficiency. Randomized clinical preliminaries are expected to survey if cervical cerclage decreases the danger of preterm birth and neonatal bleakness and mortality in patients with uterine inconsistencies. Sequential cervical lengths and different mediations like progesterone supplementation and pessary ought to likewise be surveyed in this populace

In the end, on behalf of the journal, I would like to thank and express my gratitude to all the editors, reviewers, authors and readers for keeping their faith on us and associating with us over the years to make this journal a successful open access journal till now and I am hoping for their continuous support in the coming years as well.