Arch Argent Pediatr. 2026;124(4):e202611015

Rethinking perinatology

Norma E. Rossato[1]

Advances in knowledge in various fields naturally and necessarily led to the emergence of new medical specialties. This was the case with obstetrics in the late 19th century, pediatrics in the early 20th century, and finally neonatology and fetal medicine in the mid-20th century. Behind each of these advances is the figure of someone who fought prejudice in their time, questioned ingrained customs and practices, and always sought to learn more to improve care in their field. This issue of *Archivos* pays tribute to Dr. John William Ballantyne, noted for his knowledge of the physiology of pregnancy and the fetus, and for his emphasis on the importance of training for optimal prenatal and delivery care.[1]

The transition from pediatric to adult care for adolescents with chronic conditions is a complex process that must be planned in an interdisciplinary and gradual manner to ensure the best quality of life for these individuals. Similarly, although with different nuances, given the urgency and magnitude of the consequences, the transition from prenatal to neonatal care occurs.

The fetal medicine team strives to achieve the best possible intrauterine development for the baby. In some cases, the results are optimal and require minimal post-birth care. However, in other cases, the complexity of the perinatal pathology requires early delivery and the newborn to be treated with the highest complexity. The choice of a health center with the appropriate technical and human resources is what makes the difference in neonatal morbidity and mortality rates.

The term “perinatology” was coined by Dr. Roberto Caldeyro Barcia to describe the medical discipline that integrates prenatal, delivery, and neonatal care.

This pioneer’s studies on the effects of uterine contractions on fetal heart rate, the concept of fetal distress, and the possibility of intrauterine resuscitation brought obstetricians and pediatricians together to work as a team in support of maternal and fetal health.

When he began recording the effect of uterine contractions on fetal heart rate in 1947, the infant mortality rate in Latin America ranged from 35 to 100 per 1000 live births in metropolitan areas and from 50 to 170 per 1000 live births in rural areas, according to data from ECLAC. Years later, the creation of the Latin American Center for Perinatology (CLAP, by its Spanish acronym) in Montevideo, promoted by him together with Bernardo Houssay and Abraham Horwitz in 1970, was supported by the Pan American Health Organization. The CLAP was a milestone in the

doi: http://dx.doi.org/10.5546/aap.2026-11015.eng

To cite: Rossato NE. Rethinking perinatology. *Arch Argent Pediatr.* 2026;124(4):e202611015.

1 Neonatology Unit, Sanatorio de la Trinidad Palermo, Autonomous City of Buenos Aires, Argentina.

***Correspondence to** Norma E. Rossato: nerossato@gmail.com*

This is an open access article under the Creative Commons Attribution–Noncommercial–Noderivatives license 4.0 International. Attribution - Allows reusers to copy and distribute the material in any medium or format so long as attribution is given to the creator. Noncommercial – Only noncommercial uses of the work are permitted. Noderivatives - No derivatives or adaptations of the work are permitted.

development of perinatology: first in the training of professionals, and then in the development of health policies to improve perinatal care across the region. In October 2024, it was decided to close this center and transfer its functions to the PAHO headquarters in Washington, D.C.[2]

From this historical perspective, we can better understand the current state of perinatology and the challenges it faces today.

We have traveled an arduous upward path that included the development of the specialties of obstetrics and neonatology, the formation of multidisciplinary teams to work in a coordinated manner during pregnancy, under special conditions, and the creation of high-complexity units for the care of extremely premature infants.

Now we are witnessing a decline in birth rates[3] worldwide, a lack of interest among new generations of professionals in choosing highly complex specialties,[4] the high institutional costs of such units, and the demand for natural childbirth without discerning when it is possible and when it is not.[5]

Resilience, that ability to adapt to new scenarios, led to a rethinking of obstetric and neonatal care in normal, full-term, low-risk deliveries. There is a role for graduates in obstetrics and perinatal nursing that is not yet sufficiently defined or valued.[6]

Undoubtedly, the first month of life is an extremely important transition period that requires training in the detection and treatment of physiological conditions (breastfeeding difficulties, mild to moderate hyperbilirubinemia) and pathological conditions (moderate to severe hyperbilirubinemia, hypernatremic dehydration, congenital or acquired pathologies) during delivery or in the neonatal period. Pediatricians can take on this period with support from neonatology specialists.

Regionalization would be the logical response to optimizing resources, which are currently distributed across multiple neonatal units with increasingly lower workloads (and, therefore, less experience in managing the most complex cases).[7]

Regarding natural childbirth, the criteria for the suitability of the place of birth are clear. There are different models of home births, but all require the absence of perinatal pathology, proximity to a more complex center, availability of transportation at the location, assistance from a professional trained in neonatal resuscitation, and coordination with the professional team that may eventually receive the mother and child.

Regardless of all these changes, there are acquired values that remain valid: the need for training in each branch of human health, the model of safe and family-centered maternity care with an intercultural approach, in which the professional team accompanies, evaluates, and intervenes when necessary,[8] and the responsible use of health resources.

With these guidelines, it will be necessary to define the structure of the health system, the number of trained professionals in each specialty, and the role of interdisciplinary teamwork and networking, all within the parameters of an equitable public health policy. ■

REFERENCES

1. Kutzsche S. John William Ballantyne: A Pioneer Who Forged the Future of Maternal, Fetal and Child Health. *Arch Argent Pediatr*. 2026;124(4):e10963.
2. Zárate A, Manuel-Apolinar L, Hernández-Valencia M. Un tributo a Roberto Caldeyro-Barcia, considerado el pionero de la Perinatología. *Perinatol Reprod Hum*. 2017;31(1):39-43. doi: https://doi.org/10.1016/j.rprh.2017.10.012
3. Argentina. Dirección Nacional de Población. Natalidad y educación en Argentina. Perspectivas a futuro. Marzo 2025. [Accessed on December 21, 2025]. Available from: https://www.google.com/search?q=Natalidad+y+educaci%C3%B3n+en+la+Argentina+Direcci%C3%B3n+Nacional+de+Poblaci%C3%B3n&rlz=1C1GCEA_enAR953AR953&oq=Natalidad+y+educaci%C3%B3n+en+la+Argentina+Direcci%C3%B3n+Nacional+de+Poblaci%C3%B3n&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCjE4MDUwajBqMTWoAgCwAgA&sourceid=chrome&ie=UTF-8
4. Argentina. Ministerio de Salud. Finalizó el proceso de toma de cargos de residentes 2025. [Accessed on December 21, 2025]. Available from: https://www.argentina. gob.ar/noticias/finalizo-el-proceso-de-toma-de-cargos-de-residentes-2025
5. Watterberg K, AAP COMMITTEE ON FETUS AND NEWBORN. Providing Care for Infants Born at Home. *Pediatrics*. 2020;145(5):e20200626. doi: 10.1542/peds.2020-0626.
6. Universidad de Buenos Aires. Ciencias Médicas. Licenciatura en Obstetricia. [Accessed on December 29, 2025]. Available from: https://www.fmed.uba.ar/carreras/licenciatura-en-obstetricia/incumbencias-profesionales-y-funciones-del-graduado
7. Regionalización de la atención perinatal en la Argentina: barreras, experiencias y avances en el proceso de regionalización perinatal. Ciudad de Buenos Aires: Ministerio de Salud, 2018. [Accessed on December 29, 2025]. Available from: https://www.argentina.gob.ar/sites/default/files/bancos/2018-10/0000001280cnt-regionalizacion-2018.pdf
8. Larguía AM, González MA, Solana C, Basualdo MN, Di Pietrantonio E, Bianculli P, et al. Maternidad Segura y Centrada en la Familia [MSCF] con enfoque intercultural. Un nuevo modelo integrado. 2º ed. Ciudad de Buenos Aires: UNICEF. 2012. [Accessed on December 21, 2025]. Available from: https://www.unicef.org/argentina/media/346/ file/mscf.pdf