

group that had severe PR but good RV function, and 1 patient in the Ross group and 1 in the Ross-Konno group with moderate PR.

There are considerable limitations to our study due to its retrospective design and small sample size. However, we believe that our findings are relevant, as there are few reports of the medium- and long-term outcomes of these procedures in the paediatric age group. We believe that sharing our results provides information on clinical experiences that may contribute to a better understanding of this disease.

In conclusion, due to the complex nature of these procedures, postoperative complications are frequent. They achieve good solutions for the left ventricle outflow tract obstructions in the medium-to-long term, but at the expense of multiple RV-PA conduit reinterventions. The experience with the Ozaki technique is still limited to 4.5 years, but it is less aggressive, as it does not require manipulation of the right side of the heart (the pulmonary autograft is not needed).<sup>5,6</sup> The initial experience in 6 patients with a 15-month follow-up shows promising results. Only time will tell whether this new technique will replace the current gold standard.

## References

1. Piccardo A, Ghez O, Gariboldi V, Riberi A, Collart F, Kreitmann B, et al. Ross and Ross–Konno procedures in infants, children and adolescents: a 13 year experience. *J Heart Valve Dis.* 2009;18:76–83.
2. Mookhoek A, Charitos EI, Hazekamp MG, Bogers AJJC, Hörer J, Lange R, et al. Ross procedure in neonates and infants: a European multicenter experience. *Ann Thorac Surg.* 2015;100:2278–85.
3. Sames-Dolzer E, Wickenhauser E, Kreuzer M, Benedikt P, Gitter R, Prandstetter C, et al. The Ross–Konno procedure in neonates and infants less than 3 months of age. *Eur J Cardiothorac Surg.* 2018;54:71–7.
4. Ozaki S, Yamashita H, Uchida S, Takatoh M, Kiyohara N. Midterm outcomes after aortic valve neocuspidization with glutaraldehyde-treated autologous pericardium. *J Thorac Cardiovasc Surg.* 2018;155:2379–87.
5. Wiggins LM, Mimic B, Issitt R, Ilic S, Bonello B, Marek J, et al. The utility of aortic valve leaflet reconstruction techniques in children and young adults. *J Thorac Cardiovasc Surg.* 2020;159:2369–78.
6. Baird CW, Sefton B, Chávez M, Sleeper LA, Marx GR, del Nido PJ. Congenital aortic and truncal valve reconstruction utilizing the ozaki technique: short-term clinical results. *J Thorac Cardiovasc Surg [Internet].* 2020. Feb. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0022522320304384>

Ángel Aroca, Luz Polo, Bunty Ramchandani\*, Raúl Sánchez, Álvaro González  
*Departamento de Cirugía Cardíaca Pediátrica, Hospital Universitario La Paz-Hospital Universitario Ramón y Cajal, Madrid, Spain*

\* Corresponding author.

E-mail address: [bunty.r@gmail.com](mailto:bunty.r@gmail.com) (B. Ramchandani).

30 November 2020 7 December 2020

<https://doi.org/10.1016/j.anpede.2021.02.003>  
 2341-2879/ © 2021 Published by Elsevier España, S.L.U. on behalf of Asociación Española de Pediatría. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Do neonatologists in Spain offer an interview with parents during pregnancy? National survey<sup>☆,☆☆</sup>



### ¿Asesoramos los neonatólogos en España a los padres durante el embarazo? Encuesta nacional

Dear Editor,

The emotional impact on parents of the diagnosis of an anomaly in the foetus during pregnancy merits reflection. During this stage, neonatologists have the opportunity to carry out a prenatal intervention by conducting an inter-

view with the family to answer any questions and start the shared decision-making process. This prenatal consultation has potential benefits and is also a challenge for clinicians,<sup>1</sup> who must have the necessary communication skills to adapt the conversation to fit the needs of the parents, empower them in decision-making and provide emotional support.<sup>2</sup> However, at present there is little evidence to guide prenatal counselling when disease is diagnosed in the foetus, although there are some published works devoted to it in the context of prematurity.<sup>1,3–5</sup>

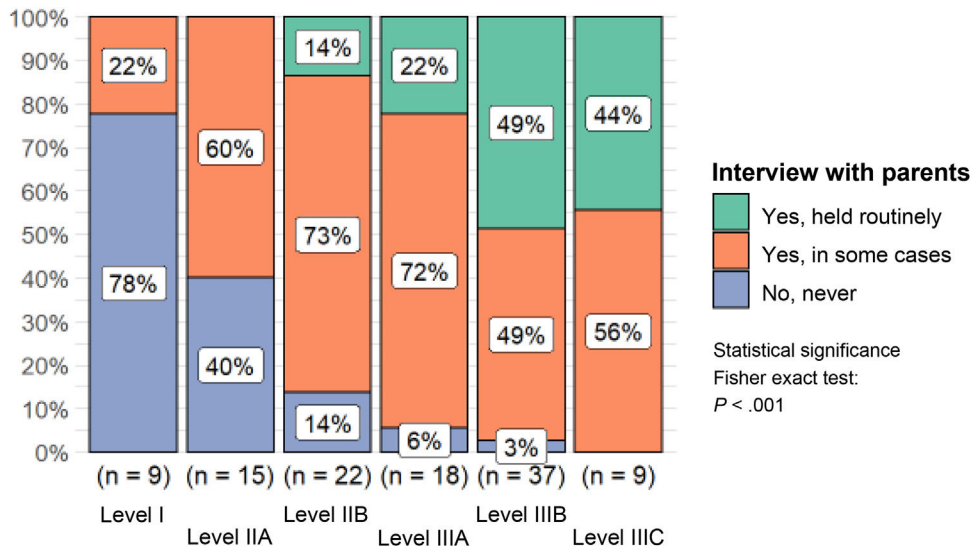
With the primary objective of determining whether neonatologists in Spain offer families an interview during the pregnancy if foetal disease is detected, we carried out a nationwide survey. As secondary objectives, we assessed whether the care level of the unit was associated with the probability of offering a prenatal interview and whether residents in paediatrics received specific training on this subject.

We developed an *ad hoc* questionnaire, as we did not find any validated instruments that fit the area of interest of the study. We distributed the questionnaire in 2019 through Google<sup>®</sup> Forms to 167 hospitals with neonatal units throughout Spain.

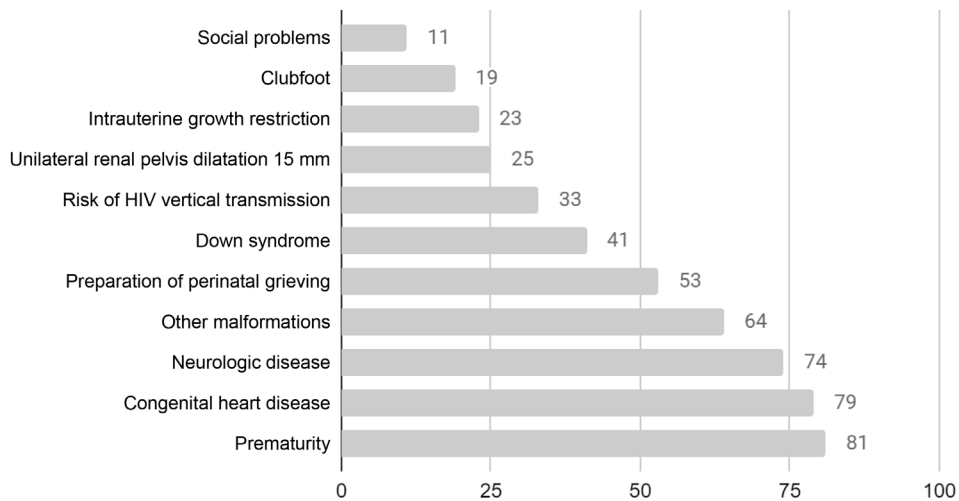
Sixty-six percent of surveyed facilities participated in the study (N = 110). Of this total, 83% were public hospitals, and

<sup>☆</sup> Please cite this article as: López González MF, Vela Enríquez F, García Martín R, Vargas Pérez M. ¿Asesoramos los neonatólogos en España a los padres durante el embarazo? Encuesta nacional. *An Pediatr (Barc).* 2022;96:367–369.

<sup>☆☆</sup> **Previous presentation:** this study was presented at the XXVII Congress of Neonatology and Perinatal Medicine, October 3–4, 2019, Madrid, Spain. Session of oral communications of research projects to apply for full membership in the Sociedad Española de Neonatología.



**Figure 1** Relationship between the care level and complexity of the neonatal unit and the possibility of offering prenatal information.



**Figure 2** Diseases eligible for prenatal counselling (%).

the rest were private or state-contracted private hospitals. When it came to the care level of the neonatal unit,<sup>6</sup> 57% of hospitals that participated in the survey had high-complexity units (level III), 35% level II units and 8% level I units.

When it came to the practice of conducting interviews with parents during the pregnancy following the detection of foetal disease, 57% of hospitals reported that these interviews were only conducted “in select cases”, 27% that they were conducted “routinely” and 16% “never” conducted. The analysis of the data evinced the association between the care level of the neonatal unit and the answer to this question (Fig. 1). Most of the hospitals that had a neonatal intensive care unit offered a prenatal interview at least in “selected cases” or “routinely”. However, up to 77% of hospitals that had lower-level units reported not offering any information prenatally in any case. Thus, we found that prenatal paediatric intervention is less likely the lower the level of care of the neonatal unit (Fisher exact test,  $P < .001$ ). We did not find statistically significant differences ( $P$

$< .05$ ) in the answers to this item based on the ownership of the hospital (public, contracted or private).

In the separate analysis of the data on the hospitals that reported offering prenatal counselling (Fig. 2), 97% stated it was only offered in the case of disease of a certain complexity. A more detailed analysis revealed that the condition most frequently involved is prematurity (81%), followed by congenital heart diseases (79%) and neurologic diseases (74%). A prenatal interview was less likely in the case of other diagnoses such as Down syndrome, intrauterine growth restriction or renal or infectious disease. On the other hand, only 53% of these hospitals had an active approach during pregnancy to prepare for the future grieving process in the case of poor life expectancy.

Lastly, 91% of respondents reported not having received training on how to carry out this type of interview during the paediatrics residency.

Our results show that prenatal paediatric intervention is infrequent in Spain and is offered mainly in higher-level hos-

pitals and in specific situations. Thus, this is an area for improvement in Spain in neonatal care and in the training of medical residents in this speciality. It would be interesting to carry out studies to explore the expectations of families as regards prenatal counselling to better adapt the interview to their needs and identify the diseases for which this intervention provides benefits to the families or an excess of information can be an additional source of stress.

The high response rate makes this initial approximation to the subject robust, although we were unable to compare our findings with those of other authors, as we did not find any similar studies in the reviewed literature.

## References

1. Lemyre B, Moore G. Counselling and management for anticipated extremely preterm birth. *Paediatr Child Health*. 2017;22:334–41.
2. Haward MF, Gaucher N, Payot A, Robson K, Janvier A. Personalized decision making practical recommendations for antenatal counseling for fragile neonates. *Clin Perinatol*. 2017;44:429–45.
3. Geurtzen R, van Heijst AFJ, Draaisma JMT, Kuijpers LJK, Woiski M, Scheepers HCJ, et al. Development of nationwide recommendations to support prenatal counseling in extreme prematurity. *Pediatrics*. 2019;143:e20183253.
4. Kharrat A, Moore GP, Beckett S, Nicholls SG, Sampson M, Daboval T. Antenatal consultations at extreme prematurity: a systematic review of parent communication needs. *J Pediatr*. 2018;196:109–15.
5. Danziger P, Laventhal N. Prenatal consultation: perspectives on training, relevance, and utilization among pediatric subspecialty program directors. *J Perinatol*. 2018;38:989–96.
6. Comité de Estándares y Junta directiva de la Sociedad Española de Neonatología. Niveles Asistenciales y Recomendaciones de mínimos para la atención neonatal. *An Pediatr (Barc)*. 2004;60:56–64.

M. Fernanda López González<sup>a,\*</sup>, Francisco Vela Enríquez<sup>a</sup>, Raúl García Martín<sup>b</sup>, Manuel Vargas Pérez<sup>a</sup>

<sup>a</sup> *Unidad de Pediatría, Hospital de Poniente, El Ejido, Almería, Spain*

<sup>b</sup> *Unidad de Apoyo a la Investigación, Hospital de Poniente, El Ejido, Almería, Spain*

\* Corresponding author.

E-mail address: fernandalg@yahoo.es (M.F. López González).

<https://doi.org/10.1016/j.anpede.2021.07.006>  
2341-2879/ © 2021 Asociación Española de Pediatría. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## New family models. A review of our current situation<sup>☆</sup>



### Nuevos modelos de familia. Revisión de nuestra situación actual

Dear Editor:

The transformation of the family is one of the greatest social changes in the past 60 years. We have evolved from the practically exclusive model of the conventional nuclear family to a multiplicity of organizational structures for this pillar of society as a result of multiple social shifts.<sup>1,2</sup>

We obtained the list of patients in a primary care paediatrics caseload as of January 1, 2019, which included 1096 patients aged less than 14 years. We conducted a prospective study over 2 years of the structure and composition of each family through December 31, 2020. We applied the classification of family models used by the Sociedad Española de Medicina de la Adolescencia (Spanish Society of Adolescent Medicine) in their course on child and adolescent psychiatry.<sup>3</sup>

We present a review of family structures in a set of minors included in the paediatrics caseload of a primary care centre, who were part of a total of 741 families (Table 1). Eighty percent of these families (n = 593) fit the conventional nuclear family model. Only 10% of this subset of families

included 3 or more children (n = 58). Thirteen percent of families were single-parent families (n = 94), and all of them but one consisted of the mother and children, with 77% (n = 72) corresponding to divorced mothers living with their children, 10% (n = 9) to single mothers by choice (assisted reproductive techniques), 9% to mothers with children fruit of unplanned pregnancies and 4% (n = 4) to widowed mothers.

Five percent of the families (n = 36) were blended families in which one or both parents had custody of children from a previous relationship. In addition, the caseload includes a total of 9 families with adopted children, with this structure accounting for 1% of the sample. There were three (<1%) same-sex parent families consisting of 2 lesbian mothers with 2 children. Of the single minors that were wards of the state (also <1% of the total), 2 lived in group homes and 3 with foster families.

In Spain, the mean number of people per household in 2020 was 2.5. The most frequent number was 2 people per household, while households of 5 or more individuals amounted to only 5.8% of the total.<sup>4</sup> In our study, only 10% of families were large (with 3 or more children), while 90% (n = 535) had fewer than 3 children. The number of single-parent households has increased progressively in recent years, with most consisting of a mother with her children.<sup>5</sup> In 2013, the majority of these single mothers were widows, while in 2020 most were divorced,<sup>4</sup> which was also reflected in the data collected in our sample.

The analysis of the structure of the families in the catchment area of our primary care centre and the review of data on Spanish households suggest that there have been important changes in relation to the traditional family model.<sup>5</sup> In recent decades, there has been a drastic reduction in

<sup>☆</sup> Please cite this article as: Coronel Rodríguez C, Capilla Miranda A, Guisado Rasco MC. Nuevos modelos de familia. Revisión de nuestra situación actual. *An Pediatr (Barc)*. 2022;96:369–371.