



The NKC's mission is to improve the health of newborns with or at risk for kidney disease through multidisciplinary collaborative research, advocacy, and education.

## January 2021

Dear NKC Members,

Happy 2021! We are excited to share more about our upcoming NKC all member meeting, our advocacy 'elevator speech', a new journal article of the month, and a new member spotlight!

### Register for the meeting!

Please register for the upcoming NKC member meeting, which we will be holding on **Thursday, February 11<sup>th</sup> from 12-3pm Central**. Registration is required ([NKC Meeting Registration](#)). The [agenda](#) is also available on the NKC website.

We hope everyone will be able to attend live, but we plan to have a recording available on the members only portion of our website, [www.babykidney.org](http://www.babykidney.org) for those that are unable to attend.

### NKC Advocacy 'Elevator Speech'

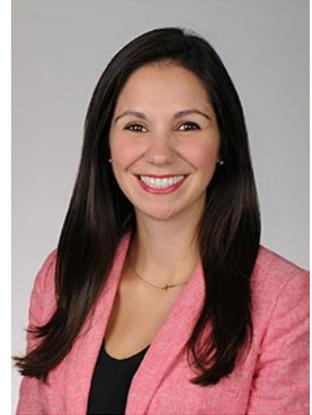
Our Advocacy Committee has been hard at work to develop a brief statement that sums up what the NKC is all about and have come up with the following as the final product. Feel free to use this when you are explaining to others why neonatal kidney disease and the NKC is important!

**Why is neonatal kidney health important? Kidney injury occurs in up to a third of critically ill neonates and those who develop kidney injury are four times more likely to die. Neonates with kidney injury and preterm neonates have an increased risk for chronic kidney disease later in life. The mission of the Neonatal Kidney Collaborative is to improve neonatal kidney health by supporting collaborative research, advocacy, and education opportunities. Our goals are to reduce the prevalence of kidney injury, optimize kidney care in the neonatal intensive care unit, and improve long term kidney outcomes.**

### Member Spotlight – Dr. Heidi Murphy

We have a new '[Member Spotlight](#)' up on the website.

Dr. Heidi Murphy, MD, MSCR, is a neonatologist and Assistant Professor of Pediatrics at the Medical University of South Carolina (MUSC) Shawn Jenkins Children's Hospital and the Darby Children's Research Institute in Charleston, SC. She has particular interests in neonatal acute kidney injury (AKI) and patent ductus arteriosus (PDA) as well as continuous renal replacement therapy utilization (CRRT) during extracorporeal life support (ECLS).



Since early in her fellowship training, Heidi has studied the impacts of CRRT utilization during neonatal ECLS on nutrition provision, lung opacification, and inflammatory cascades. She joined the Kidney Intervention during Extracorporeal Membrane Oxygenation (KIDMO) study group in 2018 and enjoys collaborating with this diverse and fun group on multiple projects examining renal disease and outcomes in pediatric and neonatal ECLS. She recently received a National Institute of Diabetes and Digestive and Kidney Diseases Loan Repayment Program award to support her investigations to better understand how standard medical treatment regimens for PDA management impact renal health and outcomes. In 2021, Dr. Murphy looks forward to beginning to serve on the Journal of Perinatology Editorial Board, continuing her work with Baxter to study CRRT effects on inflammatory cascades, and enjoying her time collaborating with KIDMO colleagues and the NKC.

For the rest of Dr. Murphy's spotlight, check out the website. If you have someone you want to highlight, please email Matt or Michelle ([mwharer@wisc.edu](mailto:mwharer@wisc.edu), [mcstarr@iu.edu](mailto:mcstarr@iu.edu))

## January Article of the Month

Thanks to Dr. Catherine Joseph for this month's article of the month on the long-term implications of extreme prematurity. The article, entitled "Albuminuria, Hypertension, and Reduced Kidney Volumes in Adolescents Born Extremely Premature" is by Dr. Keia Sanderson and colleagues.

Premature birth is associated with decreased nephron number and an increased risk for chronic kidney disease (CKD). Despite the higher risk of CKD in infants born preterm, evidence-based consensus guidelines have not been developed for kidney follow up after discharge from NICU. In this single-center prospective cohort of extremely low gestation infants, half of adolescents in this subset of ELGAN cohort had at least one risk factor of kidney disease (reduced kidney volume, microalbuminuria, and/or elevated blood pressures) at 15 years of age. For more information on the article or additional monthly summaries prepared by members of the Education Committee, please [see the website](#).

Best Wishes,  
Michelle Starr and Matthew Harer  
NKC Communication Committee Co-Chairs