

# Bronchopulmonary Dysplasia Center



The Bronchopulmonary Dysplasia (BPD) Center at Cincinnati Children's Hospital Medical Center provides comprehensive care for patients with BPD, including chronic lung disease, airway obstruction, pulmonary hypertension and other related conditions from premature birth throughout childhood and adolescence. We merge multidisciplinary clinical care with translational medicine and imaging research. This allows us to offer new technologies not available anywhere else and a personalized care plan that is supported by our unique approach.

## CONTACT US

For patient referrals, and non-urgent consultation during business hours, contact the center directly at:

Phone: **513-803-8564**  
Email: [BPDCenter@cchmc.org](mailto:BPDCenter@cchmc.org)

[cincinnatichildrens.org/bpd](http://cincinnatichildrens.org/bpd)



Cincinnati Children's is ranked #3 in the nation among Honor Roll hospitals.

## HOW WE'RE DIFFERENT

- **Integrated, team-based approach.** Our team comes together from different disciplines to care for patients based on each child's individual needs. Team members include experts in neonatology, pulmonology, radiology, cardiology and pulmonary biology, among others. We partner with specialists from other disciplines as needed.
- **Commitment to advancing care.** We lead or participate in multiple single- and multi-site clinical trials as part of newborn research groups such as the National Institute of Child Health and Human Development (NICHD) Neonatal Research Network.
- **History of expertise in lung development research and care.** Cincinnati Children's is a hub for research in neonatal and pediatric pulmonary medicine. We have been involved in many advances in this field, including the first synthesis of respiratory surfactant, creating the first consensus guidelines for BPD severities, identifying the genes that regulate lung development and maturation, and the first to use neonatal MRI to help understand respiratory phenotypes.
- **A model of shared care.** Since BPD can be a life-long disease, it is our goal to both improve the immediate clinical status of the patient and build a care plan with the referring medical team. We work with our patients' other healthcare providers on a plan that can be cooperatively implemented through the patient's adolescence.

## THE MOST ADVANCED IMAGING

Our team has developed unique neonatal MRI capabilities that aid us in making earlier diagnoses, developing new therapies and customizing each child's treatment. These breakthrough imaging techniques provide high-resolution, detailed images of lung parenchymal and vascular structures, regional cardiopulmonary function, and dynamic airway collapse, all during quiet breathing and without sedation or ionizing radiation. This collective information allows phenotyping of respiratory disease related to premature birth and has the potential to significantly change the understanding and time course of this disease. It also provides avenues for personalized treatments through a combination of existing and new therapies.



## BPD OUTCOMES

**30%**

Decrease in need for tracheostomy

**50%**

Decrease in mortality

**44%**

Decrease in hospital readmission

**44%**

Reduction in pulmonary hypertension

To make a referral to the BPD Center, contact us at 513-803-8564 or email [BPDCenter@cchmc.org](mailto:BPDCenter@cchmc.org).

For international inquiries, call +1-513-636-3100 or email [international@cchmc.org](mailto:international@cchmc.org).

## TREATMENT APPROACH

In the BPD Center, we understand how stressful it is to have a baby born prematurely. Here, children receive compassionate, high-quality care from specialists with extensive experience caring for the most fragile newborns.

Our multidisciplinary approach allows us to draw on the expertise of a variety of specialists tailored to each child's unique needs. We work together to treat the many components of BPD, evaluating and discussing each patient in depth and developing a personalized treatment plan together.

To ensure the best possible care for these children, we keep in close communication with referring physicians and primary care providers. After discharge, patients may, if appropriate, return to our center for follow-up care, and we will continue to partner with their medical team.

Because infants with BPD may continue to have related medical needs as they grow, we care for children from infancy through the teen years.

## TREATMENT TEAM

### Neonatology

Paul S. Kingma, MD, PhD

*Co-director, BPD Center*

Shawn K. Ahlfeld, MD

Jennifer M. Brady, MD

Beth Haberman, MD

Melissa House, MD

Sai Mukthapuram, MD

Amy T. Nathan, MD

Danielle Parham, MD

Verma Prasoon, MD

Nancy Howard, APRN

Melissa Kingma, APRN

Kelly Wendel, APRN

### Radiology

Alan S. Brody, MD

Robert J. Fleck, MD

Murat Kocagoglu, MD

Andrew H. Schapiro, MD

### Cardiology

Paul Critser, MD

Russel Hirsch, MD

Michelle C. Cash, MSN, APRN, CNP

S. Melissa Magness, MSN, APRN,  
CNP-AC

Elizabeth Geers, RN

### Research

Mingxia Gu, MD, PhD

Nara Higano, PhD

Erik B. Hysinger, MD, MS

Paul S. Kingma, MD, PhD

Anne Karina T. Perl, MS, PhD

Jeffrey A. Whitsett, MD

Jason C. Woods, PhD

### Pulmonology

Erik B. Hysinger, MD, MS

*Co-director, BPD Center*

Jason C. Woods, PhD

*Co-director, BPD Center*

Raouf S. Amin, MD

Melissa Cole, MD

Duncan Keegan, MD

Monica Vielkind, MD

Sara Zak, MD

Kim Kombrinck, APRN, PC/AC

6

Distinct subspecialties partnering in the care of children with BPD

- Neonatology
- Pulmonary Medicine
- Cardiology
- Radiology
- Otolaryngology
- Neurology