NICHD **NEONATAL RESEARCH NETWORK**

The Relationship Between Hispanic Ethnicity and Outcomes for Infants Born Extremely Preterm



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- This presentation will not involve discussion of unapproved or offlabel, experimental or investigational use of a drug.

Introduction

- Ethnicity refers to identification with a shared cultural tradition
- 1/5 US population identifies as Hispanic ethnicity
- 1/4 US births classified as Hispanic ethnicity
- Hispanic paradox



Maternal Social Drivers of Health





Primary

• To characterize the association between ethnicity and survival to newborn hospital discharge <u>without</u> major morbidity.

Secondary

- To characterize the association between ethnicity and survival to newborn hospital discharge.
- To characterize the association between ethnicity and neurodevelopmental impairment at 18-26 months' corrected age.

Methods

Inclusion criteria

- Inborn at Neonatal Research Network centers
- Gestational age <27 weeks
- Birth years 2006-2020

Exclusion criteria

- Outborn
- Major congenital anomalies
- Race other than Black or White
- Missing data for ethnicity or race



• Binary classification of maternal sociodemographic characteristics





Primary

- Survival to discharge <u>without</u> major morbidity
 - EOS, LOS, NEC, BPD grade 3, IVH grade ≥3, PVL, ROP stage ≥3 or plus disease

Secondary

- Survival to discharge
- Neurodevelopmental impairment at 18-26 months' corrected age
 - Gross motor function classification system ≥2
 - Bayley cognitive or motor composite score <85
 - Bilateral blindness or no functional hearing with or without amplification

Methods

- Chi-square tests and ANOVA
- Linear and generalized linear mixed effect regression analyses

Maternal Characteristics

- Marital status
- Education level
- Insurance type
- Hypertension
- Multiple gestation
- Delivery mode
- Antenatal steroids

Infant Characteristics

- Center (random effect)
- Birth year
- Infant sex
- Gestational age
- Small for gestational

age

Infant Morbidity

- EOS
- LOS
- NEC
- Grade ≥III IVH
- PVL
- ROP stage ≥3 or plus disease





HS = High School

Maternal Characteristics

	Maternal Ethnicity and Race		
Characteristic, n (%)	Hispanic	Non-Hispanic White	Non-Hispanic Black
Age (years), mean (SD)*	28 (7)	29 (6)	27 (6)
Married [*]	1010 (47)	3506 (61)	1436 (24)
Diabetes (insulin-dependent)*	98 (5)	200 (4)	278 (5)
Hypertension [*]	414 (19)	1125 (20)	1683 (28)
Histological chorioamnionitis [*]	433 (20)	1026 (18)	1212 (20)
Antenatal corticosteroids*	1622 (76)	5013 (87)	5017 (82)
Multiple gestation [*]	408 (19)	1894 (34)	1347 (22)
Cesarean delivery [*]	1194 (56)	3506 (61)	3440 (56)
Prenatal care [*]			
None	30 (4)	40 (2)	108 (5)
Limited	67 (10)	95 (5)	194 (9)
Adequate	608 (86)	1740 (93)	1755 (85)

Infant Characteristics

	Maternal Ethnicity and Race		
Characteristic, n (%)	Hispanic	Non-Hispanic White	Non-Hispanic Black
Male*	1123 (52)	3065 (53)	3029 (50)
Gestational age (weeks), mean (SD)*	25.0 (1.3)	25.0 (1.3)	24.9 (1.3)
Birth weight (grams), mean (SD)*	729 (182)	717 (186)	686(169)
Small for gestational age [*]	145 (7)	492 (9)	535 (9)
Early-onset sepsis*	67 (4)	149 (3)	119 (2)
Late-onset sepsis*	550 (33)	1365 (29)	1637 (32)
Necrotizing enterocolitis*	228 (14)	524 (11)	675 (13)
Periventricular leukomalacia	102 (6)	276 (6)	276 (5)
Bronchopulmonary dysplasia grade 3 [*]	126 (9)	410 (11)	492 (12)
Intraventricular hemorrhage grade ≥III*	400 (23)	991 (21)	1037 (20)
ROP stage ≥3 or plus disease [*]	382 (27)	1015 (26)	878 (20)

Discharge and Follow-up Outcomes

	Maternal Ethnicity and Race		
Characteristic, n (%)	Hispanic	Non-Hispanic White	Non-Hispanic Black
Discharge			
PMA at discharge (weeks), mean (SD)*	42 (5)	43 (6)	43 (7)
Discharged with oxygen [*]	454 (33)	1690 (47)	1333 (34)
Survival to discharge	1412 (66)	3820 (67)	4109 (67)
Survival without major morbidity [*]	523 (25)	1494 (27)	1701 (29)
Follow-up			
Readmission by 18-26 months' corrected	616 (49)	1582 (48)	1808 (50)
Neurodevelopmental impairment*	544 (44)	1004 (32)	1573 (45)
Death	750 (35)	1961 (34)	2079 (34)

Adjusted Outcomes by Ethnicity and Race			aOR (95% CL)	p-value
Survival to discharge		 		
Hispanic (vs. Non-Hispanic White)		₩-₩-1	1.21 (1.02, 1.43)	.026
Hispanic (vs. Non-Hispanic Black)	F	₽	1.02 (0.87, 1.21)	.789
Survival to discharge without major morbidity		1 1 1 1		
Hispanic (vs. Non-Hispanic White)	F	; ;∎1	1.10 (0.79, 1.52)	.578
Hispanic (vs. Non-Hispanic Black)	┞╌╋╌	- - 	0.75 (0.55, 1.04)	.086
Neurodevelopmental impairment (NDI)				
Hispanic (vs. Non-Hispanic White)		┝╋┤	1.25 (1.05, 1.48)	.013
Hispanic (vs. Non-Hispanic Black)	⊢ ∎	¦ ¦ 	0.88 (0.74, 1.04)	.127
Death before follow-up				
Hispanic (vs. Non-Hispanic White)	⊢∎−		0.82 (0.69, 0.97)	.017
Hispanic (vs. Non-Hispanic Black)	H	, +- -	0.94 (0.80, 1.11)	.476
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Outcomes by Race among Hispanic Subjects

	Hispanic Participants Only	
Characteristic, n (%)	Black (n=100)	White (n=2055)
Discharge		
PMA at discharge (weeks), mean (SD)	43 (7)	42 (5)
Discharged with oxygen	29 (41)	425 (33)
Survival to discharge	72 (73)	1340 (65)
Survival without major morbidity	25 (26)	498 (25)
Follow-up		
Readmission by 18-26 months' corrected	31 (53)	585 (48)
Neurodevelopmental impairment	26 (46)	518 (44)
Death	27 (27)	707 (35)

Strengths

Size of cohort N=14,029

Social drivers of health

- Ethnicity
- Race
- Education level
- Insurance type



Limitations









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- In a multicenter US cohort of children born extremely preterm, Hispanic ethnicity was <u>not</u> associated with increased odds of survival to discharge without major morbidity.
 - Infants of Hispanic mothers had higher incidence of overall survival to discharge than those with non-Hispanic White mothers in adjusted, but not unadjusted, analyses.
 - Children of Hispanic mothers were 25% more likely to have neurodevelopmental impairment than children of non-Hispanic White mothers.

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Neonatal Research Network Centers (2006-2020)

- Brown University
- Case Western Reserve University
- Children's Mercy Hospitals and Clinics, University of Missouri-Kansas City
- Cincinnati Children's Medical Center
- Duke University
- Emory University
- Indiana University
- Nationwide Children's Hospital, Ohio State University
- RTI International
- Stanford University

- Tufts Medical Center
- University of Alabama at Birmingham
- University of California Los Angeles
- University of Iowa
- University of New Mexico
- University of Pennsylvania
- University of Rochester
- University of Texas Southwestern
- University of Texas Health Science Center
- University of Utah
- Wayne State University
- Yale University