

Department of Pediatrics, Division of Neonatology, University of New Mexico Health Sciences Center, Albuquerque, NM

Background

• **BPD (Bronchopulmonary Dysplasia)**

- Chronic lung disease of neonates
- Caused by the disruption of normal pulmonary development and injury from exposure to mechanical ventilation, oxygen toxicity, infection, and inflammation in preterm infants
- Leading cause of morbidity and mortality in preterm infants
- Risk factor for poor neurodevelopmental outcomes in extremely premature infants • Definition: FiO2 requirement during hospitalization
- Hydrocortisone
 - Effective in improving survival and decreased BPD
 - Safe without evidence of moderate to severe neurodevelopmental impairment (in contrast to dexamethasone treatment)

• Early Hydrocortisone Administration

- Adopted as standard of care in the NICU at the UNMH in 2018
- All infants <29 weeks' gestation within the first 48 hours of life
- 7 days of hydrocortisone at 0.5 mg/kg per day every twelve hours; 3 days of 0.5 mg/kg given once per day

Pbjective

- To assess the impact prophylactic hydrocortisone use has had on the incidence of BPD in extremely preterm infants at UNMH
- Hypothesis: Since the implementation of routine use of hydrocortisone in 2018, there has been a 10% decrease in the diagnosis of BPD defined as any oxygen use at 36 weeks corrected gestational age

Methods

• Primary objective:

- Historic incidence of BPD: Review charts of extremely preterm infants (born <29 week gestation) from January 1, 2017 to July 31, 2018
- Current time epoch: from December 1, 2018 to June 30, 2020, in which all <29 weeks' gestational infants were routinely treated with prophylactic hydrocortisone
- Secondary objective: Assess for possible complications that can occur with treatment of steroids
 - Review charts for the presence of spontaneous gastrointestinal perforation, late onset sepsis, significant hyperglycemia after administration of HCTZ, and significant hypertension

• Inferential statistics obtained:

- Association between BPD level and the 2 epochs, using a chi-square test and two multiple logistic regressions, with one regression controlling for only infant characteristics, and the other controlling for both infant and mother characteristics
- Association between Epoch and complications, using chi-square or Fisher's exact tests

BPD Definitions							
Mild	Breathing room air at 36 weeks PMA						
	(Post menstrual age)						
Moderate	Need for <30% oxygen at 36 weeks						
	PMA						
Severe	Need for ≥30% oxygen and/or						
	positive pressure (PPV or CPAP) at						
	36 weeks						

Early Hydrocortisone Administration for SCHOOL OF MEDICINE Bronchopulmonary Dysplasia Prevention

Jessica Wilcken PGY2, Dawn Novak MD, Conra Lacy RN, Cheng Chen

Background

Table 1. BPD Levels in Epoch 1. Number of infants with the varying BPD levels, mild, moderate, and severe. Infants classified by <26 weeks and 27-28 weeks gestational age. Epoch 1 (Non-HC)

		<=26 Weeks (n=25)		27-28weeks (n=8)		Overall (n=33)			
		n	Col %	n	Col %	n	Col %		
Infant									
BPD Level	Moderate	7	28.00%	5	62.50%	12	36.36%		
	Severe	17	68.00%	2	25.00%	19	57.58%		
	Room Air	0	0.00%	1	12.50%	1	3.03%		
	Death	1	4.00%	0	0.00%	1	3.03%		

Table 2. BPD Levels in Epoch 2. Number of infants with the varying BPD levels, mild, moderate, and severe. Infants classified by <26 weeks and 27-28 weeks gestational age.

<u> </u>										
		Epoch 2 (HC)								
		<=26 Weeks (n=16)		27-28weeks (n=17)		Overall (n=33)				
		n	Col %	n	Col %	n	Col %			
Infant										
BPD Level	Moderate	4	25.00%	6	35.29%	10	30.30%			
	Severe	8	50.00%	8	47.06%	16	48.49%			
	Room Air	0	0.00%	2	11.76%	2	6.06%			
	Death	4	25.00%	1	5.88%	5	15.15%			

Graph 1. Comparison of BPD Levels in Epoch 1 and 2. There is an overall decrease in BPD incidence in Epoch 2 in comparison to Epoch 1.



- Mild BPD levels increased from 3 to 6% from Epoch 1 to 2 with only 1 infant in epoch 1 and 2 infants in epoch 2
- Both moderate and severe BPD levels decreased from Epoch 1 to 2 (36% to 30% and 58% to 48%, respectively)
- Death rates increased from 1 to 5 infants from Epoch 1 to 2
- No increase in complications from Epoch 1 to 2
- Results are not significantly significant, most likely due to limited sample size

Anderson PJ, Doyle LW. Neurodevelopmental outcome of bronchopulmonary dysplasia. Semin Perinatol 2006;30:227-32. Baud, Olivier, et al. "Effect of early low-dose hydrocortisone on survival without bronchopulmonary dysplasia in extremely preterm infants (PREMILOC): a double-blind, placebo-controlled, multicentre, randomised trial." The Lancet 387.10030 (2016): 1827-1836.

Concina VA, Samide A, Bada H. Comparing Diagnostic Criteria for Bronchopulmonary Dysplasia (bpd) of Vermont Oxford Network (von) to the National Institute of Child Health and Development (nichd) Network. Pediatrics 2018, 141 Eichenwald EC, Stark AR. "Bronchopulmonary Dysplasia: Definition, Pathogenesis, and Clinical Features." UpToDate, January 7, 2020. https://www-uptodate- com.libproxy.unm.edu/contents/bronchopulmonary-dysplasia-definition-pathogenesis-andclinical-features?search=bpd

preterm infants. Cochrane Database Syst Rev 2003:CD001146. 1076-1078.

Kersbergen KJ, de Vries LS, van Kooij BJM, Išgum I, Rademaker KJ, van Bel F, Hüppi PS, Dubois J, Groenendaal F, Benders MJNL (2013) Hydrocortisone treatment for bronchopulmonary dysplasia and brain volumes in preterm infants. J Pediatr 163(3):666-71 e1

Morris IP, Goel N, Chakraborty M. Efficacy and safety of systemic hydrocortisone for the prevention of bronchopulmonary dysplasia in preterm infants: a systematic review and meta-analysis. Eur J Pediatr 2019;178:1171-84. Olaloko O, Mohammed R, Utkarsh O. "Evaluating the Use of Corticosteroids in Preventing and Treating Bronchopulmonary Dysplasia in Preterm Neonates." International Journal of General Medicine Volume 11 (2018): 265–74. https://doi.org/10.2147/ijgm.s158184.

Shaffer, Michele L., et al. "Effect of prophylaxis for early adrenal insufficiency using low-dose hydrocortisone in very preterm infants: an individual patient data meta-analysis." The Journal of pediatrics 207 (2019): 136-142. Shinwell ES, Karplus M, Reich D, et al. Early postnatal dexamethasone treatment and increased incidence of cerebral palsy. Arch Dis Child Fetal Neonatal Ed 2000;83:F177-8 Watterberg KL, Shaffer ML, Mishefske MJ, et al. Growth and neurodevelopmental outcomes after early low-dose hydrocortisone treatment in extremely low birth weight infants. Pediatrics 2007;120:40-8

Conclusion

Next Steps

• Increase the sample size with hopes to achieve statistical significance

References

Halliday HL, Ehrenkranz RA, Doyle LW. Early postnatal (<96 hours) corticosteroids for preventing chronic lung disease in

Jobe, Alan H. "Mechanisms of lung injury and bronchopulmonary dysplasia." American journal of perinatology 33.11 (2016):