

NICU Admission Up in the U.S.



According to an article published in *JAMA Pediatrics*, admissions rates for newborns at neonatal intensive care units (NICUs) in the U.S. are increasing and questions are now being raised as to the possibility of overuse of this highly specialised and expensive care. Since the NICU opened in the U.S. 55 years ago, neonatal mortality rate has declined from 18.73 per 1000 live births to 4.04 per 1000 live births in 2012. In this paper, the researchers examine trends in neonatal intensive care for newborns in the U.S. and how neonatal care relates to newborn care.

The researchers analysed data for approximately 18 million live births to U.S. residents from January 2007 to December 2012. They found that the overall admission rates in NICU increased from 64.0 to 77.9 per 1,000 live births. The increase was consistent among all birth weight categories. They also found that n 2012 there were 43 NICU admissions per 1,000 normal-birth-weight infants while the admission rate for very low-birth weight infants was 844.1 per 1,000 live births. Between 2007 and 2012, higher birth weight newborns were increasingly admitted in the NICUs and by 2012, approximately half of all NICU admissions were for normal-birth-weight infants or those born at 37 weeks gestation or older. "Newborns in the United States are increasingly likely to be admitted to a NICU, and these units are increasingly caring for normal-birth-weight and term infants. The implications of these trends are not clear, but our findings raise questions about how this high-intensity resource is being used," the study concludes.

In an accompanying editorial, Aaron E. Carroll, M.D., M.S., of the Indiana University School of Medicine, Indianapolis, stresses the importance of these findings as they do not prove that the increased use of NICU is fraudulent or wasteful. However, he points out that while these admissions may be completely justified, they are still expensive and carry potential harm. "If hospitals want to argue that NICUs are necessary, they will need to prove that the need exists, especially in light of the increasing share of infants admitted who are at or near full term. If hospitals are unable to demonstrate that NICUs are necessary, then it is very likely that, at some point in the near future, policies will force them to reduce those admissions, which will have major implications for NICU and hospital finances."

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