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Section on Neonatal-Perinatal Medicine

ARTICLES OF INTEREST – September, 2023

Early human milk fortification in infants born extremely preterm: a randomized trial
Ariel A Salas, Emily Gunawan, Kelly Nguyen, et al. *Pediatrics.*

This was a masked, randomized trial. Starting on feeding day 2, extremely preterm infants 28 weeks or younger fed maternal or donor milk were randomized to receive either a diet fortified with a human-based product (intervention group) or a standard, unfortified diet (control group). This practice continued until the feeding day when a standard bovine-based fortifier was ordered. Caregivers were masked. The primary outcome was Fat Free Mass-for-age z score at 36 weeks of postmenstrual age (PMA). The primary outcome was assessed in 105 infants (70%). FFM-for-age z scores did not differ between groups. Length gain velocities from birth to 36 weeks PMA were higher in the intervention group. Declines in head circumference-for-age z score from birth to 36 weeks' PMA were less pronounced in the intervention group.

Percutaneous closure of the patent ductus arteriosus in infants ≤2 kg: IMPACT registry insights
Adrianne Rahde Bischoff, Kevin F Kennedy, Carl H Backes, et al. *Pediatrics.*

This was a cohort study using the IMPACT Registry (Improving Pediatric and Adult Congenital Treatments) from the American College of Cardiology Foundation's National Cardiovascular Data Registry. Percutaneous PDA closure appears to be safe and feasible procedures in infants ≤2 kg. The incidence of major adverse events has continued to decline over the years and seems to have a strong correlation with individual center case volumes and expertise. A total of 1587 attempted PDA closures were included, with a 3% incidence of technical failure and 5.5% incidence of the composite outcome. Major adverse events were observed in 3.8% of the patients; the most common events were device embolization requiring retrieval and unplanned cardiac or vascular surgery in 1.3% and 1.3% of cases, respectively. The incidence of the composite outcome was associated with the need for arterial access ($P < .001$) as well as annual hospital volume of percutaneous PDA closures in infants ≤2 kg ($P = .001$).

Timing of primary surgery for cleft palate
Carrol Gamble, Christina Persson, Elisabeth Willadsen, et al. *N Engl J Med.*

This study from 23 centers across Europe and South America randomly assigned 558 infants with nonsyndromic isolated cleft palate, in a 1:1 ratio, to undergo standardized primary surgery at 6 months of age (6-month group) or at 12 months of age (12-month group) for closure of the cleft. Insufficient velopharyngeal function at 5 years of age was observed in 21 of 235 infants (8.9%) in the 6-month group as compared with 34 of 226 (15.0%) in the 12-month group (risk ratio, 0.59; 95% confidence interval, 0.36 to 0.99; $P = 0.04$). The authors concluded that medically fit infants who underwent primary surgery for isolated cleft palate in adequately resourced settings at 6 months of age were less likely to have velopharyngeal insufficiency at the age of 5 years than those who had surgery at 12 months of age.

Two-year outcomes after minimally invasive surfactant therapy in preterm infants: follow-up of the OPTIMIST-a randomized clinical trial
Peter A Dargaville, C Omar F Kamlin, Francesca Orsini, et al. *JAMA.*

This follow-up study included infants randomly assigned to minimally invasive surfactant therapy [MIST, exogenous surfactant (200 mg/kg poractant alfa) via a thin catheter] (n=242) versus sham treatment (n=244). This trial included 486 infants from 33 tertiary-level neonatal intensive care units in 11 countries with a gestational age of 25 to 28 weeks supported with CPAP. Death or neurodevelopmental disability at two years occurred in 78 infants (36.3%) in the MIST group and 79 (36.1%) in the control group (risk difference, 0% [95% CI, -7.6% to 7.7%]; relative risk [RR], 1.0 [95% CI, 0.81-1.24]). Hospitalization with respiratory illness occurred in 49 infants (25.1%) in the MIST group vs 78 (38.2%) in the control group (RR, 0.66 [95% CI, 0.54-0.81]) and parent-reported wheezing or breathing difficulty in 73 (40.6%) vs 104 (53.6%), respectively (RR, 0.76 [95% CI, 0.63-0.90]). The authors concluded that MIST compared with sham treatment did not reduce the incidence of death or NDD by 2 years of age. However, infants who received MIST had lower rates of adverse respiratory outcomes during their first 2 years of life.

Short-course antibiotic therapy for pneumonia in the neonatal intensive care unit
Zachery S Lewald, Pavel Prusakov, Jacqueline K Magers, et al. *J Perinatol.*

The authors sought to determine the adherence and safety outcomes of a 5-day antibiotic course with a "time-out" for treatment of "blood culture-negative" pneumonia in the NICU. Safety outcomes were defined a priori by re-initiation of antibiotic therapy within 14 days after discontinuation and overall and sepsis-related mortality. 128 infants from 7 NICUs were diagnosed with 136 episodes of pneumonia; 88% (n = 119) were treated with 5 days of definitive antibiotic therapy. Antibiotics were restarted within 14 days in 22 (16%) of the 136 pneumonia episodes. However, only 3 (3%) of the 119 episodes of pneumonia treated for 5 days had antibiotics restarted for pneumonia. Mortality was 5% (7/128); 5 of the 7 deaths were assessed as sepsis-related. The authors conclude that adherence to the 5-day definitive antibiotic treatment for "culture-negative" pneumonia was high and the intervention seemed safe.

Early antibiotic exposure in very-low birth weight infants and infection risk at 3–7 days after birth
Sarah A Coggins, Zachary Willis, Daniel K Benjamin, et al. *J Perinatol.*

The authors sought to determine rates of late-onset infection (LOI) during postnatal days 3-7 among preterm infants based on antibiotic exposure during days 0-2. The cohort included 88,574 infants <1500 grams and ≤30 weeks gestation, of whom 85% were antibiotic-exposed. Fewer antibiotic-exposed compared to unexposed infants developed LOI (1.5% vs. 2.1%; adjusted hazard ratio, 0.28, 95% CI 0.24-0.33). Among antibiotic-exposed compared to unexposed infants, Gram-negative (38% vs. 28%, $p = 0.002$) and fungal (11% vs. 1%, $p < 0.001$) species were more commonly isolated, and gram-positive organisms (49% vs. 70%, $p < 0.001$) were less commonly isolated. The authors observed low overall rates of LOI at days 3-7 after birth, but antibiotic exposure from birth was associated with lower rates, and with differing microbiology, compared to no exposure.

Differences between early and late MRI in infants with neonatal encephalopathy following therapeutic hypothermia
Aisling A Garvey, Hoda El-Shibiny, Edward Yang, et al. *Pediatr Res.*

This retrospective cohort study compared the MRI findings of infants who received therapeutic hypothermia (TH) for neonatal encephalopathy (NE). Only infants who had two MRIs: early (≤7days) and late (>7days) were included. 94 infants with NE were included, Twenty-four infants (26%) had a normal early scan of which 3/24 (13%) had injury noted on repeat MRI. Seventy infants (74%) had abnormal findings noted on early MRI, of which 4/70 (6%) had further evolution of injury while 11/70 (16%) had complete resolution of findings. In infants who received TH for, 19% had changes noted between their early and late MRIs. Relying solely on early MRI may overestimate injury in a proportion of infants and miss injury in others.

How well does neonatal neuroimaging correlate with neurodevelopmental outcomes in infants with hypoxic-ischemic encephalopathy?
Yvonne W Wu, Sarah E Monsell, Hannah C Glass, et al. *Pediatr Res.*

Infants with HIE underwent neonatal MRI/MR spectroscopy (MRS) at 4–6 days of age. The severity of brain injury was measured with a validated scoring system. Using proportional odds regression, adjusted odds ratios (aOR) for the associations between MRI/MRS measures of injury and NDI at 2 years was assessed. 451 infants were included. Outcomes were normal in 51%; mild NDI in 12%, moderate NDI in 14%, severe NDI in 13%. MRI injury score (aOR 1.06, 95% CI 1.05, 1.07), severe brain injury (aOR 39.6, 95% CI 16.4, 95.6), and MRS lactate/n-acetylaspartate (NAA) ratio (aOR 1.6, 95% CI 1.4,1.8) were associated with worse NDI outcomes. Infants with mild/moderate MRI brain injury had similar BSID-III cognitive, language, and motor scores as infants with no injury. This data suggests that in the absence of severe injury, brain MRI/MRS does not accurately discriminate the degree of NDI.

Neurobehavioral and medical correlates of autism screening: 2-year outcomes for infants born very Preterm
Coral L Shuster, Stephen J Sheinkopf, Elisabeth C McGowan, et al. *J Pediatr.*

This is a multi-center study involving infants enrolled in the Neonatal Neurobehavior and Outcomes in Very Preterm Infants (NOVI) study. The findings from the study showed that neonatal neurobehavior and medical morbidities were associated with positive M-CHAT-R/F screens at age 2 years in toddlers born very preterm. In addition, infants with positive M-CHAT-R/F screens had lower Bayley composite scores and greater CBCL problem scores than infants with negative M-CHAT-R/F screen results. These findings demonstrate the potential utility of the M-CHAT-R/F as a global developmental screener in infants born very preterm, regardless of whether there is a later autism diagnosis.

Smartphone-based video antenatal preterm birth education the preemie prep for parents randomized clinical trial
Kathryn E Flynn, Siobhan M McDonnell, Ruta Brazauskas, et al. *JAMA Pediatr.*

This is a randomized trial that evaluated maternal knowledge of preterm birth, preparation for decision-making, and anxiety between parental groups who received smartphone-based gestational age-specific short animated videos starting at 18 weeks' gestation of pregnancy versus control group receiving links to patient education webpages on ACOG. Participants in the smartphone group had more knowledge of core competencies and were more prepared to make decisions without experiencing worse anxiety. Mobile antenatal preterm birth education may be beneficial for parents expecting preterm birth.

Recombinant CXCL17 treatment alleviates hyperoxia-induced lung apoptosis and inflammation in vivo and vitro by activating the AKT pathway: a possible therapeutic approach for bronchopulmonary dysplasia
Ping Chen, Yan Cheng, Jing Hu, et al. *Mol Biotechnol.*

Elevated serum CXCL17 levels were observed in human premature infants with hyperoxia-induced lung injury, suggesting that CXCL17 might be involved in BPD. These authors conducted studies in a hyperoxia-induced lung injury mouse model and primary murine alveolar epithelial cells Type II (T2AEC) cells exposed to hyperoxia. The results showed that hyperoxia exposure increased CXCL17 levels in newborn mice pups. Hyperoxia exposure increased lung wet-weight/dry-weight ratio, increased alveolar diameter and enlarged alveoli, and reduced surfactant protein C expression. However, recombinant CXCL17 (rCXCL17) treatment alleviated hyperoxia-induced lung injury. rCXCL17 treatment inhibited hyperoxia-induced inflammation, oxidative stress, and apoptosis in neonatal mice. Additionally, rCXCL17 treatment activated the AKT pathway, which is a protective pathway in BPD. Collectively, rCXCL17 alleviates hyperoxia-induced lung injury in neonatal mice by activating the AKT pathway, indicating that CXCL17 may be a promising target for BPD therapy.

Chondroitin sulfate supplementation improves clinical outcomes in a murine model of necrotizing enterocolitis
Krishna Manohar, Brian D Hosfield, Fikir M Mesfin, et al. *Physiol Rep.*

Chondroitin sulfate (CS) is a naturally occurring glycosaminoglycan (GAG) in human breast milk (HM) and has been shown to reduce inflammation. The authors hypothesized that supplementation with CS in an experimental NEC model would alter microbial diversity, favorably alter the cytokine profile, and (like other sulfur compounds) improve outcomes in experimental NEC via the eNOS pathway. Six groups were studied (n = 9-15/group): (1) WT breastfed and (2) Formula fed controls, (3) WT NEC, (4) WT NEC + CS, (5) eNOS KO (knockout) NEC, and (6) eNOS KO NEC + CS. CS supplementation in formula improved experimental NEC outcomes when compared to NEC alone. CS supplementation resulted in similar improvement in NEC in both the WT and eNOS KO mice. CS supplementation did not result in microbial changes when compared to NEC alone. Our data suggest that although CS supplementation improved outcomes in NEC, this protection is not conferred via the eNOS pathway or alteration of microbial diversity.

OTHER NOTEWORTHY PUBLICATIONS – September 2023

COVID-19

Neonatal outcomes of maternal SARS-CoV-2 infection in the UK: a prospective cohort study using active surveillance
https://www.ncbi.nlm.nih.gov/pubmed/36899124
Cesarean birth morbidity among women with SARS-COV-2
https://pubmed.ncbi.nlm.nih.gov/34775582/
Early treatment of multisystem inflammatory syndrome in children
https://pubmed.ncbi.nlm.nih.gov/37534417/

Pediatrics

Early human milk fortification in infants born extremely preterm: a randomized trial
https://pubmed.ncbi.nlm.nih.gov/37551512/
Quality indicators to evaluate essential newborn care in low- and middle-income countries
https://pubmed.ncbi.nlm.nih.gov/37609775/
Percutaneous closure of the patent ductus arteriosus in infants ≤2 kg: impact registry insights
https://pubmed.ncbi.nlm.nih.gov/37529882/

Neonatal admission temperature in middle- and high-income countries
https://pubmed.ncbi.nlm.nih.gov/37589082/
Strengthening reporting of neonatal trials
https://pubmed.ncbi.nlm.nih.gov/37641894/
Heterogeneity and gaps in reporting primary outcomes from neonatal trials
https://pubmed.ncbi.nlm.nih.gov/37641881/
Sooner is better: early human milk fortification for hospitalized preterm infants <29 weeks
https://pubmed.ncbi.nlm.nih.gov/37551455/
Hearing assessment in infants, children, and adolescents: recommendations beyond neonatal screening
https://pubmed.ncbi.nlm.nih.gov/37635686/
Reducing severe intraventricular hemorrhage in preterm infants with improved care bundle adherence
https://pubmed.ncbi.nlm.nih.gov/37609772/
Congenital rubella syndrome following rubella vaccination during pregnancy
https://pubmed.ncbi.nlm.nih.gov/37622237/
Rapid infant weight gain: critique of the Gilley et al paper and thoughts on how to move the field forward
https://pubmed.ncbi.nlm.nih.gov/37646088/

Journal of Pediatrics
Latent class analysis of prenatal substance exposure and child behavioral outcomes
https://pubmed.ncbi.nlm.nih.gov/37182662/
Improving early colostrum administration to very low birth weight infants in a level 3 neonatal intensive care unit: a quality improvement initiative
https://pubmed.ncbi.nlm.nih.gov/37076038/
Racial and ethnic disparities in sudden unexpected infant death among us infants born preterm
https://pubmed.ncbi.nlm.nih.gov/37211205/
Structural racism operationalized via adverse social events in a single-center neonatal intensive care unit
https://pubmed.ncbi.nlm.nih.gov/37211208/
Securement of umbilical venous catheter using cyanoacrylate glue: a randomized controlled trial
https://pubmed.ncbi.nlm.nih.gov/37244573/
Maternal prenatal risk phenotypes and neurobehavioral outcomes among infants born very preterm
https://pubmed.ncbi.nlm.nih.gov/37244578/
Genetic testing guidelines impact care in newborns with congenital heart defects
https://pubmed.ncbi.nlm.nih.gov/37211210/
Congenital heart disease with congenital diaphragmatic hernia: surgical decision making and outcomes
https://pubmed.ncbi.nlm.nih.gov/37268035/
Characteristics, genetic testing, and diagnoses of infants with neonatal encephalopathy not due to hypoxic ischemic encephalopathy: a cohort study
https://pubmed.ncbi.nlm.nih.gov/37269901/
Does growth velocity affect associations between birth weight and neurodevelopment for infants born very preterm?
https://pubmed.ncbi.nlm.nih.gov/37268036/
Neurobehavioral and medical correlates of autism screening: 2-year outcomes for infants born very preterm
https://pubmed.ncbi.nlm.nih.gov/37271496/

Pediatric Research
Protein and growth during the first year of life: a systematic review and meta-analysis
https://www.ncbi.nlm.nih.gov/pubmed/36941339
Hyperglycemia and prematurity: a narrative review
https://www.ncbi.nlm.nih.gov/pubmed/37120652
Postnatal cerebral hemodynamics in infants with severe congenital heart disease: a scoping review
https://www.ncbi.nlm.nih.gov/pubmed/36944722

Novel metrics to characterize temporal lobe of very preterm infants on term-equivalent brain MRI
https://www.ncbi.nlm.nih.gov/pubmed/36934213
Impaired myocardial deformation persists at 2 years in offspring of mothers with diabetes mellitus
https://www.ncbi.nlm.nih.gov/pubmed/36934212
Adverse short- and long-term outcomes among infants with mild neonatal encephalopathy
https://www.ncbi.nlm.nih.gov/pubmed/35999380
Differences between early and late MRI in infants with neonatal encephalopathy following therapeutic hypothermia
https://www.ncbi.nlm.nih.gov/pubmed/37024670
How well does neonatal neuroimaging correlate with neurodevelopmental outcomes in infants with hypoxic-ischemic encephalopathy?
https://www.ncbi.nlm.nih.gov/pubmed/36859442
Associations of intrapartum antibiotics and growth, atopy, gastrointestinal and sleep outcomes at one year of age
https://www.ncbi.nlm.nih.gov/pubmed/36807614
Organ dysfunction and mortality in preterm neonates with late-onset bloodstream infection
https://www.ncbi.nlm.nih.gov/pubmed/36906720
Standardized growth charts for children with osteogenesis imperfect
https://www.ncbi.nlm.nih.gov/pubmed/36922619
The impact of pandemic restrictive visiting policies on infant wellbeing in a NICU
https://www.ncbi.nlm.nih.gov/pubmed/36959317
The association of intrapartum deceleration and acceleration areas with MRI findings in neonatal encephalopathy
https://www.ncbi.nlm.nih.gov/pubmed/36964444
Postnatal catch-up growth in term newborns with altered fetal weight patterns. The GROWIN study
https://www.ncbi.nlm.nih.gov/pubmed/37069223
Circulating progranulin in human infants: relation to prenatal growth and early postnatal nutrition
https://www.ncbi.nlm.nih.gov/pubmed/37031297
Curriculum and assessment tool for less invasive surfactant administration: an international Delphi consensus study
https://www.ncbi.nlm.nih.gov/pubmed/37142651
Omega-3 polygenic score protects against altered eating behavior in intrauterine growth-restricted children
https://www.ncbi.nlm.nih.gov/pubmed/37142650

Archives of Disease in Childhood - Fetal & Neonatal Edition
No new content

Journal of Perinatology
Antenatal magnesium sulfate and adverse gastrointestinal outcomes in preterm infants—a systematic review and meta-analysis
https://pubmed.ncbi.nlm.nih.gov/37391507/
Flat maternal glucose response curve and adverse pregnancy outcome
https://pubmed.ncbi.nlm.nih.gov/37173359/
A decade of evidence: standardized feeding initiative targeting feeding milestones and predicting NICU stays in premature infants in an all-referral level IV NICU
https://pubmed.ncbi.nlm.nih.gov/37117395/
A comparison of tertiary level NICU costs for infants born <1250 g supplemented with human versus bovine milk-based fortifiers
https://pubmed.ncbi.nlm.nih.gov/37085523/
Can the triglyceride-glucose index predict insulin resistance in LGA newborns?
https://pubmed.ncbi.nlm.nih.gov/36564472/

Remote monitoring for neonates requiring continued nasogastric tube feeding: implementation, patient characteristics, and early outcomes
https://pubmed.ncbi.nlm.nih.gov/37468613/
Enteric tube position on preoperative radiographs predicts clinical outcomes in neonatal congenital diaphragmatic hernia with and without prenatal diagnosis
https://pubmed.ncbi.nlm.nih.gov/37391509/
Prophylactic fluconazole protocol in very low birth weight infants: invasive candidiasis prevention in a Latin American neonatal intensive care unit
https://pubmed.ncbi.nlm.nih.gov/37253780/
Short-course antibiotic therapy for pneumonia in the neonatal intensive care unit
https://pubmed.ncbi.nlm.nih.gov/37438484/
Epidemiology, risk factors, and applicability of CDC definitions for healthcare-associated bloodstream infections at a level IV neonatal ICU
https://pubmed.ncbi.nlm.nih.gov/37537269/
Early antibiotic exposure in very-low birth weight infants and infection risk at 3–7 days after birth
https://pubmed.ncbi.nlm.nih.gov/37491474/
Association of delivery risk phenotype with early-onset sepsis in preterm infants
https://pubmed.ncbi.nlm.nih.gov/37543652/
Fragmented red blood cell counts of neonates with new-onset gastrointestinal disturbances
https://pubmed.ncbi.nlm.nih.gov/36572797/
Impact of early formula supplementation on breastfeeding duration, National Immunization Survey, 2019 births
https://pubmed.ncbi.nlm.nih.gov/36991142/
Pilot study using an optical fiber light source to guide nasogastric/orogastric tube insertion in neonates
https://pubmed.ncbi.nlm.nih.gov/37019988/
How much glucose is in Sweet Cheeks oral glucose gel?
https://pubmed.ncbi.nlm.nih.gov/37024529/
Implementing food insecurity screening in a level IV neonatal intensive care unit
https://pubmed.ncbi.nlm.nih.gov/37400495/
Dilemmas in the delivery of intravenous lipid emulsions and approach to hypertriglyceridemia in very preterm and low birth weight infants
https://pubmed.ncbi.nlm.nih.gov/37031340/
Dilemmas in establishing preterm enteral feeding: where do we start and how fast do we go?
https://pubmed.ncbi.nlm.nih.gov/37169912/
Dilemmas in parenteral glucose delivery and approach to glucose monitoring and interpretation in the neonate
https://pubmed.ncbi.nlm.nih.gov/36964206/

Neonatology
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American Journal of Perinatology
Impact of state prioritization of safe infant sleep programs on supine sleep positioning for non-hispanic white and non-hispanic black infants
https://pubmed.ncbi.nlm.nih.gov/34544194/
Non-nutritive sweeteners in human amniotic fluid and cord blood: evidence of transplacental fetal exposure
https://pubmed.ncbi.nlm.nih.gov/34500483/
The anesthetic modality but not the mode of delivery seem to modulate the methylation status of cyclooxygenase-2 promoter of the newborns
https://pubmed.ncbi.nlm.nih.gov/34587635/
Correlation between perfusion index and left ventricular output in healthy late preterm infants
https://pubmed.ncbi.nlm.nih.gov/34544192/

Clinical study on different delivery methods of twin pregnancy
https://pubmed.ncbi.nlm.nih.gov/34492720/
Serum cotinine and adverse cardiovascular outcomes: a cross-sectional secondary analysis of the numom2b heart health study
https://pubmed.ncbi.nlm.nih.gov/34359079/
The association between early gram-negative bacteria in tracheal aspirate cultures and severe bronchopulmonary dysplasia among extremely preterm infants requiring prolonged ventilation
https://pubmed.ncbi.nlm.nih.gov/34359078/
Shallow placentation: a distinct category of placental lesions
https://pubmed.ncbi.nlm.nih.gov/34587634/cardiac dysfunction in neonatal hie is associated with Increased mortality and brain injury by MRI
https://pubmed.ncbi.nlm.nih.gov/34492719/
Fluid intake in the first week of life and the duration of hemodynamically significant patent ductus arteriosus in extremely preterm infants
https://pubmed.ncbi.nlm.nih.gov/34384119/
The effect of betamethasone dosing interval on perinatal outcomes: 12 hours or 24 hours apart
https://pubmed.ncbi.nlm.nih.gov/34544193/
Trib3-regulated akt signal pathway affects trophoblast invasion in the development of preeclampsia
https://pubmed.ncbi.nlm.nih.gov/34553361/

Journal of Neonatal-Perinatal Medicine
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Maternal Health, Neonatology and Perinatology
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Neoreviews
Malaria in pregnancy: key points for the neonatologist
https://pubmed.ncbi.nlm.nih.gov/37653081/
The role of the neonatologist in fetuses diagnosed with congenital heart disease
https://pubmed.ncbi.nlm.nih.gov/37653086/
The placenta in congenital heart disease: form, function and outcomes
https://pubmed.ncbi.nlm.nih.gov/37653088/
A neonate presenting with cholestasis and thrombocytopenia
https://pubmed.ncbi.nlm.nih.gov/37653080/
Spastic paralysis in a full-term newborn
https://pubmed.ncbi.nlm.nih.gov/37653084/
An unusual forearm skin lesion in a newborn infant
https://pubmed.ncbi.nlm.nih.gov/37653083/
Maternal atrial fibrillation and neonatal complications
https://pubmed.ncbi.nlm.nih.gov/37653087/
Persistent work of breathing in a term neonate
https://pubmed.ncbi.nlm.nih.gov/37653082/
A fetus with tetralogy of fallot with absent pulmonary valve syndrome
https://pubmed.ncbi.nlm.nih.gov/37653085/

JAMA Pediatrics
Effectiveness and costs of molecular screening and treatment for bacterial vaginosis to prevent preterm birth: the AuTop randomized clinical trial
https://pubmed.ncbi.nlm.nih.gov/37459059/
Smartphone-based video antenatal preterm birth education the preemie prep for parents randomized clinical trial
https://pubmed.ncbi.nlm.nih.gov/37523163/

Community health worker home visiting, birth outcomes, maternal care, and disparities among birthing individuals with medicaid insurance
https://pubmed.ncbi.nlm.nih.gov/37486641/

BMC Pediatrics
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Pediatric Critical Care Medicine
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New England Journal of Medicine
Timing of primary surgery for cleft palate
https://pubmed.ncbi.nlm.nih.gov/37646677
Antibiotic prophylaxis in infants with grade III, IV, or V vesicoureteral reflux
https://pubmed.ncbi.nlm.nih.gov/37702442

Lancet
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JAMA
CDC recommends RSV immunization for infants
https://pubmed.ncbi.nlm.nih.gov/37585237
Cannabis use and perinatal health research
https://pubmed.ncbi.nlm.nih.gov/37589991
Two-year outcomes after minimally invasive surfactant therapy in preterm infants: follow-up of the OPTIMIST-A randomized clinical trial
https://pubmed.ncbi.nlm.nih.gov/37695601

BMJ
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Pediatric Infectious Disease Journal
High rates of ESBL-producing and gentamycin-resistant gram-negative bacteria during the first week of life: a multicenter cross-sectional study among infants younger than 2 months with urinary tract infection
https://pubmed.ncbi.nlm.nih.gov/37257122
Neonatal parotitis: a case report and review of the literature
https://pubmed.ncbi.nlm.nih.gov/37171966/
Discrepancies in management of congenital cytomegalovirus in preterm infants: an international survey
https://pubmed.ncbi.nlm.nih.gov/37310886/
Long duration of oral care using mother's own milk influences oral microbiota and clinical outcomes in very-low-birthweight infants: randomized controlled trial
https://pubmed.ncbi.nlm.nih.gov/37343216/
Evaluating the impact of the 2017 Dutch neonatal early-onset sepsis guideline
https://pubmed.ncbi.nlm.nih.gov/37343214/
Planned out-of-hospital birth as a risk factor for nonreceipt of hepatitis B immunization
https://pubmed.ncbi.nlm.nih.gov/37310892/

Pediatric Cardiology
Utility of screening fetal echocardiograms at a single institution following normal obstetric ultrasound in fetuses with down syndrome
https://pubmed.ncbi.nlm.nih.gov/37351603/

Virtually delivered psychosocial intervention for prenatally diagnosed congenital heart disease: feasibility and acceptability of heartprep
https://pubmed.ncbi.nlm.nih.gov/37355506/
Impact of prenatal diagnosis of critical congenital heart disease on preoperative and postoperative outcomes
https://pubmed.ncbi.nlm.nih.gov/37289278/
Changes in cerebral regional oxygen saturation variability in neonates undergoing cardiac surgery: a prospective cohort study
https://pubmed.ncbi.nlm.nih.gov/37468575/
Atrial septal defect: larger right ventricular dimensions and atrial volumes as early as in the first month after birth—a case–control study including 716 neonates
https://pubmed.ncbi.nlm.nih.gov/37369832/

Pediatric Neurology
No relevant articles

Obstetrics and Gynecology
Risk factors for perinatal transmission of hepatitis C virus
https://pubmed.ncbi.nlm.nih.gov/37590978/
Perinatal mortality despite prenatal diagnosis of vasa previa: a systematic review
https://pubmed.ncbi.nlm.nih.gov/37535966/
Gestational glucose intolerance and birth weight–related complications
https://pubmed.ncbi.nlm.nih.gov/37539973/
Duration and timing of in utero opioid exposure and incidence of neonatal withdrawal syndrome
https://pubmed.ncbi.nlm.nih.gov/37548391/
Risk of miscarriage in relation to seasonal influenza vaccination before or during pregnancy
https://pubmed.ncbi.nlm.nih.gov/37535959/
The limits of viability
https://pubmed.ncbi.nlm.nih.gov/37535950/
Viral hepatitis in pregnancy: ACOG Clinical Practice Guideline No. 6
https://pubmed.ncbi.nlm.nih.gov/37590986/

American Journal of Obstetrics & Gynecology
Whole genome sequencing vs chromosomal microarray analysis in prenatal diagnosis
https://www.ncbi.nlm.nih.gov/pubmed/36907537
Obstetrical, perinatal, and genetic outcomes associated with nonreportable prenatal cell-free DNA screening results
https://www.ncbi.nlm.nih.gov/pubmed/36965866

Hospital Pediatrics
Implementing higher phototherapy thresholds for jaundice in healthy infants 35 plus weeks
https://www.ncbi.nlm.nih.gov/pubmed/37635692

BASIC SCIENCE SELECTIONS

IL-17a-producing gammadeltaT cells and NKG2D signaling mediate bacterial endotoxin-induced neonatal lung injury: implications for bronchopulmonary dysplasia
https://www.ncbi.nlm.nih.gov/pubmed/37744375
Recombinant CXCL17 treatment alleviates hyperoxia-induced lung apoptosis and inflammation in vivo and vitro by activating the AKT pathway: a possible therapeutic approach for bronchopulmonary dysplasia
https://www.ncbi.nlm.nih.gov/pubmed/3771008

Conditional knockout of ITGB4 in bronchial epithelial cells directs bronchopulmonary dysplasia
https://www.ncbi.nlm.nih.gov/pubmed/37698050
Granulocyte colony-stimulating factor is a determinant of severe bronchopulmonary dysplasia and coincident retinopathy
https://www.ncbi.nlm.nih.gov/pubmed/37673326
CircABPD1 alleviates oxidative lung injury of bronchopulmonary dysplasia through regulating miR-330-3p/HIF1alpha axis
https://www.ncbi.nlm.nih.gov/pubmed/37660980
Tat-P combined with GAPR1 releases Beclin1 to promote autophagy and improve Bronchopulmonary dysplasia model
https://www.ncbi.nlm.nih.gov/pubmed/37636035
Type 2 innate lymphoid cell-derived amphiregulin regulates type II alveolar epithelial cell transdifferentiation in a mouse model of bronchopulmonary dysplasia
https://www.ncbi.nlm.nih.gov/pubmed/37480752
High-mobility group box-1 peptide ameliorates bronchopulmonary dysplasia by suppressing inflammation and fibrosis in a mouse model
https://www.ncbi.nlm.nih.gov/pubmed/37329659
Novel pathogenic GATA6 variant associated with congenital heart disease, diabetes mellitus and necrotizing enterocolitis
https://www.ncbi.nlm.nih.gov/pubmed/37700164
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