were noted in a larger nonobstetrical patient population. Serial SARS-CoV-2 testing was performed every 5 days in 4580 hospitalized patients in a large tertiary care center, and 96.9% had negative results. Only 1% converted from a negative to a positive test during admission. We plan to continue to test all admitted pregnant women for SARS-CoV-2 and to perform a second test on hospital day 5, in case a patient is admitted during the incubation period for SARS-CoV-2. Subsequent testing for SARS-CoV-2 will be performed for patients with signs, symptoms, or exposure or in anticipation of delivery. We hope our experience will be useful to other institutions faced with similar challenges.

Noelia M. Zork, MD
Division of Maternal-Fetal Medicine
Department of Obstetrics, Gynecology, and Reproductive Science
Columbia University Irving Medical Center
622 West 168 St. PH16-66
New York, NY 10032
nmz2110@cumc.columbia.edu

Amrita Markan, BSN
Department of Nursing
NewYork-Presbyterian Hospital
New York, NY

Jean-Ju Sheen, MD
Division of Maternal-Fetal Medicine
Department of Obstetrics, Gynecology, and Reproductive Science
Columbia University Irving Medical Center
New York, NY

Janice Aubey, MD, MPH
Department of Obstetrics, Gynecology, and Reproductive Science
Columbia University Irving Medical Center
New York, NY

Lisa Saiman, MD, MPH
Department of Pediatrics
Columbia University Irving Medical Center
New York, NY

Department of Infection Prevention and Control
NewYork-Presbyterian Hospital
New York, NY

Dena Goffman, MD
Department of Maternal-Fetal Medicine
Department of Obstetrics, Gynecology, and Reproductive Science
Columbia University Irving Medical Center
New York, NY

The authors report no conflict of interest.

REFERENCES


Neonatal intensive care unit admission is associated with lower breastfeeding in late preterm infants

OBJECTIVE: Breastfeeding is associated with maternal and infant medical benefits. Infants who deliver during the late preterm period (34+0 to 36+6 weeks’ gestational age) represent more than 70% of preterm births and have increased morbidity in comparison with term infants. The role of neonatal intensive care unit (NICU) admission in the decreased breastfeeding rate among these infants is not fully characterized, and previous studies have yielded conflicting results. In this study, we examine the effect of NICU admission on initiating breastfeeding by hospital discharge among late preterm infants.

STUDY DESIGN: This is a secondary analysis of live births between 34+0 and 36+6 weeks in the Maternal-Fetal Medicine Unit Antenatal Betamethasone for Women at Risk for Late Preterm Delivery (ALPS) study, a randomized controlled trial of antenatal corticosteroid use in the late preterm period. The study was deemed exempt by the University of Chicago Institutional Review Board (IRB20-1225). Statistical analyses were completed using Stata release 15.1 (StataCorp LLC, College Station, TX). The primary outcome of any breastfeeding by neonatal hospital discharge was compared by infant NICU admission status. Secondary outcomes included presence of breastfeeding problems, median hours to first oral feed of any type, and breastfeeding rates by respiratory morbidity. Bivariable comparisons were analyzed using chi-square test and Wilcoxon rank sum test as appropriate. Logistic regression was used to adjust for confounders. Analysis was repeated among infants who were fed within the first hour of life.

RESULTS: A total of 2329 mother-infant dyads were included in the study sample. Mothers whose infants were admitted to the NICU were older, more likely to be nulliparous, less likely to be Hispanic ethnicity or Black race, less likely to have public insurance, and more likely to have preeclampsia with severe
features. The prevalence of any breastfeeding by the time of hospital discharge was 74.3% among infants not admitted to NICU compared with 65.8% among those admitted to the NICU ($P<.001$) (Table). Results were unchanged after adjusting for confounders (adjusted odds ratio, 0.61; 95% confidence interval, 0.50–0.78) (Table). The time between birth and any first oral feed was longer among those admitted to the NICU; however, breastfeeding was still less likely by NICU admission among infants who were fed within the first hour of life (Table). There was no difference in the rate of breastfeeding among those infants with major respiratory morbidity or respiratory distress syndrome (70.0% vs 69.0% [P = .71]; 70.0% vs 70.6% [P = .87]).

CONCLUSION: Our findings suggest that NICU admission is an independent risk factor for decreased likelihood of any breastfeeding. Despite adjustment for confounders in a large sample of prospectively collected data, analysis is still limited by potential residual confounding based on underlying differences in infants admitted to the NICU. There is a wide variation in NICU admission and practices among infants born between 35 and 42 weeks without accompanying discrete medical indication. Important practices such as breastfeeding are modified by NICU admission itself and provide an important reason for which the wide variation in practices for NICU admission should be further examined.

ACKNOWLEDGMENTS
We acknowledge the assistance of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network and the MFMU ALPS Protocol Subcommittee in making the database available. The contents of this publication represent the views of the authors and do not represent the views of the Eunice Kennedy Shriver NICHD MFMU Network or the National Institutes of Health. We acknowledge the NICHD Data and Specimen Hub for providing the Antenatal Late Preterm Steroids: A Randomized Placebo Controlled Trial data that were used for this research.


REFERENCES