

## Surfactant use among neonates in the United States: An analysis using the CDC WONDER database

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#### **BACKGROUND:**

- Previous studies have described the temporal trends and geographic distribution of births by gestational age in the United States. <sup>1</sup>
- Surfactant replacement therapy remains a critical treatment for respiratory distress syndrome in premature babies, leading to improved outcomes and reduced complications. <sup>2,3</sup>
- However, with recent shifts in birth trends and clinical practice, there is limited data available on how surfactant use has changed over time and across the different regions in the US.
- This study analyzed US national data on surfactant use across GAs to better understand evolving clinical practices in preterm and term infants.

#### METHODS:

- The CDC WONDER database compiles birth certificate records of infants born to US residents and health-related characteristics provided by the US Department of Health and Human Services, Centers for Disease Control and Prevention, and the National Center for Health Statistics.
- We conducted a retrospective analysis of aggregated data on live births and surfactant use (yes/no) within the US from 2016 to 2023, using public health data housed in the CDC WONDER Natality online databases.
- Surfactant cases were identified based on the 'surfactant replacement therapy' variable (yes/no) within the 'abnormal conditions of newborn' section.
- Data was stratified by gestational age (extremely preterm [<28 weeks],

very preterm [28–31 weeks], moderately/late preterm [32–36 weeks], term neonates [>37 weeks]), and state to enable detailed analysis across these variables.

#### **RESULTS:**

- The total number of births in the US steadily decreased from 2016 to 2020 and was relatively stable thereafter (solid line in Figure 1A).
  - The largest decrease was among extremely preterm neonates (<28 weeks, -13.3%; Figure 1E) and the smallest among moderate/late preterm neonates (32-36 weeks: -2.4%; Figure 1C).
- The total number of infants receiving surfactant therapy decreased from 2016 to 2020 (especially in 2020 potentially related to COVID-19); following this period, surfactant therapy use increased (Figure 1A). Trends varied significantly across GA groups (dashed lines Figure 1B-E):
  - After 2016, surfactant usage was observed to increase in moderate/late preterm (32-36 weeks, Δ=141, 2.6%; Figure 1C) and term neonates (>37 weeks, Δ= 484, 19%; Figure 1B) and decrease in extremely preterm (<28 weeks, Δ= -322, -5.8%; Figure 1E) and very preterm (28-31 weeks, Δ= -410, -8.4%; Figure 1D) neonates.</li>

Figure 1. Births (solid lines) and surfactant cases (dashed lines) in total (A) and by GA groups (B-E).

Total Birth ----- Surfactant Usage

**Figure 2. Surfactant uses by states.** The height of each state indicates the percentage of surfactant cases in 2023; the color scale shows the increment % from 2016 to 2023. Hawaii and the District of Columbia are excluded due to low availability of data.





- For moderate preterm to full-term infants (≥32 weeks GA), the percentage of surfactant use cases also varied across states (height, Figure 3). From 2020-2023, the number of surfactant cases increased in 32 states but decreased in 17 (color, Figure 3).
- While the overall surfactant use decreased or remained stable in Delaware, Mississippi, Rhode Island, and South Carolina from 2016 to 2023 (Figure 2), these states ranked among the top 10 for increased surfactant use in moderate/late preterm infants from 2020 to 2023 (Figure 3).

Figure 3. Surfactant use among moderate preterm to full-term infants  $(GA \ge 32 \text{ weeks})$  by state. The height of each state indicates the percentage of surfactant cases in 2023; the color scale shows the increment % from 2020 to 2023. Hawaii and the District of Columbia are excluded due to low availability of data.



The percentage of surfactant cases varied across the states (height, Figure 2). From 2016 to 2023, the number of surfactant cases increased in 19 states but decreased in 30 states (color Figure 2).

**References:** 1. Byrnes J, et al, Population Research. 2015 Mar; 77:836-844 2. Polin RA, et al. Pediatrics. 2014 Jan; 133(1):156-63 3. Ng EH, et al. Paediatr Child Health. 2021 Feb 1; 26(1):35-49. Acknowledgements: Medical writing support was provided by Jordan Kogut, MSc from Sixsense Strategy Group Inc., a Herspiegel company, and was funded by Chiesi USA Inc. Funding: Financial support for the study was provided by Chiesi USA Inc.



### **CONCLUSION:**

• This analysis of surfactant use in neonates reveals a relative shift in usage from extremely and very preterm neonates to moderate/late preterm and term neonates.

• Further studies are needed to further explore and understand the underlying mechanisms and clinical implications of the observed trends.

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Presented at: Hot Topics in Neonatology 2024