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# Variables Affecting Neurodevelopmental Outcome in Infants with Critical Congenital Heart Disease

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#### Background

- The mortality of cardiac conditions in infancy is improving with advances in surgical planning and medical management.
- Neurologic morbidity remains significant, and clinically correlating an infant with their neurologic exam, MRI/EEG, and subsequent developmental testing remains a challenge.

#### **Objective**

• To Identify factors associated with poor neurodevelopmental outcomes in infants with critical congenital heart defects (CCHD) as assessed by the Bayley Scales of Infant and Toddler Development Edition IV (Bayley).

#### Methods

- Retrospective, single site study
- Neonates were inborn or admitted to the neonatal or cardiac intensive care units after diagnosis of CCHD requiring cardiac surgery
- 2015-2020, n=383, Bayleys done at 12 mo (36.3%) and 24 mo (25.8%)
- Primary outcomes: neurologic exam, MRI, and EEG at discharge as well as 12- and 24-month Bayleys
- Statistical analysis= univariable logistic regression, Fisher exact test, chi square analysis, Wilcoxon-Mann-Whitney test

Table 1.	Patient	characteris	tics
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Bayley at 12-month	Normal	Abnormal	p-value <sup>_</sup>	<u>SMD</u> ₫
	N = 81	N = 58		
Maternal age:	28 (25, 31)	29 (24, 32)	0.77	0.04
Maternal race Minority	16 (20%)	13 (22%)	0.87	0.07
Marital status Single	22 (27%)	21 (36%)	0.34	0.20
Prenatal counseling Yes	51 (63%)	39 (67%)	0.73	0.09
Delivered at FHC Yes	43 (53%)	35 (60%)	0.50	0.15
Deliver mode C-section	23 (28%)	25 (43%)	0.11	0.31
Sex Female	34 (42%)	24 (41%)	>0.99	0.01
Gestation age (weeks) <sup>a</sup>	39 (37, 39)	39 (38, 39)	0.71	0.06
Birth weight (kg)ª	3.2 (2.7, 3.6)	3.2 (2.7, 3.5)	0.55	0.09
Norman A	33 (41%)	29 (50%)	0.34	0.26
В	32 (40%)	16 )28%)		
С	16 (20%)	13 (22%)		
Respiratory complication. No	63 (78%)	43 (74%)	0.62	0.17
Distress	7 (9%)	8 (14%)		
Failure	11 (14%)	7 (12%)		
Genetic diagnosis	36 (44%)	21 (36%)	0.045	0.43
No				
VUS	35 (43%)	20 (35%)		
Yes	10 (12%)	17 (29%)		
CHD repair	43 (53%)	12 (21%)	<0.001	0.71
Biventricular				
Length of stay (days) <sup>a</sup>	37 (24, 60)	62 (41, 119)	<0.001	0.62
Enteral feeding at D/C	36 (44%)	47 (81%)	<0.001	0.82
Abnormal neurologic exam	3 (4%)	8 (14%)	0.052	0.36
Abnormal EEG	4/38 <sup>b</sup> (11%)	8/33 <sup>b</sup> (24%)	0.20	0.37
Abnormal MRI	16/42 <sup>ь</sup> (38%)	23/35 <sup>b</sup> (66%)	0.03	0.58
Failure To Thrive	39 (48%)	46 (79%)	<0.001	0.69

Bayley at 24-month		Normal	Abnormal	p-value <sup></sup>	SMD₫
		N = 61	N = 38		
Maternal age*		28 (25, 32)	28 (23, 31)	0.28	0.19
Maternal race	Minority	9 (15%)	11 (29%)	0.15	0.35
Marital status	Single	14 (23%)	17 (45%)	0.04	0.47
Prenatal counseling Yes		39 (64%)	22 (58%)	0.70	0.12
Delivered at FHC	Yes	35 (57%)	20 (53%)	0.80	0.10
Deliver mode	C-section	21 (34%)	18 (47%)	0.29	0.27
Sex	Female	28 (46%)	16 (42%)	0.87	0.08
Gestation age (weeks) <sup>a</sup>		39 (37, 39)	38 (36, 39)	0.052	0.35
Birth weight (kg) <sup>a</sup>		3.2 (2.8, 3.6)	2.8 (2.4, 3.3)	0.006	0.50
Norman	A	26 (43%)	18 (47%)	0.89	0.10
	В	25 (41%)	14 (37%)		
	С	10 (16%)	6 (16%)		
Respiratory complication No		45 (74%)	23 (61%)	0.38	0.29
	Distress	6 (10%)	6 (16%)		
	Failure	10 (16%)	9 (24%)		
Genetic diagnosis	No	27 (44%)	19 (50%)	0.15	0.41
	VUS	25 (41%)	9 (24%)		
	Yes	9 (15%)	10 (26%)		
CHD repair B	iventricular	31 (51%)	16 (42%)	0.52	0.18
Length of stay (days) <sup>a</sup>		41 (25, 82)	77 (41, 169)	0.004	0.53
Enteral feeding at	D/C	29 (48%)	30 (79%)	0.004	0.69
Abnormal neurolo	gic exam	1 (2%)	7 (18%)	0.005	0.58
Abnormal EEG		3/27 <sup>b</sup> (11%)	7/19 <sup>b</sup> (37%)	0.07	0.63
Abnormal MRI		16/42 <sup>b</sup> (38%)	23/35 <sup>b</sup> (66%)	0.03	0.58
FTT		30 (49%)	30 (79%)	0.006	0.65
Ves					

median (1st quartile, 3rd quartile); b Among patients who had EEG or MRI scans; c Wilcoxon Mann-Whitney test for maternal age, gestational age, birth weight, and length of stay, Fisher's exact test for abnormal neurologic exam, and Chi-squared test for all the other variables; <sup>d</sup> standardized mean <u>difference</u>

#### Results

Figure 1. Abnormal Bayley exams and associated patient characteristics

	Ab
Maternal age	
Maternal race minority	
Female sex	
GA (weeks)	
Birth wt (kg)	
C-section	
Norman B	-
Norman C	
Biventricular repair	
Enteral feeding @D/C	
Abn neuro ex	
Abn EEG	
Abn MRI	
Failure to thrive	
	0.1

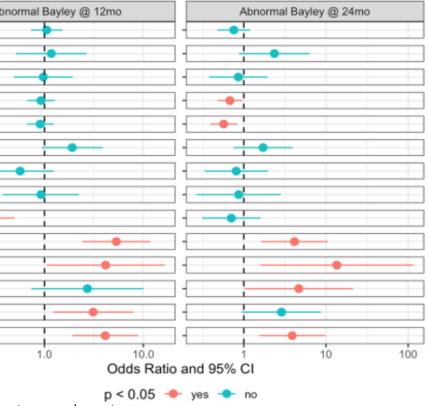
#### Figure 2. Abnormal Bayley outcomes by category

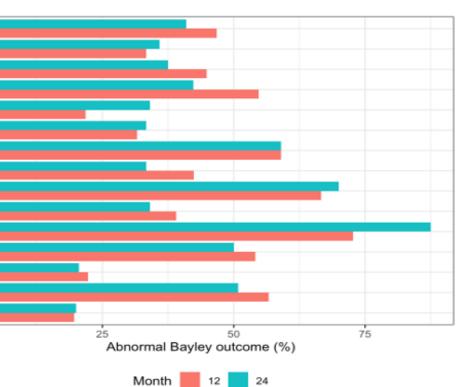
Norman a -	
Norman b -	
Norman c -	
repair univentricular -	
repair biventricular -	
MRI_res normal -	
MRI_res abnormal -	
EEG_res normal -	
EEG_res abnormal -	
neuro_ex normal -	
neuro_ex abnormal -	
FTT yes -	
FTT no -	
feed_dc enteral -	
feed_dc oral -	



Results

#### Univariable logistic regression





#### 40% of Bayleys were abnormal (gross motor, expressive language) P 145 infants with EEGs, 17% showed seizures or focal slowing. Of these abnormal EEGs, 45% had an Z©] abnormal Bayley. 146 MRIs, 58% showed ischemia, infarct, atrophy, stroke, or hemorrhage. Abnormal Bayley at 12 mo 3.11x higher with abnormal MRI (95% CI 1.22-7.94, d= 0.63) 73% and 87.5% of abnormal neuro exams had **£**3 abnormal Bayleys (12 and 24 mo)

#### Conclusion

- Delineating risk factors in infants with congenital heart defects could aid in predicting long-term neurodevelopmental outcomes.
- Statistically significant predictors of abnormal Bayleys include:
  - Enteral feeding at discharge
  - Single ventricle repair
  - Failure to thrive
  - Abnormal neuro exam
- Abnormal MRIs
- Increased length of stay
- Genetic diagnosis
- Lower BW
- Abnormal neurologic exams, MRI, and EEG at discharge can be associated with abnormal Bayleys in childhood.