



Where Should 35-Week Gestation Newborns Be Admitted?

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What does your hospital do with infants who are born at 35 weeks' gestation? Is the default to admit them to the neonatal intensive care unit (NICU) – because they are at higher risk for apnea or respiratory distress – or to the newborn nursery or mother/baby unit?

There is apparently not a lot of consistency across hospitals in this regard. Are there data to help direct or change hospital policy?

If you care for newborns, you will want to read an article (and view the accompanying video abstract) that is being early released this week in *Pediatrics* entitled, “NICU Versus Mother/Baby Unit Admission for Low-Acuity Infants Born at 35 Weeks' Gestation,” by Dr. Andrea Wickremasinghe and colleagues from Kaiser Permanente and the University of California, San Francisco ([10.1542/peds.2022-056861](https://doi.org/10.1542/peds.2022-056861)).

The authors retrospectively looked at a cohort of almost 6,000 babies born at 35 week's gestation. Babies had to be “low-acuity,” meaning that they did not have any congenital anomalies or require either early respiratory support or antibiotics. Nearly 15% of all of these babies were admitted to the NICU.

How did the babies who were admitted to the NICU do, compared to those who were admitted to the mother/baby unit? The results are mixed. Babies who were admitted to the NICU stayed in the hospital more than 2 days (58 hours) longer, but they were also less likely to be readmitted to the hospital after discharge. However, babies admitted to the NICU were also 27% less likely to be exclusively breastfed at 6 months.

Drs. Neha Joshi, Jayme Congdon, and Carrie Phillipi from Stanford University, University of California-San Francisco, and Oregon Health & Science University note, in an invited commentary, that 10% of US hospitals require infants born at 35 weeks' gestation to be admitted to a NICU ([10.1542/peds.2022-059996](https://doi.org/10.1542/peds.2022-059996)). They also make the point that, while the data presented in the article by Wickremasinghe is an important starting point, it will be important to identify characteristics that could predict favorable outcomes, so that clinicians will be able to triage these infants appropriately and safely.

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