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Health Care Utilization in the First Month After Birth and Its Relationship to Newborn Weight Loss and Method of Feeding

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Abstract

Objective: Guidelines recommend closer outpatient follow-up for exclusively breastfed newborns, especially those with pronounced weight loss, because of increased risk of hyperbilirubinemia and dehydration that might require readmission. Our objective was to determine how feeding method and weight loss are associated with neonatal healthcare utilization.

Design: Retrospective cohort study.

Setting: Northern California Kaiser Permanente hospitals in 2009-2013

Patients: 143,889 neonates

Predictors: Inpatient method of feeding and inpatient and outpatient weights

Main outcome measures: Inpatient and outpatient utilization in the 30 days after birth

Results: Newborn weight loss and feeding method were each associated with utilization. Exclusively breastfed newborns had higher readmission rates than those exclusively formula fed for both vaginal (4.3% compared to 2.1%) ($p < 0.001$) and Cesarean deliveries (2.1% compared to 1.5%) ($p = 0.025$). Those exclusively breastfed also had more neonatal outpatient visits compared to those exclusively formula fed for both vaginal (means of 3.0 and 2.3, $p < 0.001$) and Cesarean deliveries (means of 2.8 and 2.2, $p < 0.001$). Among vaginally-delivered newborns of all feeding types, weight loss $> 10\%$ at discharge was associated with a relative risk (RR) of readmission of 1.10 (1.00, 1.20) compared to those with $< 8\%$ weight loss at discharge; among the subset weighed as inpatients or outpatients between 48-72 hours, the RR of readmission for those with $> 10\%$ weight loss increased to 2.11 (1.95, 2.26).

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