Analysis Report: The Impact of Neurobehavior on Feeding Outcomes in Neonates with Congenital Heart Disease

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# Abstract

Infants under the age of 4 weeks who receive surgery for congenital heart disease are monitored using the Neonatal Intensive Care Unit Network Neurobehavioral Scale (NNNS) to assess neurological behavior. The present study was conducted to observe the associations of NNNS attention scores and hospitalization duration with oral feeding patterns. Beta regression models used to analyze pre- and post- op attention scores with the percentage of feeds taken orally by the time of patient discharge did not show a statistically or clinically significant association. Cox proportional hazard models to analyze patient time to oral feed showed …

# Data

The NNNS score dataset consists of a single-center retrospective cohort of infants aged 0 to 4 weeks with congenital heart disease (CHD). Each of the infants underwent surgery and received at least one pre-operative or post-operative NNNS score between August 2015 to October 2017. There were 132 infants admitted to the cardiac intensive care unit during the study period. Of those 132 infants admitted during the study period, four were excluded due to congenital upper airway or neurological abnormality.

# Research Objectives

1. Investigate the relationship between lower pre- and post-op attention scores and the percentage of oral feeds at the time of discharge.
2. Investigate whether lower pre- and post-op attention scores are associated with extended time to achieve full oral feeds following surgery.

# Statistical Methods

The primary objective of examining the relationship between lower pre- and post- operation attention scores and the percentage of oral feeds at the time of discharge was addressed using beta regression with logit link, adjusted for clinically relevant covariates. Because of the high number of patients not taking oral feeds at discharge, resulting in a value of 0 in the response variable, zero-inflated beta-regression models were be applied. The value of 1 (indicating 100% oral feed) was also present but rare. Sample size excluded the possibility of removal, so the following transformation was applied: (y(n-1)+0.5)/n, where y is the proportion of oral feeds at discharge and n is the number of non-zero responses. Clinically relevant covariates were included in observation, including sex, genetic syndrome, age at surgery, prematurity, cardiac anatomy, length of intubation, extubation failure (Y/N), and gastrointestinal complications. Covariates were chosen based on their availability and clinical relevance (as assumed by their inclusion in the data set) rather than their univariate relationships with the response variable, although the univariate relationships were examined using single variable beta regression as a preliminary check for possible trends. Beta regressions were performed with the gamlss package in R.

Three beta regressions were constructed to answer the primary research objective. The first model included all covariates and both pre and post attention score.

**% oral feeds** at discharge  
 Age.at.Surgery..days Post-attention scores

The second model includes all covariates and pre attention scores.

**% oral feeds** at discharge  
 Age.at.Surgery..days Pre-attention scores

The third model includes all covariates and post attention scores.

**% oral feeds** at discharge  
 Age.at.Surgery..days Post-attention scores

To answer the study's second objective, we used Cox proportional hazards models to analyze the association between time (in days) to receive full feed and pre and post-surgery attention scores. For the analysis, time was measured in days from the surgery to the date of discharge (censored) or the date that the patient reached full oral feeding (event). There were no patient deaths or competing endpoints to contend with.

We constructed various models and compared them using ANOVA methods; these included both univariate models looking at the simple relationship between our “survival” and our pre- and post-surgery attention scores to multivariate models with clinically relevant covariates.

Statistical analyses were performed using a complete case analysis of a single data set, pre-processed outside the scope of this report, with 115 observations. Hypothesis testing was performed at an alpha level 0.05. All analyses were conducted in R.

# Result

[Summary of results] (To each their own)

## Tables and Figures (Sophie)

Table. Descriptive Summary (Sophie)

Figure. Histogram

Figure Plots of % Oral Feeds by Pre- and Post-Op Attention Scores

Table. Odds Ratios from the Regression

Table. Cox Regression

Table Pre-Attention Scores results

Table. Post Attention Score results

# Discussion

# Additional Information

## Guidelines for Authorship

In general, authorship is merited and expected for PHR/SDBC statisticians and collaborators. Exceptions may be made if the number of authors is limited by the journal, but please discuss with the PHR/SDBD collaborators. The criteria for authorship by the International Committee of Medical Journal Editors can be found online at: <https://medicine.utah.edu/ccts/sdbc/publish.php>.

PHR/SDBC Policy requires manuscripts, posters and abstracts be made available to PHR/SDBC statisticians and collaborators with reasonable time (1 week+ for papers) prior to submission.

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