

Racial, ethnic disparities in care for preemies have narrowed

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Hispanic infants. A constant rate difference between African-American and Hispanic versus white infants was seen over time for other morbidities. Outcomes such as hypothermia, mortality, necrotizing enterocolitis, late-onset sepsis, and severe intraventricular hemorrhage remained elevated by the end of the study period despite the improvement, especially among African-American infants.

"In the absence of effective preterm birth prevention strategies, it is imperative that researchers of future studies continue to assess care and outcome trends to ensure that infants of all racial and [ethnic backgrounds](#) benefit equally from medical developments," the authors write.

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(HealthDay)—The disparity gap for care practices and certain outcomes between minority and white infants born at 22 to 29 gestational weeks narrowed from 2006 to 2017, according to a study published online Aug. 14 in *Pediatrics*.

Nansi S. Boghossian, Ph.D., from the University of South Carolina in Columbia, and colleagues examined [mortality](#) and morbidity rate differences by birth year for African-American and Hispanic versus white [infants](#) born at 22 to 29 weeks of gestation between January 2006 and December 2017.

The researchers found that over time, disparities for specific care practices, such as antenatal corticosteroids, and for some in-hospital outcomes narrowed for minority infants. African-American infants had a faster decline for mortality, hypothermia, necrotizing enterocolitis, and late-onset sepsis compared with white infants, while faster declines for mortality, [respiratory distress syndrome](#), and pneumothorax were seen for

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