

# EXTREME PREMATURITY

## INTRODUCTION

- Outcomes for premature babies at borderline of viability generally improve with each additional week of gestational age
- estimation of gestational age confirmed by ultrasound when carried out in first trimester of pregnancy
- Discussion with parents, before birth if possible, to precede any action

## MANAGEMENT

- An experienced paediatrician to be present at delivery of extremely premature babies (<28 completed weeks gestation) and make confirmatory assessment of gestational age and condition of baby

### **25 weeks gestation and above**

- Unless baby has a severe abnormality incompatible with any significant period of survival, initiate intensive care and admit to neonatal intensive care unit

### **<25 weeks gestation**

- Discuss with parents national and local statistical evidence for survival in babies with range of disabilities found in this age group
- explain that statistics indicate most babies born <25 weeks gestation will die

### **Between 24 weeks, 0 days and 24 weeks, 6 days gestation**

- Unless parents and clinicians agree that, in view of baby's condition (or likely condition), it is not in his/her best interests to start intensive care, provide full, invasive, intensive care and support from birth and admit to neonatal intensive care unit

### **Between 23 weeks, 0 days and 23 weeks, 6 days gestation**

- Give precedence to parents' wishes regarding resuscitation and invasive intensive care treatment. However, when condition indicates baby will not survive for long, clinicians are not legally obliged to proceed with treatment that is wholly contrary to their clinical judgement, if they consider treatment would be futile
- as a first step, determine whether baby is suffering, whether any suffering can be alleviated, and likely burden placed on baby by intensive care treatment
- where parents would prefer clinical team to make decision about initiation of intensive care, clinicians must determine what constitutes appropriate care
- where it has not been possible to discuss a baby's treatment with the mother and, where appropriate, her partner, before the birth, clinical team should consider offering full invasive intensive care until baby's condition and treatment can be discussed with parents

### **Between 22 weeks, 0 days and 22 weeks, 6 days gestation**

- Standard practice should be not to resuscitate a baby and this would normally **not** be considered or proposed.
- If parents request resuscitation, and reiterate this request, discuss risks and long-term outcomes with an experienced paediatrician before attempting resuscitation and offering intensive care
- Treating clinicians must all agree that this is an exceptional case where resuscitation is in a baby's best interests

### **Below 22 weeks gestation**

- Resuscitation should never occur in routine clinical practice
- any attempt to resuscitate babies born at this gestational age should take place only within the context of an approved research study

***When intensive care not given, clinical team must provide palliative care until baby dies***

**Further information**

For full Nuffield council on bioethics report critical care decisions in fetal and neonatal medicine: ethical issues see <http://www.nuffieldbioethics.org>