

Parent Information and Decision Aid on 23/24 week gestation.

At this difficult time, your doctors, midwife (LMC) and nurses will talk with you about the options for care of you and your pēpi / baby.

Each mama / pēpi, mother / baby situation is different and a number of factors could influence the advice given to you. These include:

- the certainty of your dates and your pregnancy length in weeks and days,
- how well your baby has been growing,
- the level of fluid seen around your baby,
- the presence of infection which often leads to your waters breaking
- Your health including such things as high blood pressure.

We have prepared a chart called a 'decision aid'. This includes probable outcomes for babies delivered at 23 and 24 weeks. It also includes possible developmental issues. It starts from when a baby's mother first goes to hospital facing early delivery. It ends when mother and baby leave the unit.

Every day counts when delivery of your baby may be early but the babies are grouped here by weeks. Babies born at 23 and 24 weeks are very fragile in all areas of their body.

Looking at the outcomes for babies born at 24 weeks, out of 100 mother/baby pairs:

- 6 parents decided on supportive care / keeping baby comfortable (palliative care)
- 94 decided on active treatment – of these, resuscitation at birth was unsuccessful in only a few
- 92 were admitted to a NICU
- 64 babies survived to go home which is two thirds of those admitted.

For babies born at 23 weeks' gestation out of 100 mother/baby pairs,

- 27 parents decided on supportive care / keeping baby comfortable (palliative care)
- Unfortunately 1 in 10 where active treatment was commenced did not survive due to the stress of labour or unsuccessful resuscitation
- 62 were admitted to a NICU
- 27 babies at 23 weeks survived to go home which was half of those admitted.

The large (lime on green) dots represent those who have severe developmental problems. These may include moderate/severe Cerebral Palsy involving major body movements including the ability to walk. Also significant learning or intellectual problems and less frequently blindness and deafness which cannot be corrected with aids. These affect 20% of survivors at 23 and 24 weeks gestation at birth.

Moderate problems (small lime on green dots) include less severe cerebral palsy (one or 2 limbs), and learning difficulties. These children often need help in school, and is seen in another 13 out of 100 survivors.

You can see the majority of survivors, 6 out of 10 at 23 weeks, 7 out of 10 at 24 weeks, have no or only mild brain or development issues. These may include co-ordination/movement difficulties, understanding of information, autism and attention difficulties. For comparison about 9 out of 10 children born at term have no problems.

It is not easy to always predict that problems will develop but progress and results of scans inform the discussions that we will have with you.

If your baby is much smaller than expected, has signs of infection, is a twin or triplet or is male, then the outlook may not be as good as these charts show. Outcomes for twins and singletons are mixed in the outcome results, but we know that twins develop a little slower and have lower chances of survival. It's as if they are a week earlier in gestation.

If active treatment is your decision two treatments will be recommended for you to help your baby

- Antenatal steroids help improve survival. We know that to give maximum help to your baby 2 doses given 12-24 hours apart should be followed by another day. If the time to birth is shorter there is still benefit to the lungs and they also reduce the risk of bleeding in the brain and poor circulation.
- Magnesium sulphate given before birth is also known to reduce the chance of cerebral palsy and developmental delay.

You may receive antibiotics while you wait to see if you are going to deliver.

The type of monitoring during labour will be decided between you, your LMC and the obstetric team(s) involved in your care, as will how you deliver your baby.

If supportive care is your decision the team will meet your needs through the birth and afterwards.

Tell us about your cultural and spiritual needs at any time as this will help us support you.

Notes: I want to ask about.....
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Glossary:

Supportive / Palliative care provides care for end of life. This means your baby will be kept comfortable usually held in your arms until the heart beat stops. Breathing efforts are usually intermittent and not sufficient to give baby enough oxygen for more than 1-2 hours.

Neurodevelopment (ND) includes movement, understanding or intellect, vision and hearing function compared to expected for age.

The information in the chart comes from the Canadian Perinatal Society 2017 data. They have collected data from presentation in birthing suite. Outcomes for babies who are born alive, survive resuscitation and are admitted to a Neonatal Intensive Care Units (NICU) in Australia and New Zealand are very similar.

Approved by:

NZCOM, RANZCOG, RACP(Paediatrics), Paediatric Society.

{DHB Logo / Document approval}

Parent information for shared decision making at 23 and 24 weeks gestation

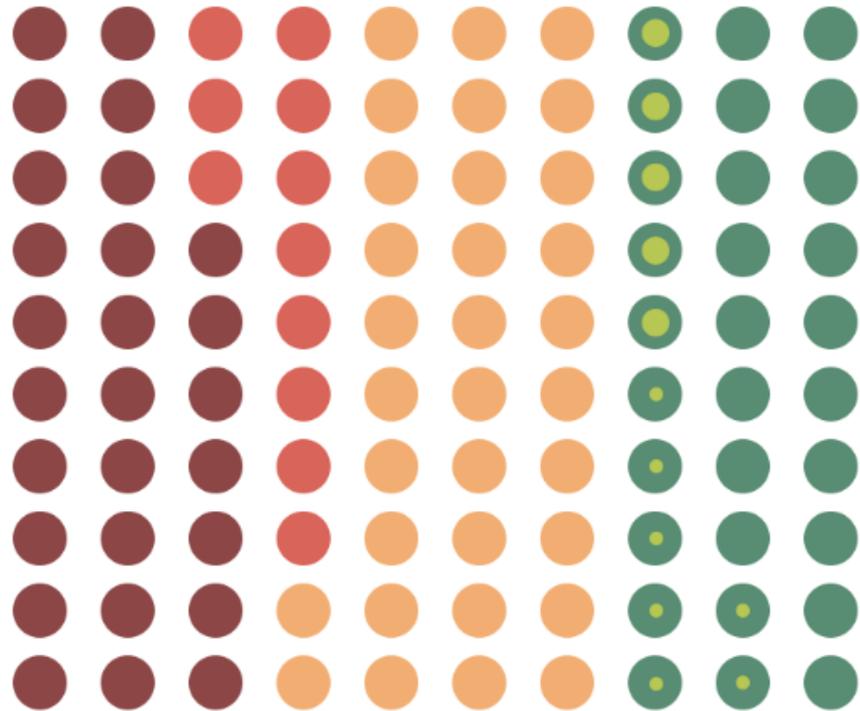
Decision aid approved by the Periviability working group
 New Zealand 2016-2018 for counselling at gestation < 25 weeks.

Each dot represents a baby born at the specified gestation.

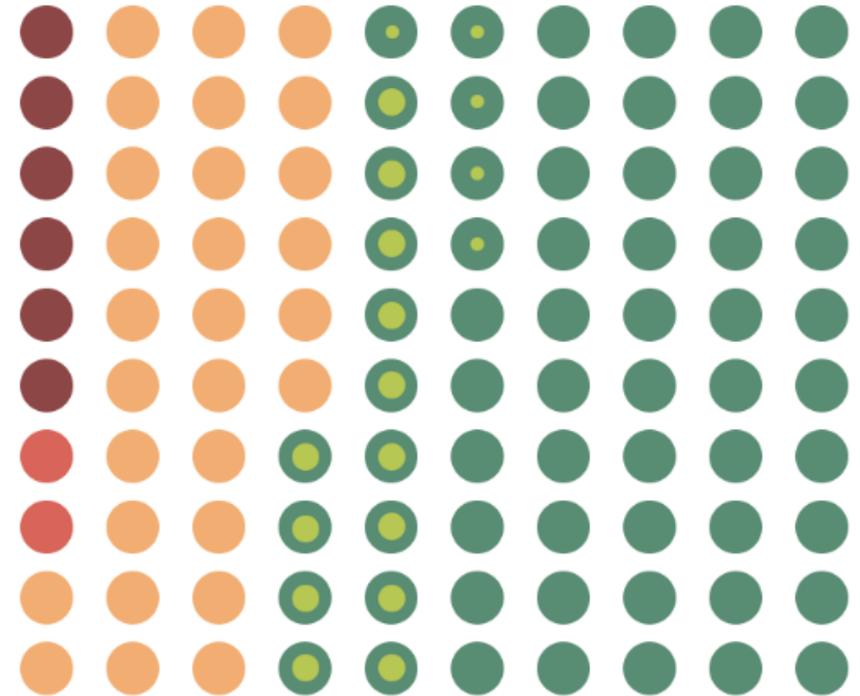
-  Palliative/End of life care
-  Resuscitation provided but died in delivery
-  Admitted to NICU but died

-  Discharged home, severe neurodevelopmental impairment at 4-8y
-  Discharged home, moderate neurodevelopmental impairment at 4-8y
-  Discharged home, minor/no neurodevelopmental impairment at 4-8y

Gestation: 23⁰ to 23⁶



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Source: Lemyre B, Moore G. Canadian Paediatric Society Position Statement: Counselling and management for anticipated extremely preterm birth. Paediatrics & child health. 2017 Sep 1;22(6):334-41.