Guideline: Management of Pregnancies at Borderline Viability

Purpose

The purpose of these guidelines is to outline the management of pregnancies at borderline viability.

Responsibility

These guidelines apply to medical staff working in Women's Health/Neonatal Unit.

Guideline

All discussions regarding management of such pregnancies should involve the parents and members of both Neonatal and Obstetric services. Members of these services are available to discuss cases by telephone at any time.

<23 weeks 0 days:

- Do not refer to Middlemore Hospital Newborn Services.
- No fetal monitoring.
- No attendance by Neonatal Team.

23 weeks 0 days to 23 weeks 6 days:

Recommended practice:

- NICU care not recommended because of high mortality and disability rates.
- Steroids not recommended.
- No fetal monitoring and therefore no caesarean section for fetal distress.
- No attendance by Neonatal Team at resuscitation.
- Neonatal Team input may be required for support or advice on palliation

If parents make a decision for active treatment after informed discussion:

- Consider steroids.
- Steroids at gestation of 23 weeks plus 5 days.
- Neonatal Team called for delivery.
- If birthweight >500 g and gestation appears appropriate, start resuscitation.
- Stop early if response poor.

24 weeks 0 days to 24 weeks 6 days:

Recommended practice:

- Definite referral to Middlemore Newborn Services.
- Antenatal steroids.
- Fetal monitoring and caesarean section for fetal distress may be considered on a case by case basis.
- Neonatal Team called for delivery. If birthweight <500 g, discontinue resuscitation.

At parental discretion after informed discussion:

- <25 weeks parents may elect for no fetal monitoring, no caesarean section and no Neonatal Team at delivery.

25 weeks 0 days to 25 weeks 6 days:

Recommended practice:

- Definite referral to Middlemore Newborn Services.
- Antenatal steroids.
- Fetal monitoring.
- Caesarean section for fetal distress.
- Neonatal Team called for delivery.

Weeks at birth	Survival MMH 2007-2012	Survival ANZNN 2011	Severe Disability [1]
<23	0%		73%
23 0/7 to 23 6/7	20%	53%	52%
24 0/7 to 24 6/7	50%	64%	44%
25 0/7 to 25 6/7	80%	79%	27%
26 0/7 to 26 6/7	83%	84%	

Survival refers to babies who were admitted to a neonatal unit, will be lower for all infants presenting to delivery suite.

References

- ANZNN Australian and Neonatal Network i.e. data from all Australian and New Zealand neonatal units.
- Severe Disability indicates bilateral blindness, hearing impairment requiring amplification, inability to walk 10 steps without support, cerebral palsy or Mental Developmental Index or Psychomotor Developmental Index <70 on Bayleys' Scales of Infant and Toddler Development-Second Edition
- Mercier CE, Dunn MS, Ferrelli KR, Howard DB, Soll RF and the Vermont Oxford Network ELBW Infant Follow-Up Study Group. Neurodevelopmental outcome of extremely low birth weight infants from the Vermont Oxford Network: 1998-2003. Neonatology 2010; 97:329-338

Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description

Associated Documents

Other documents relevant to this guideline are listed below:

NZ Legislation	Health Practitioners Competency Assurance Act (2003) Privacy Act (1993) Health Information Privacy Code Revised (2008) Health and Disability Code of Consumers Rights (1996) Accident Rehabilitation and Compensation Insurance Act (1992) Humans Right Act (1993) Official Information Act (1982) Health and Disability Sector Standards (2008)

CMDHB	Informed Consent (A5528) Standing Orders for Delegated Medical Authority Policy (A7344) The Safe Management and Privacy of Health Information Policy (A5548) Tikanga Best Practice (A5535) Policy: Refusing Treatment (A5531) Nurse Credentialing Guideline(A2560) Documentation in the Clinical Record Procedure (A7359)
Other related documents	