Antenatal care where birth imminent or indicated at less than 25 weeks + 6 days

Inform the family that initiation of antenatal interventions does not oblige nor necessarily equate to a final decision for life sustaining interventions - especially at lower or uncertain gestations.

Contact Level 6 service early in the decision making process

Decision making
- Advocate a family centred approach
- Consider ethical principles
- Ensure multi-disciplinary collaboration
- Discussions are led by an experienced practitioner
- Coordinate and plan care at the earliest opportunity
- Review plans regularly
- Document decisions clearly

Counsel parents
- Consider individual circumstances
- Review case history and results
- Consider cultural needs
- Convey information in a manner that facilitates understanding
- Provide a compassionate but realistic assessment of the outlook
- Discuss prognosis, resuscitation and expectations for care
- Discuss quality of life

Consider outcome factors
- Gestational age +/- PAGE
- Sex
- Plurality
- Congenital anomaly
- Antenatal pathology
- Place and mode of birth
- Plans regarding resuscitation

In-utero transfer
- Contact QCC to coordinate transfer (phone 1300 799 127)
- Consult with higher level service as required
- Aim for in-utero transfer unless transfer puts the mother’s life at risk
- Transfer not indicated if:
  - Birth certain or imminent at < 23+0 weeks
  - Life sustaining interventions not intended and not considered a possibility at birth
- Consider context of care (considerably better prognosis if neonate born at centres with expertise)

Tocolysis
- Consider individual risk vs benefit of delaying birth:
  - To allow administration of corticosteroids,
  - To achieve in-utero transfer
  - Consider contraindications (e.g. placental abruption, maternal infection)
- Refer to Queensland Clinical Guideline Preterm Labour

Steroids
- Corticosteroids are associated with reduction in rates of neonatal death, respiratory distress syndrome and IVH
- Recommend where there is a risk of preterm birth and life sustaining interventions are planned or may be a possibility
- Not indicated if birth is imminent at < 23+0 weeks

CTG
- Little evidence for interpretation of CTG at < 28+0 weeks
- Take fetal physiology into account when interpreting CTG at lower gestations
- CTG not recommended at < 24+0 weeks
- Limited usefulness after 24+0 weeks depending on individual circumstances and clinician expertise

MgSO4
- MgSO4 given shortly before birth reduces the risk of cerebral palsy and protects gross motor function in infants born preterm
- Recommended between 23+0 weeks and 30+0 weeks where birth is imminent and life sustaining interventions are planned or may be a possibility
- When birth is planned, commence as close to 4 hours prior to birth as possible
- Requires one-to-one midwifery care

C Section
- Little evidence for interpretation of CTG at < 28+0 weeks
- Take fetal physiology into account when interpreting CTG at lower gestations
- CTG not recommended at < 24+0 weeks
- Limited usefulness after 24+0 weeks depending on individual circumstances and clinician expertise

The evidence regarding CS for fetal indications at extremely low gestations is inconclusive and conflicting
- Consider specific circumstances (e.g. gestation, plurality, presentation, obstetric history, future pregnancy, parental wishes)
- Consensus recommendation - CS for fetal indications alone:
  - Is not recommended at < 24+0 weeks
  - Is not usually recommended between 24+0 and 24+6 weeks
  - May be recommended at ≥ 25+0 weeks depending on individual circumstances

CS Caesarean section CTG Cardiotocograph IVH Intraventricular haemorrhage PAGE: Prognosis for average gestational age equivalent infant framework QCC Queensland Emergency Medical System Coordination Centre

Refer to threshold of viability resuscitation flowchart

Queensland Clinical Guideline: Perinatal care at the threshold of viability, Guideline No. MN14.32V1-R19