## Consensus approach to resuscitation at the threshold of viability

### Decision making
- Advocate a family centred approach
- Consider ethical principles
- Ensure multidisciplinary 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
- Birth weight
- Sex
- Plurality
- Congenital anomaly
- Antenatal pathology
- Antenatal steroids/MgSO₄
- Place and mode of birth
- Response to interventions
- Individual circumstances

### Gestational Age

- **< 23 weeks + 0 days**
  - Life sustaining interventions not indicated

- **Uncertain gestation**
  - Recommendations
    - Initiate life sustaining interventions until the clinical course is clearer
    - Discuss the baby’s condition, clinical assessment and decision making with the family as soon as possible following birth

- **Gestation 23+0 – 23+6**
  - Recommendations
    - Life sustaining interventions are generally recommended
    - If after appropriate counselling, the family make an informed decision not to initiate life sustaining interventions, then provide palliative care

- **Gestation 24+0 – 24+6**
  - Recommendations
    - Life sustaining interventions are generally recommended
    - If after appropriate counselling, the family make an informed decision not to initiate life sustaining interventions, then provide palliative care

- **Gestation 25+0 – 25+6**
  - Recommendations
    - Life sustaining interventions are recommended for all normally formed babies
    - Where there are specific circumstances suggesting an intolerable burden or that intervention is likely to be futile, and if after appropriate counselling the family make an informed decision not to initiate life sustaining interventions, then provide palliative care
    - Where there is conflict in the decision making process between parents and clinicians, take all possible steps to resolve the conflict before birth

### On-going reassessment

- **Initiate or continue life sustaining interventions?**
  - **YES**
  - **NO**

### Palliative Care
- Maintain a family centred approach to care
- Plan care consistent with family wishes
- Review care plan frequently
- Provide pain and symptom management
- Cease unnecessary interventions
- Facilitate memory creation
- Provide religious/cultural/spiritual support
- Offer follow-up and support contacts

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