Key messages and Q&A document for women

What are the key messages for women from this RCOG Scientific Impact Paper?

- Extremely preterm infants should be delivered in an obstetric unit with an appropriate level neonatal unit where possible and there needs to be joint working between the obstetrician and the neonatologist.

- There should be shared decision making between healthcare professionals and parents or guardians when decisions are being made about the care of mother and baby.

- The viability legal limit in the UK remains at 24 weeks. Viability may be defined as the quality or state of being able to live independently, grow and develop.

- The current evidence into survival rates and later health among babies and young people who were born at extremely low gestations (from 22 to 26 weeks) comes from the EPICure studies.

- The EPICure 2 study published in 2012 showed that there has been an overall increase in survival of extremely premature infants (below 26 weeks). However there has not been a reduction in morbidity, with no change in the proportion of survivors with major short term complications.

- Medical decision making is very complex at this time and a range of factors are taken into account when caring for women who give birth to extremely premature babies, including the parental wishes, wellbeing of the baby, age, birth weight, clinical condition at delivery and progress after delivery.

- Discussions should centre around whether survival is possible at this age/estimated weight of the baby, the risks of significant disability and risks to the mother.

- Clinicians must undertake discussions with kindness and sensitivity in these difficult circumstances sharing with them the information they want or need about their child’s condition and options for care.

Q&A

What is the threshold of viability?

The threshold of viability is between 23\textsuperscript{\textfrac{1}{2}} weeks and 24\textsuperscript{\textfrac{1}{2}} weeks of gestation and babies born between this period present the greatest uncertainty surrounding outcomes.

Who will look after mother and baby?

It will be a multidisciplinary team made up of midwives, obstetricians and neonatologists.

What are the survival rates for extremely premature babies?

EPICure 2, showed that there had been an overall increase in survival from 40% in 1995 to 52% in 2006.
Is there any way of delaying labour?

In the majority of very preterm births the clinician is presented with a woman in labour where the options are limited. There are methods to delay preterm birth in women who present in threatened preterm labour, however, this could increase certain risks for the mother.

What are the risks to the mother of having a premature birth?

Risks to the mother can include intrauterine infection, placental abruption (bleeding behind the placenta), preeclampsia, and chorioamnionitis, where the membranes that surround the fetus and the amniotic fluid are infected by bacteria.

Where can I find out more information?

Tommy’s: http://www.tommys.org/
Bliss: http://www.bliss.org.uk/
NCT: http://www.nct.org.uk/
RCOG Patient Information: Corticosteroids in pregnancy to reduce complications from being born prematurely: http://www.rcog.org.uk/womens-health/clinical-guidance/corticosteroids