

What to Expect When Expecting...

An Extremely Premature Infant at 22-25 Weeks' Gestation

Having a baby can be exciting and wonderful. But if your baby is born extremely preterm, you will need to meet with doctors to plan the delivery and care of your baby. Because this can be very stressful, we want you to be informed about current outcomes for extremely premature infants. This short reference will help guide you while making important family decisions:

Some extremely premature infants are born during the periviable period:

The periviable period is preterm birth as early as 22 weeks – 25 weeks, ages at which your baby may not be old enough to survive, even with intensive care

Facts about extremely premature infants: What your family needs to know...

- **Survival**
 - Babies delivered prior to 23 weeks typically do not survive and 'end-of-life' decisions are often made at the beginning of life
 - From 2007 – 2014, national survival rates at 22 weeks were 5 – 6%
 - **Survival for these extremely preterm infants though is improving**
 - Over the last 10 – 15 years, more extremely premature infants have survived due to special interventions, better medications, and improved provider care
 - In 2022, survival among infants receiving all interventions (or active care) was 30% at 22 weeks and 56% at 23 weeks
 - But these survival rates can vary from hospital to hospital
 - **At UPH –Meriter infant survival rates at 23 weeks' gestation, are roughly 68%**
 - **At UPH –Meriter infant survival rates at 24 – 25 weeks' gestation range from 70 – 95%**
- **Intensive Care**
 - Extremely premature infants undergo several daily procedures such as blood draws and imaging studies
 - These premature babies are very fragile; the NICU team will prepare parents to hold their child **only** when it is safe to do so
 - Some infants may even die during their stay in the NICU due to infection, bleeding inside the brain, or underdeveloped lungs
 - Infants born this early can be hospitalized for 4–5 months, or longer, before being discharged home to parents

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- **Disability**

- Among infants born at 22 – 23 weeks, **up to 60% will have a serious health challenge**

Disability	Movement	Intelligence	Hearing/Speech	Eyesight
Mild	Clumsiness or difficulty writing	Difficulty learning in school	Mild hearing loss	Needs glasses
Moderate	Cerebral palsy (may walk by themselves)	Learns slower than peers (will need support)	Permanent hearing problem corrected with hearing aids	Poor vision with glasses
Severe	Unable to walk without help	Very low (will need lifelong care)	Deaf: cannot hear even with hearing aids	Blind

*Table adapted from Synnes et al. "Management of the Newborn Delivered at the Threshold of Viability."

Preparing for delivery of the extremely premature infant

- **Parents will meet with MFM and NICU doctors to have discussions and make delivery plans**
 - MFM doctors will develop detailed pre-delivery care plans
 - NICU doctors will discuss survival, long-term outcomes, and postdelivery care plans
- **Pre-delivery care plans with MFM doctors can begin as early as 21 weeks and 5 days, and include:**
 - Medications
 - Prenatal steroids for lung, brain, and skin development
 - Medications to stop labor and protect the brain
 - Antibiotics to protect against infection
 - Decisions about how to deliver: vaginal or cesarean section
- **Post-delivery care plans with NICU doctors can begin as early as 21 weeks and 4 days, and include:**
 - Discussions about **active care versus comfort care**
 - Our Palliative Care Team can meet with parents who are considering comfort care
 - For parents considering active care, NICU team members will meet with parents before and after birth
 - The NICU team will be available 24 hours a day for **questions pertaining to the future care of the infant**
 - The NICU team will coordinate tours and meet with prenatal specialists as needed

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