



Should We Try to Save 22 Weekers?

Miami Neonatology 2019—43rd Annual International Conference

Supplemental Questions

Successful completion of this activity is achieved by individually reflecting on, or discussing as a group, the following questions and their implications.

1. In your practice, what is the lowest gestational age of neonates you actively treat and why?

See subheading 'Proactive Protocol' page 5 of the transcript.

2. In your practice, how do you manage care for neonates born at 22–25 weeks?

See subhead 'Proactive Protocol' page 5 of the transcript.

3. In your practice, how do you collaborate with your maternal fetal medicine specialists?

See subhead 'Proactive Protocol' page 5 of the transcript.

4. Due to the increased survival rates based on active treatment, what plan do you have in place to resuscitate low-gestational-age neonates?

See subhead 'Proactive Protocol' page 5 & 6 of the transcript.

5. In your practice, do you have a discussion in advance with parents regarding their treatment preference and protocols for resuscitation in low-gestational-age neonates?

See subhead 'Clinicians' and Parent's Preferences' page 10 of the transcript.

6. When developing policy in your practice, how do you include discussion about cost-effectiveness for active treatment at low gestational age and survival rates?

See subhead 'Cost Effectiveness for Policy Makers' page 11 of the transcript.

Suggested Reading and References

Costeloe KL, Hennessy EM, Haider S, Stacey F, Marlow N, Draper ES. Short-term outcomes after extreme preterm birth in England: comparison of two birth cohorts in 1995 and 2006 (the EPICure studies). *BMJ*. 2012;345:e7976. doi:10.1136/bmj.e7976.

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Streiner DL, Saigal S, Burrows E, Stoskopf B, Rosenbaum P. Attitudes of parents and health care professionals toward active treatment of extremely premature infants. *Pediatrics*. 2001;108(1):152-7.

Stoll BJ, Hansen NI, Bell EF, et al. Trends in care practices, morbidity, and mortality of extremely preterm neonates, 1993-2012. *JAMA*. 2015;314(10):1039-51. doi:10.1001/jama.2015.10244.

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