

Resuscitation at 22-24 Weeks Gestation

Determining GA in the Delivery Room

Assessing GA in the extremely premature infant relies on the mother's last menstrual period, ultrasound evaluations, possible in vitro fertilization, and other obstetrical information. Delivery room assessments of GA based on exam alone are prone to error.

GA (Weeks)	Survival*	Normal**	Mild-Moderate Abnormalities	Severe Abnormalities	Comment
22 0/7 – 22 6/7	17%	40%	30%	30%	Recommend NO resuscitation. If parents request it after full discussion, we will resuscitate these infants.
23 0/7 – 23 6/7	71%	52%	14%	34%	Recommend resuscitation after discussion with the parents.
24 0/7 – 24 6/7	75%	59%	20%	21%	Strongly recommend resuscitation. Exceptions may include life-threatening congenital anomalies such as a known chromosomal abnormality, etc. In those cases, an informed parental decision "To Allow Natural Death/Do Not Resuscitate" is recommended on a case-by-case basis.

* Data from 2000-2009. Survival varies considerably from year to year. For example, survival for infants with GA = 24 weeks varied from 68 to 88%.

** Outcome data from our NICU follow-up clinic. See Hoekstra, et al. Pediatrics 2004;113(1):e1. Few data were available on infants born at 22 weeks gestation.

If no resuscitation is planned, the neonatology service does not usually attend the delivery.

For additional information, see our website < <http://www.mnneo.org/outcomes.php>>. For comparison, you can find estimates of survival produced by the National Institutes of Health from their data obtained at selected NICUs around the country.

http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo/epbo_case.cfm