

Your baby may be born extremely early (23 - 25+6 weeks)

The prevention and control of infection is a major Trust priority.

Please help us by observing the signs and reminders displayed around the Hospital and by asking staff:

"Have you cleaned your hands?" before they care for you.

Designed & Produced by the Department of Medical Illustration,
New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.

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This leaflet is designed to answer some of your questions. Please ask us anything, even if it has been discussed already.

What happens if my baby is born prematurely

Your baby is likely to be born between 23 - 25 weeks gestation. Most babies do not survive labour and birth at this stage of pregnancy.

Babies who do survive labour are admitted to intensive care for at least one month and will need to be in hospital for at least 4 months.

Babies who survive as early as this, have a high risk of ongoing disability.

Will my baby's care be discussed with me / us before birth

We will try to discuss your baby's care with you before your baby is born.

Some families in this situation want to express their views whilst others prefer to accept whatever happens or let us decide what is best for the baby.

If you want to tell us your views please do so.

If you want us to do what we think is best please say so.

We want to take account of your views before birth but we cannot always predict what is going to happen during labour and delivery.

The situation is different from when babies are born later in pregnancy.

Sometimes there is not enough time to discuss options in detail so it would help to discuss them now.

What will the doctors talk to me / us about

Here are some of the issues that the Obstetricians (mum's doctor) will talk to you about:

- How sick is your baby now?
- How sick is your baby likely to be at birth?
- Is your baby likely to die or to survive?

Here are some of the issues that the Paediatricians (baby's doctor) will talk to you about:

- If your baby survives labour, how can we help him / her after birth?
- If your baby survives, what are the chances that he / she will be disabled?

What will my baby look like?

Compared to a baby born at the expected time, your baby will be very small and thin and his or her skin will be much darker. Your baby will be fully formed on the outside but baby's organs may not have developed enough to keep him or her alive.

What happens after my/our baby is born

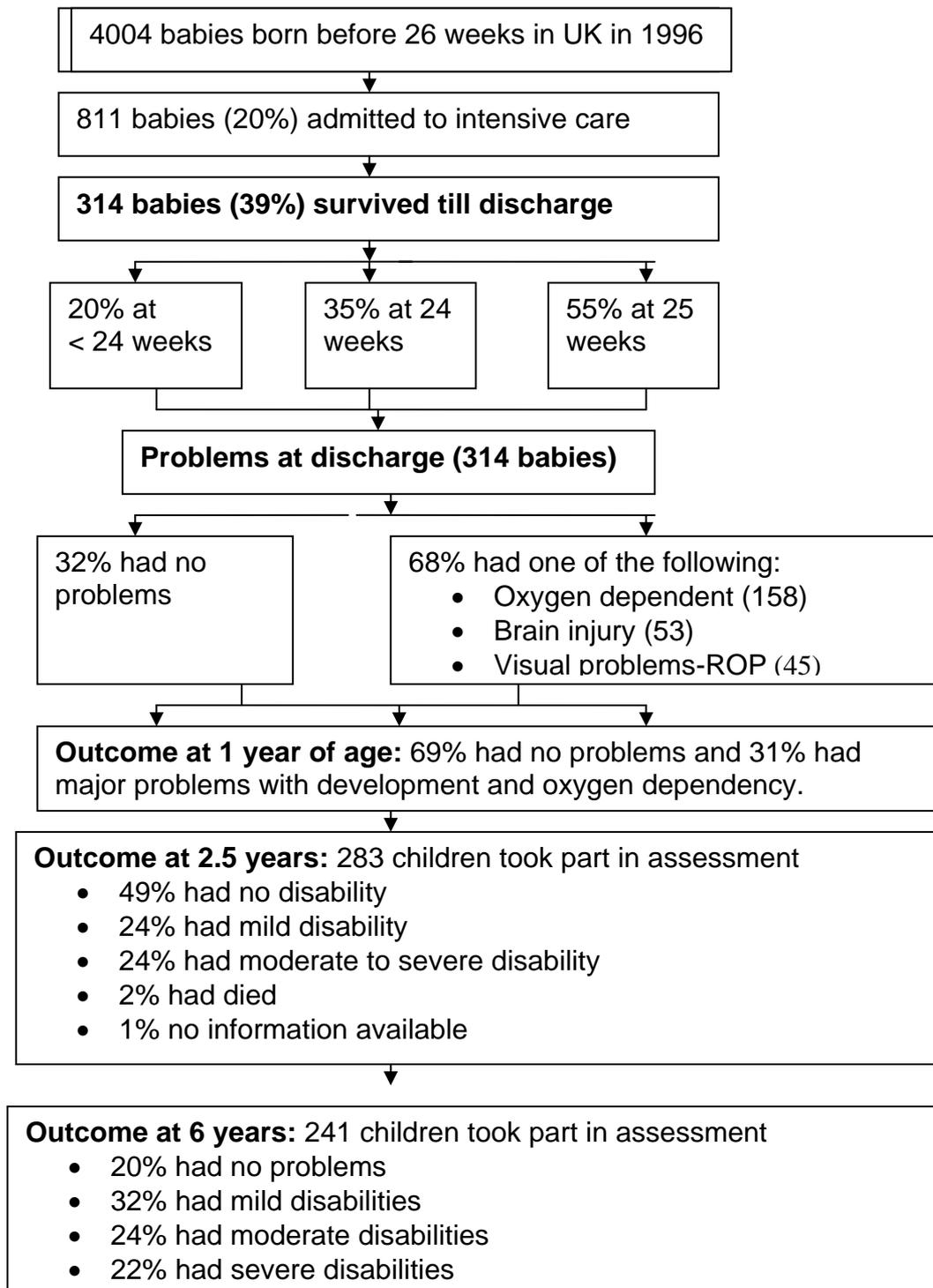
The paediatricians will assess him / her and their care will be based on any discussions you have had and, what they feel is in your baby's best interests at that time.

Every case is different. It is difficult to know how many interventions we should try to revive your baby if he / she is not responding but your views will be taken into account.

Whatever happens, we want to treat you and your baby with respect and dignity. Please feel free to tell us the best way to do this.

What will be the initial and long term outcomes of my baby born at this gestation?

From the Epicure 1 study, national statistics for the initial and long term outcomes of premature babies born below 26 weeks gestation were produced. The results are shown in the flow chart below:



What may the long term outcomes be for my premature baby?

Physical disabilities

Physical disabilities seen in extremely premature babies include mild to severe forms of cerebral palsy, blindness or deafness. The EPICure 1 study showed that 20% of the babies that survived had some form of cerebral palsy. However, half the children with cerebral palsy had the condition severe or mildly. 6% of the babies had hearing or vision problems.

Learning difficulties

The study found that 31% babies needed extra help at schools aged six years. This included one to one teaching and extra support. Only 10% of the children from the study had severe learning difficulties. These included challenging behaviour and in a small number of cases attention deficit hyperactivity disorder (ADHD). A child diagnosed with ADHD can have difficulty in concentrating or can be impulsive, restless, hyperactive, as well as inattentive. These can all prevent a child from learning and socialising.

Growth

The EPICure 1 babies tended to be smaller and lighter than babies born at full term. They also weighed an average of three pounds less than the average population.

Medical problems

The most common problems were with the chest or breathing. 4% of children needed medicine to relieve wheezing and coughs, and many had been diagnosed with asthma. 40% of children had needed readmission to hospital for chest problems. This was more common in children needing oxygen for a long time after birth.

Behaviour

The most common behavioural problem was short attention span. This was found in 1 in 3 boys and 1 in 6 girls. Overall the development of a premature child was only slightly behind that of other children.

IQ tests

The results of the intelligence test showed that being born early seems to make a difference to a child's ability to process a lot of information together. They did better if they were asked to do one task after another, rather than several tasks at the same time. The EPICure 1 children tended to have more problems with attention and with some eye to hand functions. Boys also seemed to do worse than girls, being more prone to disability and a lower IQ score than girls.

Will I be offered a caesarean section

Caesarean section at this gestation carries significant long term risks to mothers' future fertility and subsequent pregnancies.

It can be very difficult to know whether a caesarean section is the right thing to do. Your views about this are important.

Draper et al 2003

BMJ 327: 872

Nuffield Council on Bioethics 2006

Critical Care Decisions in Fetal and Neonatal Medicine: - Ethical Issues

Adapted from the Liverpool Women's Hospital document .