

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 20 September 2017

**STATUS: ACTION**

**CATEGORY: POLICY**

**Title:** Managing babies born on the threshold of survival

**Date of Expiry / Review:** Until further notice

**For Action by:** Health Boards and Trusts

**Action required by:** With immediate effect

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**Enclosure(s):** None

## **Summary**

1. The purpose of this Welsh Health Circular is to set out a clear position in respect of the management of premature babies on the threshold of survival.

## **Action**

2. Health Boards and NHS Trusts are expected to ensure their arrangements for managing the care of premature babies on the threshold of survival meet the requirements of this guidance.

## **Background**

3. When a baby is born very early, parents and professionals are faced with difficult and distressing decisions. Whilst medical science has provided many advances in the care of very premature babies, especially those born under 26 weeks of gestation, there are limits to what is possible in terms of survival. Very tiny babies, even when they are born alive, may not be able to be resuscitated because their airways and lungs are too immature and delicate to withstand intubation and ventilation, and their blood vessels too small to administer medicines or fluids.

## **Professional guidance**

4. The professional group with expertise in the care of premature babies, The British Association of Perinatal Medicine (BAPM), has recently reviewed their 2008 guidance 'Management of babies born extremely preterm, a framework for clinical practice'<sup>1</sup>. BAPM confirms that, having considered recent research, this guidance remains current, and there are no plans to amend it in the near future.
5. BAPM takes the view that the current evidence indicates that babies born at less than 23 weeks have a very poor prognosis in terms of survival, and that offering neonatal intensive care is invasive, and likely to prolong pain as well as be ineffective, so is inappropriate. BAPM has also clarified that given there is a possible margin of error of a few days on measuring gestational age, if there is any question as to whether a baby may be more mature, the maternity team should consult the local neonatal or paediatric team (depending on local arrangements), to advise or assess the infant, in line with the guidance.

## **Practice implications for Wales**

6. Wherever babies are born in Wales, there will be a consultant paediatrician or neonatologist responsible for care, leading a team within a Health Board area, on call at all times.
7. Where the birth of a baby on the threshold of survival is anticipated or occurs, maternity teams should consult the on call neonatal or paediatric team (whenever possible before the baby is born), to ensure that clinical assessments are planned and undertaken, and

individualised decisions about ongoing management, made using clinical judgement in sensitive partnership with families<sup>2</sup>. Neonatal or paediatric teams should offer advice to maternity teams, consultation or individual assessment from the most appropriate clinician, in line with BAPM guidance<sup>3</sup>.

8. Where assessment and decision making reaches the conclusion that palliative and comfort care is the appropriate course of action, this should also be offered in line with BAPM endorsed guidance<sup>4</sup>.

<sup>1</sup> [The Management of Babies Born Extremely Preterm at less than 26 weeks of gestation: a Framework for Clinical Practice at the Time of Birth](#) (British Association for Perinatal Medicine 2008).

<sup>2</sup> RCN 2013 [https://my.rcn.org.uk/\\_data/assets/pdf\\_file/0006/545289/004471.pdf](https://my.rcn.org.uk/_data/assets/pdf_file/0006/545289/004471.pdf).

<sup>3</sup> [Neonatal support for Stand Alone Midwifery Led Units \(MLUs\): a framework for practice](#) (British Association for Perinatal Medicine).

<sup>4</sup> [Practical guidance for the management of palliative care on neonatal units](#) (endorsed by BAPM) (2014).