Birth on the Edge of Viability

Interdisciplinary Team Approach to Ethical Dilemmas

Sandra Uribe, RN, BSN
MFM Navigator, Children’s Memorial Hermann Hospital
Practice Brings Ethical Dilemmas
Survival to discharge according to GA among 9575 VLBW infants born in NICHD NRN centers between January 1, 2003, and December 31, 2007.
Ethical Principles

- **Autonomy/Self Determination** – Competent to make decisions
- **Respect for persons** – Duty to others as well as self
- **Beneficence** – “do good”
- **Nonmaleficence** – “do no harm”
- **Justice** – equal and comparative treatment of individuals
- **Veracity** – to tell the truth (ex: informed consent)
AWHONN Standard X. Ethics

- Adhere to ANA Code of Ethics for Nurses
- Seeks available resources to help formulate ethical decisions
- Maintains confidentiality and protects privacy
- Acts as a patient advocate
- Delivers care in a nonjudgmental and nondiscriminatory manner
AWHONN Standard X. Ethics

- Delivers care in a compassionate manner
- Reports and strives to protect women and their newborns from incompetent, impaired, unethical or illegal healthcare practice
- Contribute to resolution of ethical issues within the health care service or system

Case Study

- Jane is a 42 yo, G 2, P 0010 with cerclage placed at 21 weeks by her physician in Massachusetts.

- Presents to tertiary hospital in Houston at 24 5/7 weeks with PPROM, visually 2–3 cm.
Bringing the Team Together

- Plan of Care
- Ampicillin and Erythromycin
- Counseled for signs and symptoms of infection
- Cerclage removal for purulent discharge
- Steroids for lung maturity
- Magnesium for neuro-protection
- Interdisciplinary team consult
Fetal Characteristics

- **Gestational Age** (*Best Obstetric Estimate in Completed Weeks)*: 25 Weeks
- **Birth Weight**: 752 Grams
- **Sex**: Male
- **Singleton Birth**: Yes
- **Antenatal Corticosteroids**: Yes
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcomes for All Infants</th>
<th>Outcomes for Mechanically Ventilated Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Survival Without Profound Neurodevelopmental Impairment</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td>Survival Without Moderate to Severe Neurodevelopmental Impairment</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td>Death</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Death or Profound Neurodevelopmental Impairment</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Death or Moderate to Severe Neurodevelopmental Impairment</td>
<td>58%</td>
<td>57%</td>
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</tbody>
</table>
Ethical Dilemmas

- Information presented to parents by interdisciplinary team
- Parents made the decision not to intervene and reassess on a daily basis

- Ethical dilemmas may exist due to:
  - Parents are viewed as primary decision makers
  - Staff may have successful clinical experience with the delivery of VLBW neonates
  - Staff may have different personal values
Interdisciplinary Team/Ethics Committee Meeting

- Discussion concerning plan of care

- Decision to enlist the Palliative Care team which includes a Neonatologist would meet with clinical team and parents to outline a specific Birth Plan

- During this meeting the parents voiced their desire for intervention
Delivery @ 25 1/7 Weeks

- Elevated temperature, increase uterine activity, increased pressure
- Cesarean Section under general anesthesia for non-reassuring heart tones
- Apgar – 0 @ 1, 5, 10 and 15 minutes
- Complete and adequate resuscitation per NRP guidelines
- Resuscitation discontinued after 15 minutes
- Comfort Care provided and met with father
Ethical Principles that apply to NRP

- Principles are the same as for an older child or adult
- AMA Code of Medical Ethics states the following factors are considered in a newborn code:
  - The chance that therapy will succeed
  - The risks involved with treatment / nontreatment
  - The degree to which the therapy, if successful will extend life
  - The pain and discomfort associated with the therapy
  - The anticipated quality of life for the newborn with or without treatment
Discontinuing Resuscitation

- The NRP guidelines state that if there is no heart rate at 10 minutes following a complete and adequate resuscitation, discontinuation of resuscitation efforts is appropriate.

- Current data indicates that after 10 minutes of asystole, newborns are very unlikely to survive and the rare survivor is likely to survive with severe disabilities.

Lessons Learned

- Importance of individualized Birth Plans
- Base birth plans on listening and open communication with the patient and the care team
- Involve appropriate resources
- Patience and flexibility in decision-making
References

- AWHONN, 2009, Standards for Professional nursing Practic in the Care of Women and Newborns, retrieved from www.AWHONN.org