

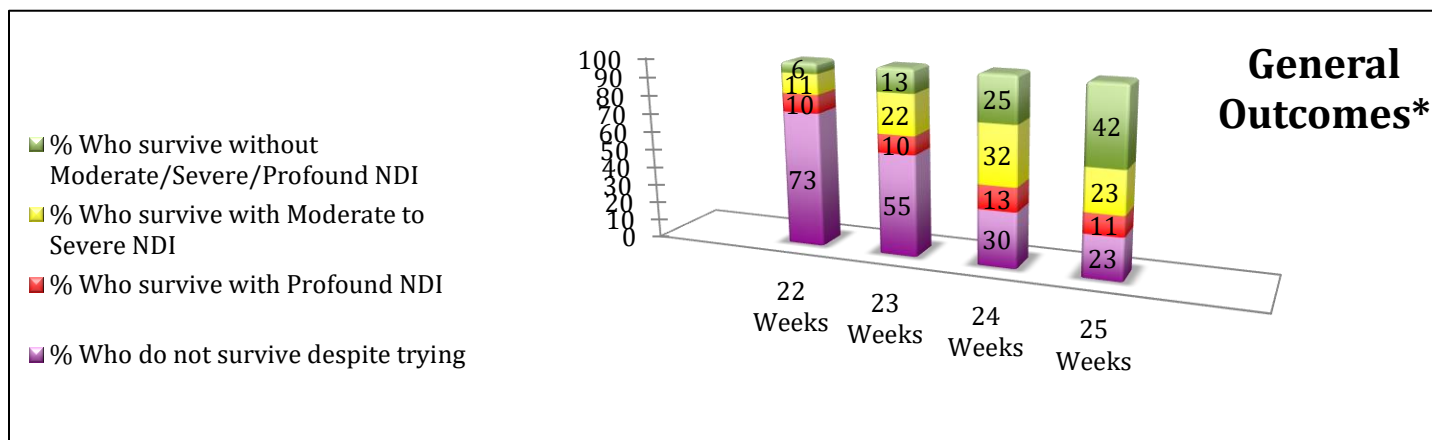


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Neonatology Counseling For 22-25 Week Estimated Gestation Pregnancies*

v.12-15-20



Est. Gestational Age _____, Est. Fetal Wt _____, Sex: M ___ F __, Singleton Y / N, Steroids Y / N

Based on the above information, for infants whom resuscitation with mechanical ventilation is attempted, we estimate: #

_____ % Average Survival of Infants receiving active treatment

_____ - _____ % Hospital range of Survival of Infants receiving active treatment

_____ % Do not survive even with active treatment

OUTCOMES AT 18-26 MONTHS CORRECTED AGE AMONG INFANTS WHO SURVIVE

_____ - _____ % Profound Neurodevelopmental Impairment

_____ - _____ % Moderate to Severe Neurodevelopmental Impairment

_____ - _____ % Moderate -Severe Cerebral Palsy (Static Spastic Paralysis)

_____ - _____ % Cognitive Developmental Delay

Profound Neurodevelopmental Impairment (NDI) - Severe Cerebral palsy (minimal coordination and control of muscles; unable to walk independently, require wheelchair and other equipment to move around. Can have painful muscle spasms and often require medication and/or surgeries to help with this. Unable to feed themselves and most require feeding tube for nutrition. Many children have poor control of their head and body. They develop spine curvature and hip problems that may require surgery). These children are often hospitalized with respiratory problems, infections, seizures, or pain management concerns. Blindness and deafness ... Thinking and problem solving are markedly below similar aged children; these children are not able to verbally communicate without assistive technology. Their abilities are often similar to infants and do not progress significantly beyond that level despite interventions. They are never independent at any age.

Moderate to Severe Neurodevelopmental Impairment (NDI) - Moderate to severe cerebral palsy (tight muscles and or poor muscle control that makes activities of daily life more difficult; delay in sitting, crawling and walking and may require assistive devices and or braces. Poor control of arms and hands in fine movement such as dressing, toileting, eating, drinking, some children require feeding tubes short or long-term). These children have higher likelihood of hospitalizations after discharge from the NICU and may have significant respiratory problems for months to years. Vision problems require glasses and sometimes surgery to help eyes work together; the vision may not be corrected fully despite these treatments. Hearing loss that improves but may not be normal with hearing aids. Thinking and problem solving is below that of similar aged children and many children struggle with verbal communication, require special education services; some children may not be independent as adults.

Survival without Moderate-Severe or Profound Neurodevelopmental Impairment (NDI) - Minor disabilities such as correctable hearing and vision defects, minor motor function problems (mild weakness), minor pulmonary deficiencies, increased rate of attention deficit and other learning issues.

*The general outcomes are based on a composite of SLHS data and a Meta-analysis of 65 studies published from 2000-2017. (Hilde Tindereholt Myrhaug, et al Pediatrics 143:2 Feb 2019).

#These estimates are based on standardized assessments of outcomes at 18 to 22 months of infants born at Neonatal Research Network centers between 1998 and 2003. Infants were 22 to 25 weeks, between 401 and 1,000 grams at birth. Infants not born at a Network center and infants with a major congenital anomaly were excluded. These estimates are based only on the 3,702 infants who received intensive care. The rate of a given outcome, had intensive care been attempted for all infants, is likely to be slightly less. These data are not intended to be predictive of individual outcomes. Instead, the data provide a range of possible outcomes based on specific characteristics. Please note that these data provide only possible outcomes, and that the estimates apply only at birth.