PRESS RELEASE

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Is neonatal intensive care justified in all preterm infants?

ZAGREB – What to do with a live-born preterm infant who has low chances of survival and high risk of severe disability? Is neonatal intensive care in such cases justified or not? This difficult question is just one of many ethical and medical problems neonatologists are regularly faced with. Victor Y. H. Yu, a professor of neonatology at Monash University, Melbourne, addresses this problem in a review article published in the new thematic issue of the *Croatian Medical Journal*.

In his article, Yu summarizes the experience over a 20-year period of changing from a conservative approach of withholding neonatal intensive care in extremely preterm infants to a proactive approach which significantly increased the rate of survival and decreased the rates of severe disability in such infants. For example, in Australian Monash Medical Centre no infant weighting 500-600 g stayed alive in 1987, while ten years later more than 50 percent of such neonates survived.

The cause of this increase is not so much in the advancement of medical technology as in the change of doctors' attitudes and their management policies for extreme prematurity. “If doctors believe that the infant has little prospect for survival or survival without disability, it

is probable that their clinical management would be delayed or less than optimal and may in fact be creating a self-fulfilling prophecy“, Yu explains.

Today, intensive care in Monash Medical Centre is offered to all infants born at 25-26 weeks gestation. For the infants born at 23-24 weeks gestation, chances for survival are assessed on an individual basis at the time of birth, and intensive care is provided accordingly. All decisions are made in agreement with parents.

Improved accessibility to tertiary perinatal care is another important cause of increased survival rates of extremely preterm infants. The proportion of such infants who were inborn at the tertiary level perinatal centers increased from 84% in 1991-1992 to 91% in 1997. As a result, a greater number had the benefit of proactive resuscitation and prompt intensive care initiated after birth.

Yu suggests that in most developed countries intensive care should be routinely offered to all infants who have reached 24 weeks gestation. Limited resources in developing countries, however, necessitate a different intervention point, which may be 26 or even 28 weeks.

Because of continued advances in the knowledge and technology, neonatal intensive care will be subjected to ongoing revisions according to current medico-legal and ethical guidelines, Yu concludes.

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