

To: All clinical staff

Date: TBC

Document number:

## Birth at less than 24 weeks gestation: changes to management and care of the extremely premature infant

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There are significant changes to the care regime for babies born 21 weeks & 6 days [21+6] and earlier, and those born between 22+0 – 23+6 weeks gestation.

The British Institute of Perinatal Medicine [BAPM] has issued guidance on the management of the extremely premature infant born in the pre-hospital environment, which has been adopted within JRCALC Clinical Practice Guidelines.

In babies born with signs of life up to and including 21+6 weeks gestation, **no active resuscitation** is advocated and instead opt for comfort-based care.

“Where gestation is certain, attempted resuscitation of the baby before 22 completed weeks’ gestation is not appropriate and should not be undertaken.”

In babies born between 22+0 to 23+6 weeks gestation, survival focussed care with respiratory support only. Chest compressions are **not likely** to be effective and thus are not recommended.

“From 22+0 weeks’ gestation, or if gestation is not known, simple interventions focussed on maintaining body temperature and supporting the airway and breathing should be undertaken. This is a time-critical emergency for the baby.”

Below is the flowchart regarding care provision, followed by some images surrounding thermal support of the extreme pre-term utilising a plastic bag which is now contained within trust issued delivery packs.



1. Baby into a polythene bag, feet first and up to the neck. Immediately after birth and before the cord is cut



2. Baby Swaddled and hat applied and placed on activated TransWarmer as soon as possible and ideally before the cord is cut



3. Bag mask ventilation (head in a neutral position)

The Full BAPM guidance document is available here  
[https://hubble-live-assets.s3.amazonaws.com/bapm/file\\_asset/file/897/BAPM\\_Framework\\_Prehospital\\_management\\_15-02-2022.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/897/BAPM_Framework_Prehospital_management_15-02-2022.pdf)

A video has been produced to support staff in the implementation of this guidance, this includes supporting parents of those babies who will have comfort focused care.

Video link: <https://youtu.be/vOKkOrEAsqE>

The video is available on Need to Know and on the Evolve platform under the maternity tab.



We recognise this may be challenging for staff and if you have any questions or require any support please contact:

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# Pre-hospital management of babies born extremely preterm: A Framework for Practice.

## Assessment

- **Prioritise maternal health:** Is the mother stable?
- If possible, **establish gestation to determine pathway.**

## Up to and including 21+6 weeks' gestation: Comfort focused care

### Support parents to provide comfort care and ease their emotional distress

- Encourage parents to provide comfort for their baby if they feel able to
- Where they do not feel able ensure a crew member provides care
- Reassure that occasional gasping or reflex movements of limbs do not indicate distress
- Help parents to give close comfort and cuddling to keep baby warm and secure
  - Skin to skin contact where possible. Plastic bag wrapping is not appropriate
- Facilitate memory making for parents prior to and during conveyance

### Destination

- Prioritise health of the mother

## From 22+0 weeks' gestation, or if gestation is unclear: Survival focused care

### 1. Optimise ambient temperature

Baby will get cold



### 2. Defer cord clamping

60 seconds



### 3. Maintain baby's heat

Place feet-first in a polythene bag up to the neck immediately after birth



Do not dry beforehand

Hat and warm blanket over polythene bag  
Place swaddled baby on a heated mattress if available



### 4. Maintain airway/breathing

Neutral position, gentle stimulation



Airway/breathing support

5 gentle inflation breaths, then ventilation breaths – 30/minute



Preterm face mask, room air

Increasing heart rate best indicator of lung inflation



Do not unwrap baby to reassess

### 5. Chest compression



Not indicated below 24 weeks' gestation

### 6. Consider reorientation of care



Where absent heart rate despite airway support, and destination not imminent

If in doubt, continue ventilation breaths until arrival

### Destination

- Keep mother and baby together if possible
- Priorities are health of the mother and neonatal expertise for the baby
- Labour ward generally preferred over Accident and Emergency department
- Make sure destination aware of imminent arrival and circumstances.

## Communication

Ensure empathetic and honest communication