



## **GUIDELINE 13.10**

### **ETHICAL ISSUES IN RESUSCITATION OF THE NEWBORN INFANT**

#### **INITIATING RESUSCITATION**

The birth of extremely premature infants and those with severe congenital anomalies raises questions with the parents and among clinicians about initiation of resuscitation.<sup>1-7</sup> Resuscitation does not mandate continued support. Not starting resuscitation or starting intensive care which is stopped later, when the details of the infant's condition are known, are ethically and legally equivalent.<sup>8</sup> The latter approach allows time to gather more complete clinical information and for discussions with the family. If there is doubt whether to initiate or withhold resuscitation, it is best to start and later withdraw treatment when the situation has been clarified. Exceptions include infants with anencephaly and extremely immature infants for whom there is very little possibility of intact survival. Together, clinicians and parents may decide to withhold or withdraw treatment on the basis of futility and in the 'best interests' of the infant.<sup>8</sup>

When gestation, birth weight, or congenital anomalies are associated with almost certain early death and an unacceptably high morbidity is likely among the rare survivors, resuscitation is not indicated.<sup>9</sup>

In conditions associated with a high rate of survival and acceptable morbidity, resuscitation is nearly always indicated. In conditions associated with uncertain prognosis, when there is borderline survival and a relatively high rate of morbidity, and where the burden to the child is high, the parents' views on resuscitation should be supported.<sup>9</sup>

Whenever possible, there should be a consistent and coordinated approach from the obstetric/midwifery and neonatal teams in applying these guidelines and in communicating with the parents to develop an agreed upon management plan.

#### **DISCONTINUING RESUSCITATION**

In a newly born baby, it is appropriate to consider stopping resuscitation if the heart rate is undetectable and remains so for 10 minutes, because both survival and quality of survival deteriorate precipitously by this time [Class B, LOE IV<sup>2, 10-12</sup>].

The decision to continue resuscitation efforts beyond 10 minutes when there is no heart rate, or a very low heart rate is often complex and may be influenced by issues such as the presumed etiology of the arrest, the gestation of the baby, the presence or absence of complications, and the parents' previously expressed views about acceptable risk of morbidity.

If it is decided to withdraw or withhold resuscitation, care should be provided in a way that is focused on the baby's comfort (if signs of life are still present) and dignity, and on support of the parents.

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