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Leading article: Management of babies born extremely preterm at less than 26 weeks of gestation: a framework for clinical practice at the time of birth
Andrew R Wilkinson, Jag Ahluwalia, Andy Cole, Doreen Crawford, Janet Fyle, Ann Gordon, James Moorcraft, Tina Pollard, Tony Roberts, *Arch Dis Child Fetal Neonatal Ed 2009;**94:**2-5 Published Online First: 6 October 2008 doi:10.1136/adc.2008.143321*

Responses to this article

E-Letter

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Management of babies born extremely preterm at less than 26 weeks of gestation.

o **Mario De Curtis, Professor of Neonatology**

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Dear Editor, I have read with great interest the article by Wilkinson et al (1) discussing one of the most challenging aspects of perinatal medicine. These authors most appropriately point out that treatment of ELBW newborns needs to be customized and that any intervention should be performed in the patient's best interest. The authors also emphasise the important role parents have in deciding whether to start and/or continue resuscitation. Nowadays the approach of neonatologists to the medical care of extremely premature newborn differs from country to country, as it is influenced by different medical, social ethical and legal considerations. For instance, in Italy parental rights are meant as a role rather than as a subjective privilege, since parental authority is basically centred on the sole interest of the child. Moreover, any decision made by the parents should be based on the actual understanding of correct information. When dealing with an extremely preterm delivery, a physician is faced with the need to make rapid decisions, but he or she is often unable to foresee the prognosis and therefore to provide the parents with all the necessary information that would allow them to participate in the decision process with full awareness. Hence, in the case of urgent interventions, the physician cannot share the responsibility of the choices made to try to achieve the best perspectives of life and health for the newborn. In Italy, even in case of extreme prematurity, every newborn attains the legal status of person, and as such is fully entitled by the Constitution (Art. 3) to get all the medical care he or she requires. This, therefore, makes unacceptable the fact that some premature children get all the necessary health care because their physician and parents have so decided that they should, whereas others are abandoned because their parents and physicians have taken the opposite decision. Equally arbitrary is perhaps the a priori decision by a physician and/or parent to provide or not provide health care to a newborn on the mere basis of statistical criteria that estimate survival only by gestational age. It should be borne in mind that gestational age is often unknown and that it cannot necessarily be defined in ELBW infants on the basis of their clinical signs at birth. Perhaps the severity of the disease rather

than gestational age is the element that should be most accounted for in providing medical care to an ELBW child. Experience tells us that a child born at 26 weeks' gestation may be in worse conditions than one born at 24 weeks. Of course, in case of extreme prematurity, if the neonatologist realizes that any therapeutic effort is useless, intensive therapies that could translate into pursuit of futile treatment should of course be curtailed.

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Reference

1)Wilkinson AR, Ahluwalia J, Cole A, Crawford D, Fyle J, Gordon A, Moorcraft J, Pollard T, Roberts T. The Management of Babies born Extremely Preterm at less than 26 weeks of gestation. A Framework for Clinical Practice at the time of Birth. Arch Dis Child Fetal Neonatal Ed. 2008 Oct 6