UC DAVIS HEALTH | CHILDREN'S HOSPITAL

MFM/OB/NICU Consensus Management in the Periviable Period

<22 0/7 Weeks (<400g)	22 0/7- 22 6/7 Weeks (400-450g)	23 0/7- 23 6/7 Weeks (450-500g)	24 0/7- 24 6/7 Weeks (>500g)
Corticosteroids at 21 5/7 if parents want neonatal intervention at 22 wks. If Previable PPROM and parents request full neonatal care at 22 wks, start antibiotics to prolong latency period. No Fetal monitoring or C/S for fetal indications. No neonatal or maternal intervention expect for maternal indications. NICU team will NOT attend delivery unless dates or EFW are uncertain and at parents request.	NICU Consult NICU team at delivery No fetal monitoring or C/S for fetal indications. If parents request full care: - Steroids ASAP - Magnesium - Tocolysis (+/-) - GBS prophylaxis If Previable PPROM and parents request full neonatal care at 22 wks, start antibiotics to prolong latency period. If the patient requests full care, repeat NICU consult in one week if undelivered.	NICU Consult NICU team at delivery No fetal monitoring or C/S for fetal indications. If parents request full care: - Steroids ASAP - Magnesium - Tocolysis (+/-) - GBS prophylaxis If Previable PPROM and parents request full neonatal care, start antibiotics to prolong latency period. If the patient requests full care, repeat NICU consult in one week if undelivered.	NICU Consult NICU team at delivery, We recommend full resusitation If parents request full care: - Steroids ASAP - Magnesium - Tocolysis (+/-) - GBS prophylaxis If the patient requests full care, repeat NICU consult in one week if undelivered. If PPROM, start antibiotics to prolong latency period. Patient may decide, after counselling, if she desires: - Fetal HR monitoting - C/s for fetal disteess.

1. Estimated fetal weight can be used as an additional data point in those patients with uncertain dating
2. Reliable dating takes precedence over estimated fetal weight
3. An urgent periviable NICU consult can be requested for GA 21 5/7- 23 6/7. OB and NICU teams will discuss clinical findings and meet with family together.

- **For patients 25 0/7 wk + (in absences of major congenital defects or life limiting circumstances), default should always be prenatal optimization and full resuscitation.**

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Medical Legal Disclaimer:

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