Periviability

Extreme Prematurity Before 26 Weeks of Pregnancy

What Is Periviability?

Periviability, also called borderline viability, is the earliest stage of pregnancy when a baby can be born and survive.

Types of Preterm Birth

There are two types of preterm birth — spontaneous and indicated.

Spontaneous Preterm Birth

"Spontaneous" means the birth process started naturally for reasons such as:

- When the body naturally goes into labor prematurely
- When the mother's water breaks, called rupture of membranes (ROM)
- When cervical insufficiency is present, called silent cervix dilation

Spontaneous birth often cannot be stopped, even with medication or surgery.

Indicated Preterm Birth

"Indicated" means that your physician has recommended delivery even though you are early in pregnancy because continuing the pregnancy is not safe for you or the baby. Some situations for indicated preterm birth include:

- Medical conditions of the mother (severe high blood pressure, diabetes, obesity)
- Severe fetal growth restriction
- Placenta previa (the placenta partially or completely covers the cervix opening)
- Severe uterus bleeding
- Abnormal fetal heart rate patterns
- Prior surgery of the uterus (C-section, fibroid removal)
- Fetus with a high risk of death if the pregnancy continues
- Infection of the baby or the uterus
- Other serious illnesses of the mother or baby

Can Preterm Birth Be Stopped?

Your care team will do everything possible to prevent preterm birth. However, sometimes we cannot safely delay delivery despite our best efforts.

What Is My Delivery Plan?

Timing of Delivery — Unless you choose to deliver now, we will try to prolong your pregnancy if it is safe to do so. It is difficult to determine exactly when delivery will occur.

Steroid Medication — Injections are given one to seven days before birth to help improve the baby's chance of survival and reduce many health problems if the baby has reached a "viable" age. We will recommend steroids if we think there is a chance the baby will be born during the next seven days.

Method of Delivery — You can often have a vaginal delivery if the baby is head first and the fetal heart rate is normal. A Caesarean delivery (C-section) is not required just because the baby is premature.

A C-section may be considered for maternal reasons (to benefit the mother), such as a prior C-section, bleeding or uncontrolled blood pressure. A C-section may also be considered for fetal reasons (to benefit the baby), such as if the baby is not head first or the fetal heart rate is abnormal. Although a C-section for fetal reasons may give the baby better chances, it does not guarantee that the baby will survive or be able to sustain life.

A C-section carries serious risks for the mother, including infection, bleeding and a possible need for a C-section in future pregnancies. Therefore, it will only be performed if there is a reasonable chance it will benefit the baby or mother.

Will My Baby Survive If Born This Early?

The chances of survival depend on many factors, including gestational age, birth weight, the reason for delivery and whether you have had steroid shots before delivery.

A neonatologist (specialist in the care of newborn babies) will visit with you about your baby's overall health based on the information we have about your pregnancy. However, we cannot predict whether an individual baby will survive. Some babies thrive even when the chances are low, and some do not survive even when the chances are high.

If My Baby Survives, Will He or She Be Normal?

Some extremely preterm babies survive "intact," meaning they have no permanent damage even though they were born extremely early. However, many extremely preterm babies develop serious, permanent complications, including vision loss, hearing loss or damage to portions of the brain, leading to physical disabilities, learning difficulties or profound impairment with a life-long need for full-time care.

Every baby's outcome is different. A pediatric neonatologist can visit with you about your baby's chances of surviving without any of these problems based on the gestational age at birth, the estimated fetal weight and various other factors. However, we cannot say whether an extremely preterm baby will develop and thrive like a full-term baby.

What Choices Do I Have Before My Baby Is Born?

When facing the chance of an extremely preterm birth, parents have some important decisions to make.

The first choice is whether to:

- Try to prolong the pregnancy as long as possible, even though it may not be possible to gain much time, and the baby may still be born extremely early.
- End the pregnancy by inducing labor, recognizing that the baby likely will not survive.

If you decide to continue the pregnancy, the next choice is whether you will consider the baby viable, meaning that you think the chances of survival are high enough to make it worthwhile to allow interventions, such as a C-section or cardiopulmonary resuscitation (CPR) to improve the baby's chances.

Some information that may help with your decision-making includes:

- Before 22 weeks, babies are typically not viable and are not likely to survive.
- At 23 to 25 weeks, we ask for your input on whether to consider the baby viable.
- If the baby is considered viable, you will probably want fetal heart rate monitoring to assess the baby's well-being. You will probably also allow a C-section if needed for fetal reasons.
- After 25 weeks, most babies are viable and more likely to survive.
- If the baby is not considered viable, there is no reason to do interventions, such as fetal heart rate monitoring or a C-section.

What Choices Do I Have After My Baby Is Born?

If the baby is born alive, the next choice is whether to:

- Request all possible treatments to keep the baby alive, including CPR, inserting a breathing tube and using a breathing machine (life support), even if these efforts might not work.
- Select some of these treatments, but not all.
- Select comfort care, meaning you request that the baby not have heroic treatments and life support, allowing the baby to die naturally. We will do our best to keep the baby comfortable during this process.

There are no clear right or wrong answers to these choices. The decision depends on your values, beliefs and desires as you consider the pros and cons of having a baby that:

- May not survive
- May survive but be severely impaired
- Might survive intact

Your doctors can provide information to help you make these choices, but they cannot make the choices for you. You might make one set of choices now but then make different choices in the coming days or weeks as gestational age increases.

About This Handout

This handout contains information about the management of pregnancy when extremely preterm birth appears likely. It was developed by maternal-fetal medicine physicians who specialize in high-risk obstetric care. A separate handout about extreme prematurity contains information about the care of extremely preterm babies, developed by neonatologists who specialize in the care of preterm babies. The two sheets offer different perspectives on extremely preterm birth and should be considered together.

Additional Resources:

U.S. Department of Health and Human Services
nichd.nih.gov/health/topics/preterm/conditioninfo/who_risk

pediatrix & obstetrix

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