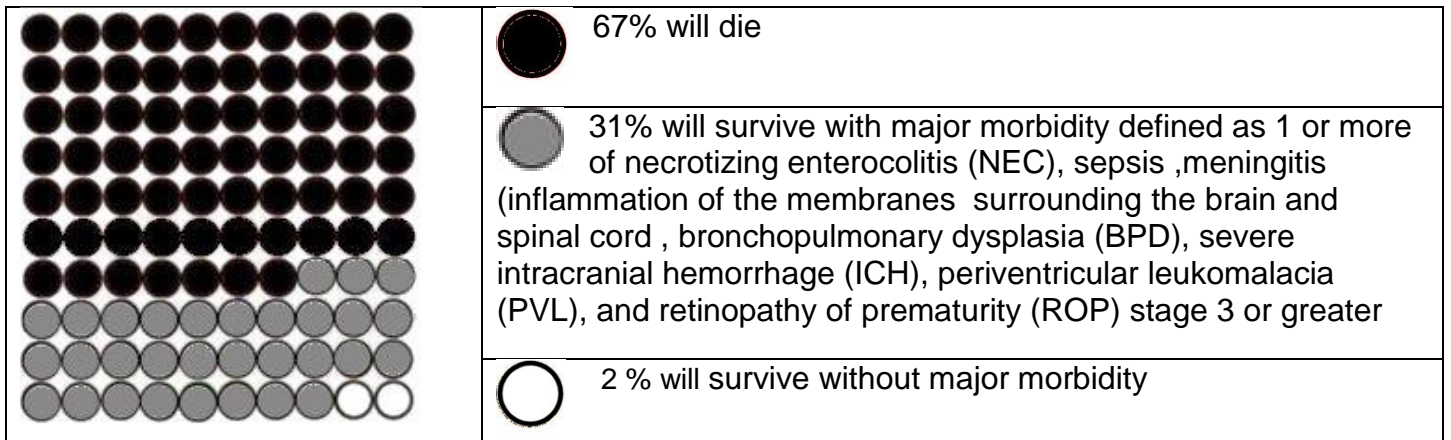


## Babies Born at 23 weeks.

Example: For the average singleton born at 23 weeks



The outcomes are better for a multiple gestation and female infants, but worse for male infants or infants with lower birthweight. Outcomes will also depend on the accuracy of the estimated gestational age and individual circumstances

“These data should not be used to predict individual outcomes. Instead, **the data provide a range of possible outcomes based on specific characteristics in a specific setting: level III NICUs....** It is also important to note that outcomes change over time and that they differ for a variety of reasons, including NICU features, patient population, obstetric complications and care, and care after discharge home.”

Babies born at 23 weeks are more likely to need a tube placed in their windpipe to help them breathe, require blood transfusions, need placement of a peripherally inserted central catheter (PICC line), and need to be fed intravenously also called total parenteral nutrition (TPN). Most babies born at 23 weeks will need longtime care for lung disease, blindness, and or neurologic disorders such as cerebral palsy and/or autism

### **Complications of being born at 23 weeks include but are not limited to:**

**Respiratory Distress Syndrome (RDS):** Difficulty breathing caused by immature lungs.

**Bronchopulmonary Dysplasia (BPD)** Abnormal development of the airways and lungs due to premature birth. Infants often require oxygen even after discharge to home.

**Intraventricular hemorrhage (IVH):** Bleeding into the spaces (ventricles) inside the brain.

**Sepsis:** Serious infection usually caused by a bacteria or fungus.

**Retinopathy of prematurity (ROP):** The growth of abnormal blood vessels into the retina. The retina is the layer on the inside of the eye that detects light and enables you to see. ROP may result in impaired vision or blindness.

**Patent Ductus Arteriosus (PDA):** Failure of the blood vessel that allows the blood to bypass the lungs when the fetus is in the womb to close after birth. PDA often requires medication or surgery to close.

**Necrotizing enterocolitis (NEC):** Damage or death of the intestine (gut) sometimes requiring surgery to remove dead intestine

**Cerebral palsy (also called CP)** A group of neurological disorders that affects control of muscles. Affected individuals may have loss or impairment of normal movement, spasms, difficulty swallowing or speaking, impaired vision or hearing, and seizures

**Periventricular leukomalacia (PVL):** Damage to the connections between the brain cells.

## REFERENCES

1. Stoll BJ, et al., Eunice Kennedy Shriver National Institute of Child Health and Human Development Neonatal Research Network. Trends in Care Practices, Morbidity, and Mortality of Extremely Preterm Neonates, 1993-2012. *JAMA*. 2015 Sep 8;314(10):1039-51. doi: 10.1001/jama.2015.10244. [PMID: 26348753](#)
2. Bolisetty, S., et al., Preterm outcome table (POT): a simple tool to aid counselling parents of very preterm infants. *Aust N Z J Obstet Gynaecol*, 2006. **46**(3): p. 189-92.
3. Msall, M.E., Neurodevelopmental surveillance in the first 2 years after extremely preterm birth: evidence, challenges, and guidelines. *Early human development*, 2006. **82**(3): p. 157-66.
4. Tyson JE, et al., National Institute of Child Health and Human Development Neonatal Research Network. Intensive care for extreme prematurity--moving beyond gestational age. *N Engl J Med*. 2008 Apr 17;358(16):1672-81. PMID: 18420500
5. NICHD Neonatal Research Network (NRN): Extremely Preterm Birth Outcome Data [https://www.nichd.nih.gov/about/org/der/branches/ppb/programs/epbo/Pages/epbo\\_case.aspx](https://www.nichd.nih.gov/about/org/der/branches/ppb/programs/epbo/Pages/epbo_case.aspx)
6. Rysavy MA, et al., Between-hospital variation in treatment and outcomes in extremely preterm infants. *N Engl J Med*. 2015 May 7;372(19):1801-11. doi: 10.1056/NEJMoa1410689. PMID: 25946279