

Resuscitation At the Threshold of Viability- To Do or Not to Do? - The Answer of Israeli Neonatologists.

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Objective: To examine the perspectives of neonatologists in Israel regarding resuscitation of preterm infants born at 22-24 weeks' gestation and their consideration of parental preferences

Study design: Descriptive and correlative study using a 47-questions online questionnaire. (90 of 127 responded)

Participants characteristics

Gender, Female/Male (%) 52/48

Age (years), mean (range);SD 51 (31-82);10

Religion (%)

Jewish	83
Christian	8
Druze	2
Agnostic	2
Unknown	5

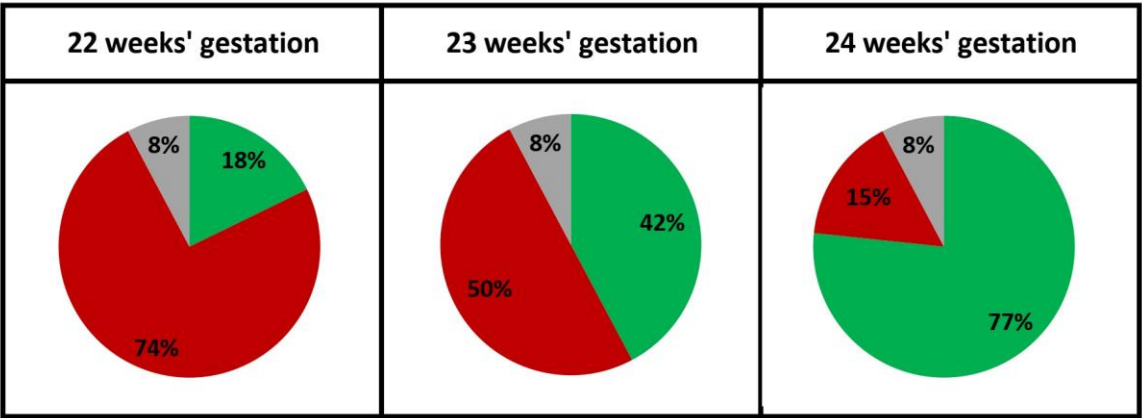
Religiosity (%)

Secular	78
Traditional	11
Religious	8
Ultra-Orthodox	2
Jews/Very religious;.	

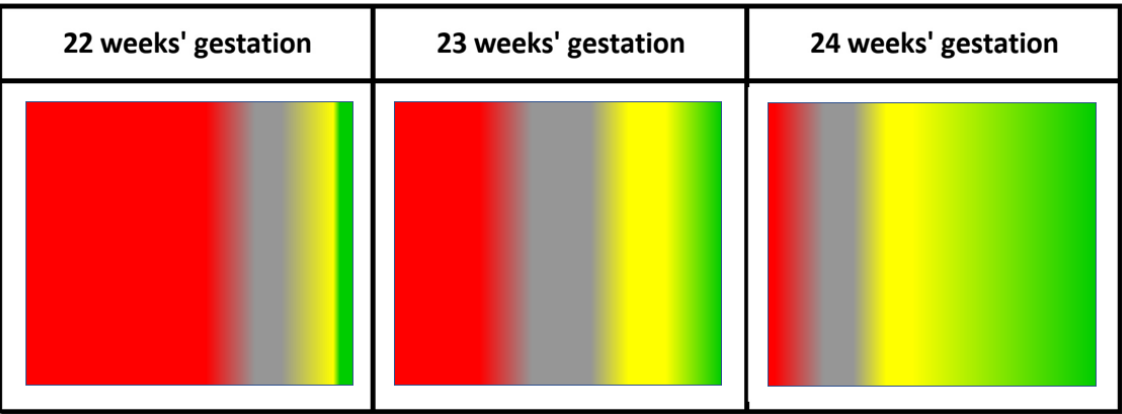
Work Experience (Years), mean (range);SD 17 (0.2-56);12


Hospital's volume of care (births per year) (%)

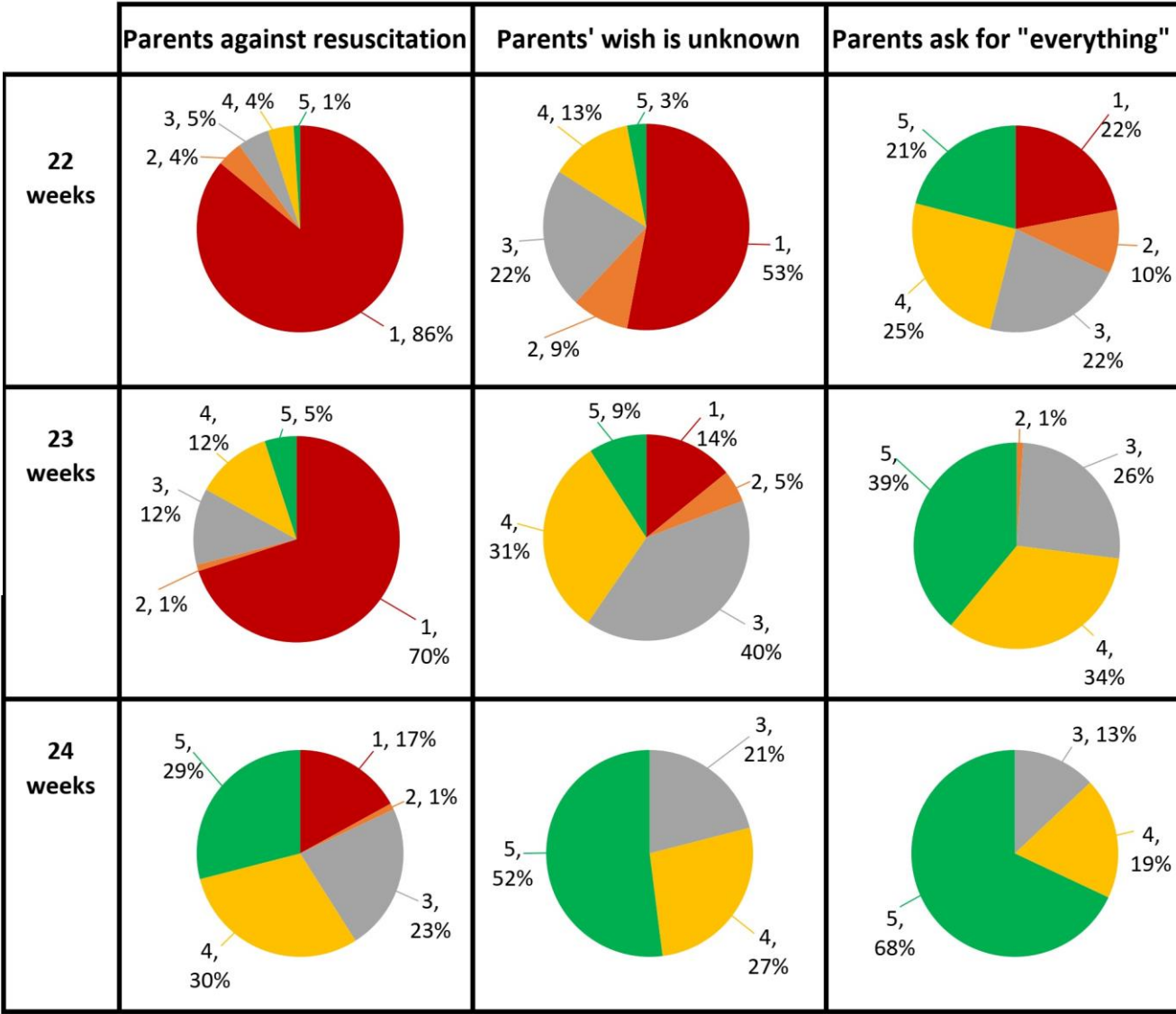
< 3000	10
3000-5000	30
5000-8000	26
> 8000	34



1 ■ Resuscitation is in the infants' best interest
2 ■ Resuscitation is against the infants' best interest
3 ■ Did not answer




Years as a neonatologist



1 ■ I will provide compassionate treatment only
2 ■ I will perform "non-invasive" resuscitation procedures only (no intubation, no medications)
3 ■ I will intubate and ventilate only, only if the infant is vital (no chest compression or medications)
4 ■ I will fully resuscitate only if the infant is vital
5 ■ I will resuscitate immediately after birth and provide full care

Conclusion: Significant variation was observed among Israeli neonatologists regarding delivery room management of extreme premature infants born at 22-24 weeks' gestation, with a notable emphasis on respecting parents' wishes. The current national guidelines do not fully encompass the wide range of approaches. Country's guidelines should reflect the existing range of opinions, possibly through a broad survey of caregivers before setting the guidelines and recommendations.