Miss Emma Baird

QUESTIONS ANSWERED:

Question 1

ANSWER:
All efforts should be made to sustain the life of the fetus and to correct any abnormalities before birth should this be possible and the parents wish it. I don't think there are ever circumstances - apart from where continuing pregnancy would cause risk of death to the mother, where the wishes of the pregnant woman should be overridden.

Question 2

ANSWER:
When the baby is extremely premature, and / or growth restriction, surgery should be used to prolong the life of the newborn as that child could grow up to be perfectly healthy. In the cases of congenital abnormalities, genetic disorders and brain damage - surgery should still be used. Brain damage for example increases likelihood of disabilities but does not guarantee it - and there are many degrees of brain damage, congenital abnormalities etc.

Question 3

ANSWER:
Acting and omitting to act would be in my opinion the most important ethical question/issue.

Question 5

ANSWER:
The parents - or main caregiver are best placed to judge the quality of life for a child, and when the future quality of life for the child may be in doubt the families should have their decision carry the most weight. The mothers views should take precedence. Nobody else apart from the medical staff DIRECTLY involved in the child's care should be involved unless the parents want for someone else to be involved. people should use the law to challenge when they strongly disagree with medical advice, where the decision not to treat is based upon the medical staff's opinion of the child's future quality of life.

Question 6

ANSWER:
NONE - with it being so difficult to predict which babies will be affected by severe long term disability it would be completely inappropriate to take this factor into consideration when determining whether to prolong the life of the fetus or newborn.

Question 7

ANSWER:

Question 8

ANSWER:
Drawing up professional guidance may be helpful to parents and professionals - depending on what the content was. As for following a minimum age below which resuscitation normally would not be permitted - No. this should NOT be adopted in the UK. With IUGR being a factor in many premature births it can be very difficult to be accurate about gestation - as 27 weaker can be the size of the average 23 weaker for example. Having gone into labour myself at 23 weeks and 5 days with twins I was asked if I wanted them to be resuscitated and informed of their low chance of survival. I said yes to resuscitation, and this was agreed IF my twins looked in a good enough condition to resuscitate. It is likely that I would have been denied this choice if a minimum age were enforced. The UK should continue on a case by case basis for micro premmies. Highlighting the case that it is difficult to predict which babies will do well - one of my twins died after minutes and the other is at home - 9 months old and thriving. he would not be here if there was any limit below which babies can not be resuscitated. I cannot express enough how much I disagree with even the discussion of a minimum age for treatment.

Question 9