

Neofest 2023 MOC Part 2 Feedback & Resources

- 1. When considering surveys of attitudes toward unilateral Do Not Attempt Resuscitation (DNAR) orders (in which the medical team alone determines the decision to resuscitate), which of the following is true?**
 - A. The majority of Neonatologists agreed that unilateral DNARs are permissible only when survival is deemed impossible**
 - B. The majority of Neonatologists agreed that unilateral DNARs are permissible only when poor neurological outcome is possible
 - C. The majority of Neonatologists agreed that unilateral DNARs are permissible in any case they deem appropriate based on their own personal experience and preference
 - D. The majority of Neonatologists agreed that unilateral DNARs are permissible only when the family is unwilling to care for the infant

- 2. Ideally, which parties are allowed to make the decision to withhold or withdraw future interventions following birth?**
 - A. The physician or medical team alone
 - B. The family alone
 - C. The hospital ethical board alone
 - D. The medical team and the family jointly through shared decision-making**

Murray PD, Esserman D, Mercurio MR. In What Circumstances Will a Neonatologist Decide a Patient is not a Resuscitation Candidate? *J Med Ethics*. 2016;42:429-434.

Howard M, Mercurio M, Janvier A. Perpetuating Biases and Injustice toward Preterm Infants. *Am J Bioethics*. 2017;17(8):27-28.

Cummings BM, Mercurio MR, Paris JJ. A Review of Approaches for Resolving Disputes between Physicians and Families on End-of-Life Care for Newborns. *J Perinatol*. 2020;40:1441-45.

Mercurio, MR and Carter, BS. Resuscitation Policies for Extremely Preterm Newborns: Finally Moving Beyond Gestational Age. *J Perinatol*. 2020;40:1731-33.

- 3. Compared to other extremely preterm infants, which of the following is true pertaining to the unique physiological needs of infants born at the cusp of viability (≤ 23 wk)?**
 - A. Reduced need for invasive ventilatory support
 - B. Disproportionately higher insensible fluid losses**
 - C. Improved tolerance of enteral feeding
 - D. Improved renal homeostasis of electrolyte and fluid balance
- 4. In terms of the effect on survival, which of the following related to antenatal steroid exposure at 21-22 weeks' gestational age is true?**
 - A. No effect on survival
 - B. Decreased chance of survival
 - C. Exposure to a full course of antenatal steroids is associated with an increase in survival to discharge (from 35 to 55%)**
 - D. The effect has not been evaluated
- 5. What is generally considered the "Gray Zone" of Viability?**
 - A. 26-27 weeks' gestation
 - B. 24-25 weeks' gestation

C. 22-23 weeks' gestation

D. 20-21 weeks' gestation

6. With active, specialized intensive care, recent evidence suggests survival of infants born at 22 weeks' gestation internationally can approach:

A. 25-50%

B. ≥95%

C. ≤5%

D. No infants born at 22 weeks' gestation have survived

Rysavy MA, et al. An Immature Science: Intensive Care for Infants Born at ≤23 Weeks of Gestation. *J Pediatr*. 2021;233:16-25.

Patel RM, Rysavy MA, Bell, EF and Tyson JE. Survival of Infants Born at Perivable Gestational Ages. *Clin Perinatol*. 2017;44:287-303.

Berger JN, et al. Survival and Short-Term Respiratory Outcomes of <750g Infants Initially Intubated with 2.0mm vs. 2.5mm Endotracheal Tubes. *J Perinatol*. 2022;42:202-208.

Bell EF, et al. Mortality, In-Hospital Morbidity, Care Practices, and 2-Year Outcomes for Extremely Preterm Infants in the US, 2013-2018. *JAMA*. 2022;327(3):248-63.

Chawla S, et al. Association of Antenatal Steroid Exposure at 21-22 Weeks of Gestation with Neonatal Survival and Survival without Morbidities. *JAMA Network Open*. 2022;5(9):e2233331.

Dagle JM, et al. Cardiorespiratory Management of Infants Born at 22 Weeks' Gestation: The Iowa Approach. *Semin Perinatol*. 2022;46:151545.