

MaineHealth

Guidelines for Obstetrical Intervention and Neonatology Consultation

Fetus \geq 22 0/7 weeks gestation & \geq 400 grams

If pregnancy is between 22w0d-22w6d & \geq 400 grams & there is a finding that necessitates admission, a NICU consultation can occur to determine if neonatal intervention is desired.

Fetus \geq 23 0/7 weeks gestation & \geq 350 gm

If pregnancy is between 23w0d-24w6d & \geq 350 grams & there is a finding that necessitates admission, a NICU consultation can occur to determine if neonatal intervention is desired.

Fetus \geq 25 weeks gestation & \geq 300 grams

If pregnancy is \geq 25 weeks & \geq 300 grams & there is a finding that necessitates admission, a NICU consultation can occur to determine if neonatal intervention is desired.

MFM may offer tocolytics for preterm labor, betamethasone for fetal lung maturity, magnesium for neuro protection and antibiotics for typical obstetric indications, depending on patient preference and clinical context.

In general:

- Betamethasone is not offered prior to 22 0/7 weeks gestation
- Cesarean delivery is not performed prior to 23 0/7 weeks gestation

Guidelines translate best evidence into best practice. The above guidelines are based on best evidence and reflect agreement between the MFM and NICU divisions. If comorbidities, complications, or concurrent conditions exist, maternal and fetal care needs to be individualized. The guidance offered should be construed only as suggestions, not mandates and will be reassessed on an ongoing basis.