Guidelines for Obstetric Intervention and Neonatology Consultation 7/2026

Clinical Considerations:

- For a fetus ≥21w5d with an estimated fetal weight ≥ 300 grams and a finding necessitating admission, neonatology consultation may be considered.
- Neonatal resuscitation will be considered only for fetuses that meet both of the following criteria:
    - Gestational age ≥ 22w0d; *and*
    - Estimated fetal weight of ≥ 300 grams
- Betamethasone for fetal lung maturity may be considered starting at 21w5d, based on patient preference and clinical context.
- Cesarean delivery is not performed prior to 22w0d gestation. If performed during the 22nd week, it should be performed for usual obstetric indications and is not recommended solely to improve outcomes for extreme prematurity.
    - The risk of cesarean birth at this gestational age includes the potential need for classical incision, which increases maternal morbidity and fetal/neonatal risk in future pregnancies.
- Maternal-Fetal Medicine may offer tocolytics for preterm labor, magnesium sulfate for neuroprotection, betamethasone for fetal lung maturity, and antibiotics for typical obstetric indications, depending on patient preference and clinical context.

Guidelines translate best evidence into best practice. The above guidelines are based on best evidence and reflect agreement between the MFM and NICU divisions at MaineHealth. 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.

Affirmed 7/2026.