Author's response to reviews

Title: How old are you? Newborn gestational age discriminates neonatal resuscitation practices in the Italian debate.

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Author's response to reviews: see over
Accompanying letter

Pignotti’s comments

Major Compulsory Revisions

a) The sentence reported at pag. 5 “identifies a temporal threshold below which to refuse, a priori, any attempt at resuscitation” (pag 5) ……without taking into account the conditions which have caused such a premature birth…” does not represent Author’s opinion, but CBN opinion which makes such criticism to CdF. In this paragraph of the paper (The ethical debate) Authors confine themselves to describe the actual Italian debate about the matter. As the review can see (pag. 11) the Authors, for intellectual honesty, affirm that the Florence chart specifies the
“fundamental importance of clinical evaluation of the newborn by a neonatologist, who should take into account particularly the newborn’s conditions at birth, obstetric history and response to resuscitation procedures”.

b) Undoubtedly, this a problem of the whole perinatal medicine and Authors refer (pag. 12) that neonatal prognosis is conditioned by many independent predictive factors (birth weight, use of steroids before birth, multiplicity of pregnancy) as well as gestational age and clinical status.

c) We have added the quotation and the sentence required.

d) We firmly think that as the principles regarding resuscitation and treatment of low gestational age newborn have to be the same of those followed in treating all other patients, there is no need for specific policy statement. Generally, the purposes of guidelines have to improve knowledge regarding neonatal outcomes, to provide consistency in periviability counseling, and to promote informed, supportive, responsible choices. We think that flexible guidelines are well accepted and can be used by all
neonatologists, obstetricians, and nurses who provide care to pregnant women and infants at extremely early gestational ages. We have added these considerations in the Conclusion section.

Minor Essential Revisions

a) We have added the quotation required.

b) “Gestational age, while non considered by the NBC and Italian Superior council of health as an indicative parameter for decision about the initiation of resuscitation, is not debated as a parameter to limit the access to the termination of pregnancy by the same authors (proposed limit 22.3 wks GA)”. That is correct but the Authors think that this question is not pertinent to the central core of the paper. To introduce the issue of voluntary termination of pregnancy question could be confounding.

c) we have done some minor corrections in punctuation.

Discretionary Revision

a) We have changed Florence’s chart in Carta di Firenze

b) We have added the sentence and the quotation requested.

c) Once again we are referring CBN position
d) We explain that “The prognostic uncertainty of the time between 22 and 23 weeks of gestation cannot justify a rigid assumption of the futility of resuscitation and the impossibility of demanding the physician’s duty to adopt every appropriate measure to protect the newborn’s life. The physician may well abstain from this duty but only by considering each individual case and diagnosing the insufficient vitality of the newborn”.

**Meadow’s comments**

Your thought about the fact that in Italy is exceedingly difficult to withdraw mechanical ventilation from an infant who is physiologically stable on the vent for “quality of life” is absolutely right. We know the distinctions existing between withholding and withdrawing interventions from physiologically moribund infants or physiologically stable infants with severely morbid neurologic prognoses. Now in Italy we are dealing with the question of which neonates are
not to reanimate and above which to reanimate, and on the possibility to give precise chronological indications.

We added the requested comment in the text.

**Zanardo’s comments**

**Major Compulsory Revisions**

Religious reasons, very significant in Italian culture, need mention.

Yes, we added this relevant question in the paper (pages 11, 12).

The religious reasons are a distinct problem in the general medical and ethical debate. Without doubt, the importance attributed by a physician to religion in his or her life was also consistently associated with decision making. We added an ad hoc reference too.

Sincerely yours,

Prof. Dr. Vittorio Fineschi

Foggia, 2009 August the 28th