Reviewer's report

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

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Reviewer: William Meadow

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This is a thorough, well-written review of the current state of resuscitation for neonates in the grey zone of viability in Italy. It centers on the 'Florence Chart', and the governmental response to it.

The Florence chart summarized for Italy a set of guidelines quite comparable to what is offered in many (thought not all; cf. Holland) countries -- at 22 weeks don't resuscitate but do provide comfort care; at 25 weeks do resuscitate under most circumstances; in between, use the baby's 'vitality' as a guide.

Now, there are good reasons to think that these guidelines are difficult to support in a data-based sense, but the are widely adopted across much of the industrialized world. The objections are easy to articulate. They include: 1) 'vitality' at birth is a poor prognostic marker of either mortality or morbidity in this age group; 2) it is difficult to justify in any moral sense why we should sacrifice any babies with a chance at a good life, on the probabilistic altar of unlikely survival -- after all, we don't forbid attempts at painful interventions for older children or adults with comparable, or even worse prognoses. The NBC appears to understand all of these potential reservations. The Rome Chart, and the Italian Superior Council of Health appear to as well.

Clinical evolution, therapeutic obstinacy, and dignity are invoked, and have some intuitive validity, as does the concept of a common shared solution between parents and physicians.

The authors tend to agree with the latter points, and come down firmly on the side of "no" when asking whether Gestational Age criteria suffice to determine resuscitative efforts. Rather, they prefer a 'partnership of care'.

I think this is a fine ms. that describes in detail what's going on in Italy today. I don't think there's anything special about the Italian debate, compared, say, to the U.S., or Canada, or England, or even Holland (where the line is currently drawn a bit higher).

I'm actually quite surprised by this, given that my understanding is that it is exceedingly difficult in Italy to withdraw mechanical ventilation from an infant who is physiologically stable on the vent, for "quality of life" reasons. I would have thought that this difficulty (which exists in Israel and Japan as well) would have led to Italy-specific dilemmas in the resuscitation of infants who are likely to have
neurologic sequelae.
Perhaps the authors could comment about this, as it makes Italy different.
Otherwise, if the editors want to publish a nice summary of where Italy is in 2009, this is a good one.