Births at the limits of viability
Variation in management leads to inequalities for women

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There is wide variation between clinical teams as to whether a baby born at 22 or 23 weeks is considered viable and consequently whether they are reported as live born.

In one hospital a woman may have their baby’s death registered as a neonatal death but in another hospital the same woman’s baby (at the same gestation) may have gone unregistered as a miscarriage.

This has severe unrecognised consequences in terms of inequalities in women’s access to maternity leave, financial support and mental health.

A mother experiencing a neonatal death...

Official record
Official birth and death certificates are particularly important for mothers following the death of their baby

Time to grieve
Maternity leave provides time after the devastating experience of losing a baby. Paternity leave offers a woman the support of her partner at this time

Official investigation
A coroner’s investigation reassures parents that the death of their child is important and helps make sense of the death

Financial aid
Free prescriptions, dental care, and maternity pay can be particularly helpful as many women delivering at this gestation are from socioeconomically deprived areas

A mother experiencing a miscarriage...

No official record
Only informal birth and death certificates are available

No time to grieve
Only sick pay is available

No official investigation

No financial aid

Further understanding: The next stage of this research is to explore in detail women’s experiences when delivering at the limits of viability and clinicians’ decision making behaviour. By using these findings, ultimately the project aims to develop a training package to inform clinicians of the impact of variation in practice on women, their partners and families and work towards reducing variation in practice in the UK.

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