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A Unique Model for Perinatal Palliative Care in a Level IV Neonatal Intensive Care Unit

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A Unique Model for Perinatal Palliative Care in a Level IV Neonatal Intensive Care Unit

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IRB Number:

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Drs. Tucker and Ellis worked with Dr. Linebarger in both the design and execution of this project. Both conducted portions of the chart review and data collection processes as well as the descriptive analysis. Collectively the trainees crafted and revised the abstract and plan to continue working together to develop this abstract into a complete manuscript.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: The Fetal Health Center (FHC) at Children's Mercy Kansas City is a comprehensive care center that allows onsite delivery for infants with prenatally known life-threatening or surgical conditions. Delivery at the FHC prevents delays in patient care and alleviates the stress associated with separation of infants from their families immediately after birth. The center follows select high-risk pregnancies before, during and after delivery. The Palliative Care Team (PaCT) provides consultation within the FHC.

Objectives/Goal: To describe and quantify the unique relationship between the FHC and PaCT.

Methods/Design: The team conducted a chart review of patients PaCT met through the FHC from its inception in 2010 through December 31, 2017.

Results: Between March 10, 2011 and December 31, 2017, there were 870 deliveries in the FHC and 1,976 mothers seen for consultation. During this time, PaCT met 323 mothers for prenatal consultation, of which 270 delivered live born infants at the FHC. Thirty-seven delivered live born infants at outside facilities and 16 pregnancies resulted in intrauterine fetal demise. Over this time period the number of PaCT consults from FHC increased from 1 in 2010 to 93 in 2017 (Figure 1). More than one-third of the fetal diagnoses leading to PaCT consultation were categorized as cardiac.

Of the 323 patients PaCT met prenatally, 149 infants died within the time period reviewed. Forty-seven received comfort care only from birth. Fifty-three infants lived less than 24 hours. Of the 149 infants who eventually died, 13 survived to discharge home with hospice. PaCT continues to follow 129 children

met prenatally during the review period and discharged 47 patients because they no longer required palliative care services (Figure 1).

Conclusions: PaCT provides an integral service to families seen in the FHC as evidenced by the increasing number of consultations provided and the number of patients that PaCT continues to follow. Palliative care has a unique role in prenatal care and ongoing continuity of care. More research should be done to explore the benefits these services provide for families and staff, particularly in regard to continuity of care.

