

1 **Online Supplemental material – Appendix A**2 **Scenario details****Textbox. Hypothetical case and situations**

A pregnant woman (G1P0) has been admitted to a specialized center with cervical shortening and contractions. She is carrying a single female fetus at borderline viability**. Antenatal corticosteroids have not been administered yet. In situation A the choice is made to implement palliative comfort care if the labor progresses today. In situation B the choice is made to implement neonatal intensive care / resuscitation if the labor progresses today, and to administer corticosteroids. We have provided a number of (hypothetical!) explanations for the difference between situation A and situation B. Please indicate whether you find this acceptable or not.

** *Borderline viability is defined here as a GA that is (in your setting) in the grey zone, and could for example be a GA of 23^{+2/7} weeks in the United Kingdom ([link](#)) or a GA of 25^{+2/7} weeks in the Philippines ([link](#)).*

3 **Scenario's 1-6**

4 1. **In situation A**, the parents did not want a long and intensive course of treatment. “*So many*
5 *uncertainties and - in our opinion - only a small chance of what we consider as a good outcome.*”
6 Together with the doctor they decided to implement palliative comfort care. **In situation B**, the
7 parents decided together with the doctors to start neonatal intensive care, because the parents
8 wanted to feel “*that they have given their daughter every chance of survival.*”

9 **I consider various values/wishes of the parents as motivation for the difference between A & B:**
10 **... Answer options: acceptable, unacceptable, I do not know.**

11

12 2. **In situation A**, the baby was born in level III hospital X – in country Z, where the neonatal and
13 obstetric team hold the opinion that only palliative comfort care is indicated at this borderline
14 viability. Therefore, counselling was not offered. **In situation B**, the baby was born in another level
15 III hospital (Y) – but in the same country (Z), where the neonatal and obstetric team view that both
16 palliative comfort care and neonatal intensive care can be offered at this borderline viability, and
17 after the parents received counselling they decided on neonatal intensive care.

18 **I consider differences between individual hospitals (within one country) as motivation for the**
19 **difference between A & B: ... Answer options: acceptable, unacceptable, I do not know.**

20

21 3. **In situation A**, doctor P was on call at level III hospital Q. Doctor P thinks that the prognosis for
22 this case at borderline viability is not so great. She has informed the parents about the poor
23 prognosis and that the baby is too young to receive neonatal intensive care now and palliative
24 comfort care will be implemented if the baby is born today. **In situation B**, a different doctor (R)
25 was on call, but in the same level III hospital (Q). Doctor R thinks that the prognosis at this
26 borderline viability is acceptable. Therefore, she counselled the parents, offered them both options
27 and recommended neonatal intensive care and “to see how far we get.”

28 **I consider differences between individual doctors (within one hospital) as motivation for the**
29 **difference between A & B: ... Answer options: acceptable, unacceptable, I do not know.**

30

31 4. **In situation A**, the pregnant woman was in country H. The national belief is that outcomes for
32 babies born at this borderline viability are not good enough to offer neonatal intensive care to this
33 group because health care professionals and society want to prevent potential suffering and bad
34 outcomes. In this case, neonatal intensive care was not offered and palliative comfort care

35 initiated. **In situation B**, the pregnant woman was in a different country (G), a country with the
 36 same level of healthcare resources. The national belief is that outcomes for babies born at this
 37 same borderline viability are variable and value-loaden and thus parents should guide the
 38 decision. Parents received counselling from the perinatal team about both options and decided
 39 after deliberation with the team to initiate neonatal intensive care.

40 **I consider the cultural / societal values as motivation for the difference between A & B:**

41 ... Answer options: acceptable, unacceptable, I do not know.

42

43 5. **In situation A**, the pregnant woman was in level III hospital K. The institutional belief is that
 44 outcomes for babies born at this borderline viability are variable and value loaden and thus,
 45 parental values should guide the decision. Parents received neutral counselling from the perinatal
 46 team about both options and decided after deliberation on palliative comfort care.
 47 **In situation B**, the pregnant woman was (in the same country), in a different level III hospital (L).
 48 This institutional belief is that survival for babies born at this borderline viability can be improved
 49 when neonatal intensive care is universally applied (*). Therefore, for this case, neonatal intensive
 50 care was strongly recommended and initiated.

51 (*) *The health care professionals in this institute have read the article from 2018 of Backes et al [1] in*
 52 *which a comprehensive approach (100% early intensive care) at 22 weeks GA was compared with a*
 53 *selective approach (online 22% received early intensive care on parental request). The comprehensive*
 54 *approach led to better outcomes among the 22 weeks receiving intensive care, with higher survival*
 55 *rates and comparable morbidity.*

56 **I consider strongly directive counselling towards early intensive care, with the goal of more**
 57 **survival for the whole borderline viability group of babies as motivation for the difference**

58 **between A & B: ... Answer options: acceptable, unacceptable, I do not know.**

59

60 6. **In situation A**, the pregnant woman was in a low-income country F. The state of healthcare
 61 resources is such that only for babies >28 weeks GA neonatal intensive care is reasonable. For
 62 this final scenario, please assume the GA is 23^{+2/7} weeks, so neonatal intensive care was not
 63 offered, and palliative comfort care is initiated.
 64 **In situation B**, the pregnant woman was in another country: high-income country G. Resources
 65 are enough to offer neonatal intensive care from 22 weeks GA onwards. For this final scenario
 66 please assume the GA is 23^{+2/7} weeks, so parents received counselling from the perinatal team
 67 and decided, after deliberation with the team, to initiate neonatal intensive care.

68 **I consider the availability of resources as motivation for the difference between A & B:**

69 ... Answer options: acceptable, unacceptable, I do not know.

70

71 7. If you would you like to share your comments on the scenarios – this can be done below:

72

73