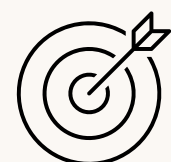


DETERMINANTS OF SPECIALIZED PEDIATRIC PALLIATIVE CARE TEAM INVOLVEMENT IN NEONATOLOGY : A RETROSPECTIVE STUDY AND CLINICIANS' PERCEPTIONS IN A SWISS TERTIARY CENTER



OBJECTIVES

Primary

Factors associated with the involvement of a specialized pediatric palliative care (PPC) team in a neonatal setting

Secondary

Exploring neonatal healthcare professionals' perceptions regarding :

- Indications
- Barriers of PPC integration
- Benefits



METHODS

Design : Mixed-methods, single-center (CHUV)

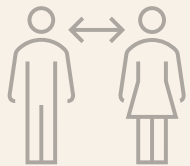
Retrospective study

- Neonates deceased < 3 months (2022 – 2024, n=48)
- PPC involvement vs no PPC
- Clinical, social, contextual and ethical variables
- Fisher exact and Wilcoxon tests
- CER-VD

Cross-sectional survey

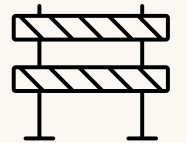
- Neonatal nurses and physicians (n=56/195)

RESULTS retrospective study – Determinants of PPC team involvement

Variables ¹	N	Yes PPC N = 11	No PPC N = 37	q-value
 MEDICAL  PSYCHO- SOCIAL AND ETHICAL	• Only 1/5 of situations with PPC involvement (n=11 vs 37) • Symptom and comfort management (91%, n = 10/11) • Redirection of care goals (73%, n = 8/11) • Bio-psycho-social complexity, rather than clinical severity alone			0.030
				<0.001
				<0.001
				0.002
				0.048
				0.075
				0.030
				0.004
Healthcare providers' distress during care	47	6 (54.5%)	1 (2.8%)	0.002
¹ n (%); Median [Q1, Q3]				

RESULTS cross-sectional survey (n=56/159)

- Perceived relevant criteria for PPC referral
 - Patient discomfort, medical conditions (severe neurological conditions/major malformations), ethical disagreements, relational challenges
- Barriers
 - Emergencies, prognostic uncertainty, limited PPC familiarity, lack of referral guidelines

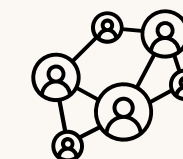


CONCLUSIONS

- PPC team involvement driven by overall complexity
- Underuse (estimated need of 40% according to literature)
- Implications
 - Earlier and proactive integration
 - Clearer identification tools
 - « Palliative culture » and increased awareness



→ Enhance perinatal palliative care and develop a palliative care culture within teams



AUTHORS & AFFILIATION

Rahel Waelchli ¹, Anita C. Truttmann ², Victoria Corvest ³

¹ Faculty of Biology and Medicine, University of Lausanne

² Department of Woman-Mother-Child, Neonatology, Lausanne University Hospital

³ Department of Woman-Mother-Child, Pediatric Palliative Care Team UMAPS,
Lausanne University Hospital