Dr. Seuss once said, “a person is a person no matter how small.” Premature babies, also called preemies, can weight as little as 9.2 ounces (Rochman), the equivalent to the average orange, yet their tiny bodies do not constitute them as any less of a human being than a full-grown adult. A premature baby is a baby born before the 37th week of pregnancy, with the normal pregnancy lasting 40 weeks. There are about 15 million babies born prematurely each year, and roughly 1 million of those babies do not survive (Neergaard). Of course, many of those who survive do so with many cognitive, physical, and behavioral disabilities. But these babies, just as with any other human, should be given a chance at life until it is evident that any further treatment would be intrusive, unethical, and unsuccessful. When deciding to treat an extremely sick infant, financial concerns are sure to arise. Yet even with the problems premature babies face, they deserve any chance at life they can get, just like we grant to babies born to term. Every decision concerning the care for these infants is a difficult one, but with the proper information, these life and death decisions can be significantly less intimidating.

There are both many known and unknown causes of premature birth. Being aware of the known causes can help to minimize the chance of the mother going into preterm labor or allowing her to be prepared in the case that it does occur. With that being said, there are many women who seem to have done everything right but still go into preterm labor, and for that the cause is still unknown. Women who are younger than age 16 or older than age 35 when conception takes place are more likely to give birth to a premature baby. The chances of going into preterm labor increase if the mother uses tobacco, cocaine, amphetamines, or other drugs during pregnancy. Premature birth has also been linked in particular to black women and all women who conceive with assisted reproductive technology (Hedden). Other causes linked to premature birth include poor prenatal care, low nutrition, low socioeconomic status, diabetes, high blood pressure, frequent urinary tract infections, cardiovascular and renal disease in the mother, surgery or blow to the abdomen when pregnant, multiple pregnancies, stress, and prior preterm birth (Hedden). More often than not, having a healthy pregnancy leads to having a healthy baby, so being correctly informed and receiving proper prenatal care is the best way to ensure a full-term gestation.

Survival rates for premature babies have increased over the years with new advances in neonatal technology. Infants that are born at or before 25 weeks of gestation are deemed as being on the edge of viability, meaning they have a low chance of survival outside the womb (C.C.D.F.N.M.). Those born before 22 weeks have a less than 1% chance of survival. Those born before 24 weeks have an 11% chance
of survival, birth before 25 weeks has a 26% chance, and a 44% chance for those born before 26 weeks (C.C.D.F.N.M.). The rising number of surviving premature babies has led to a direct increase in those diagnosed with lifelong disabilities. According to a study from the BC Medical Journal, the disability pensions that those who are born premature received later in live (ages 19-35) increase as the gestation period decreases. Of those who received a disability pension, 1 of 9 were born between 23-27 weeks, 1 of 12 between 28-30 weeks, 1 of 24 between 31-33 weeks, 1 of 42 between 34-36 weeks, and 1 of 59 born at full term (L.T.M.S.C.). Even with these slim survival chances and large disability chances, these babies should be granted a chance, even if that chance is futile.

The first, and often biggest, issues that premature babies experience are due to their underdeveloped organs. The lungs are one of the last organs to develop in a fetus and those of an infant born before 32 weeks lack a substance called surfactant that allows the lungs to expand and contract. Without this substance coating the lungs, they cannot inflate properly and fill with air, causing respiratory distress syndrome which can result in a collapsed lung, apnea, and chronic lung diseases (Fei). It is because of this lung immaturity that most premature babies are hooked up to a nasal cannula and receive oxygen ventilation until their lungs are able to mature enough to breathe on their own. The heart is another vulnerable organ that is impacted by premature birth, the biggest complication being patent ductus arteriosus, which is a persistent opening between major blood vessels of the heart (Hedden). This implication can lead to hypotension (low blood pressure) and heart failure. Along with complications involving the lungs and heart, the earlier a baby is born the more likely they are to develop a brain bleed, or an intraventricular hemorrhage (Gunter). These brain bleeds can lead to permanent brain injury if they aren’t controlled, and if they persist, they become a case of hydrocephalus (fluid in the brain) and are treated with surgery (C.C.D.F.N.M.). Premature babies also can’t regulate their own body temperature, leaving them at risk for developing hypothermia and making it vital that they stay in the incubator (Gunter). Premature infants also have an immature gastrointestinal system, leading to necrotizing enterocolitis, a deadly condition in which the lining of the bowel is injured from feeding outside the womb (Hedden). Jaundice is also very common in premature infants, a yellowing of the skin and eyes due to poor liver function. Finally, premature babies also suffer from an immature immune system, putting them at risk for deadly infections, like sepsis (Hedden). These immediate health issues are often the highest cause of death among premature infants.

Along with the immediate implications these premature infants face, if they survive, many of them must then face the long-term effects. Premature babies are shown to have lower academic achievement, more mental and physical disabilities, behavioral deficits, language delays, seizures, cerebral palsy, blindness, loss of hearing, autism-spectrum disorders, and dental problems (Hedden).
These long-term issues raise may cost vs. benefit decisions for parents of premature babies. For example, babies born early need oxygen because their lungs are too weak to inflate themselves but giving an infant too much oxygen can lead to permanent blindness. Steroids must be given in order to strengthen the infant’s lungs but being on steroids for too long can lead to slow brain development (Gunter). These decisions can be bothersome to parents if their idea of a good quality of life doesn’t include their child living with disabilities.

With any premature baby comes hard decisions that test the boundaries of ethics, morals, and best interests. As Dr. Seuss said, “a person is a person no matter how small,” so once an infant is born, they should be granted the same rights to life as those of any human being. Every baby, no matter how sick, deserves a chance. This doesn’t entail rigorous and never-ending treatment, but instead encourages a fight for life until the outcome of life is no longer on the table and treatment has become intrusive. One must consider if there is a point where it is more inhumane to prolong the life of profoundly sick infants, in which treatment can just be lengthening the dying process, than to replace it with palliative care (the relief of suffering in one’s final days). When death is inevitable, and this fact becomes clear, it is up to the parents to decide the best interests of their baby. There are three cases that medical staff and parents can use to justify this decision. It is either unreasonable not to provide care, unreasonable to provide care, or not unreasonable to provide or withhold care – in which case the parents would decide their course of action through assessing the best interests for their child (Albersheim). Many factors can influence these best interests, including religion, their definition of a good quality of life, life experiences, values, and even financial concerns. These three decisions are all ethically correct as long as the infant has been offered the chance to live but that chance has diminished in a way that cannot be controlled.

Premature babes have long been regarded as “million-dollar babies” that come with a price tag. Many critics of NICU care claim that when factoring the cost of possible lifelong care as well as infant care, the tab exceeds close to $50 billion (Fei). But is the money really the concern? It looks to be that the lives saved in the NICU are not enough to justify the money spent on their existence. However, looking at the large-scale outcomes reveals that the money spend on preemies offers a high rate of return because with NICU care, the majority grow up to be productive members of society. This puts to shame the weight cutoffs that may counties have considered placing on which babies to save. The issue with a weight cutoff is that the babies who are going to die tend to die quickly, so according to studies, the weight cutoff would only result in a 10% decrease in total NICU costs (Fei). Also, if one considers the cost between babies and adults who need intensive care, one can compare the costs of the ICU to the NICU. ICU spends 80% of their financial resources on adults that end up dying, while the same 80% spent in NICU care is spent on babies who ultimately survive (Fei). This causes confusion as to why
NICUs are often deemed as expensive departments in need of hospital funding cuts. Patients who have big surgeries are roughly as expensive as the average NICU patient, yet people don’t generally demand surgery patients to prove themselves worthy of receiving medical care. This is deep rooted in the idea that premature babies are just damaged goods, with death being preferable to a life with disability. There is a large sum of people who seem to believe that a baby who is given risky odds at birth just doesn’t deserve a chance at all, yet studies show that most people with disabilities express high satisfaction with their quality of life. Most people wouldn’t choose to have a disabled child, but few would truly wish the child away.

Is there ever a time when it is too soon to try to save the preemies, or does every baby deserve a chance at life? With the countless surgeries, needles, tubes, wires, and potential disabilities that these preemies experience, at what point does one decide it has become more inhumane to keep them alive than to let them go? These answers are simple; when the chance for life is no longer an option, and it is evident that the baby has been given a fair chance, it is only then ethically and morally correct to replace intensive care with palliative care, with regard to parental decisions. Every year, 90% of newborn cost is attributed to the 7% that are premature (Fei). Nonetheless, no one should put a price on miracles, as many survivors have proven. Medical professionals need to grant preemies the same chance at life that we grant, non-hesitantly, to full term babies, ICU patients, and surgery candidates. If each of these babies is granted a chance, truly amazing things can happen. Premature birth is the leading cause of death in children under five, but how many of these deaths were just a result of someone deciding they don’t have a chance, without first offering one?