



Honoring the Gift of Life through Neonatal Donation

Neonatal donation provides a rare opportunity to parents who receive a devastating medical diagnosis that their baby will not survive or have a meaningful quality of life. In moments of heartbreaking tragedy, Organ Procurement Organizations (OPOs) and their hospital partners are uniquely positioned to provide grieving families with hope and a sense of purpose through the donation of neonatal organs, tissue and eyes for transplant and medical research/therapies.

Terminal diagnoses **prior to birth** that lead an expected death of the newborn following birth.

- ◆ Anencephaly
- ◆ Congenital Malformations
- ◆ Congenital Anomalies/Birth Defects
- ◆ Maternal Complications of Pregnancy

Causes of Neonatal Deaths

Devastating injuries **during or after birth** that require supportive medical therapies including mechanical ventilation.

- ◆ Perinatal Infections
- ◆ Hypoxic Ischemic Encephalopathy
- ◆ Multi-Organ Failure
- ◆ Short Gestation and Low Birth



Neonatal Opportunities for Research

In addition to the use of the neonate gifts listed below, researchers are monitoring organ and cell development in many ways for the advancement of medicine and medical therapies to prevent or, at least, improve the management of common diseases.

Neonatal Opportunities for Donation

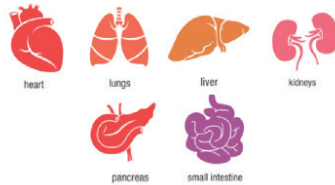
The opportunity for donation in all areas is contingent on the patient meeting specific criteria based on the type of donation, size of the newborn, and potential needs. Donation after Neurological Determination of Death is rare in the neonate population for numerous reasons including the varied guidelines for declaration, the two required examinations 24 hours apart that must also include an observation period, and the fact that the cause of irreversible brain injury must be known to ensure that any conditions that can interfere with interpreting Brain Death are excluded. Donation after Circulatory Determination of Death is only applicable in cases where mechanical ventilator support is provided, and parents elect to withdraw life sustaining treatment.

Donation after Circulatory Determination of Death (DCDD)



kidneys

Donation after Neurological Determination of Death (DNDD)



heart

lungs

liver

kidneys

pancreas

small intestine

Tissue Donation



heart

**For Heart Valves and Cartilage*

References

The content of this issue is based on a webinar presentation by Schawnte' Williams-Taylor, MSML, RN, CCRN, CPTC (Director Family Care, LifeGift, Houston, TX) and Karen E Johnson, MD (Associate Professor of Pediatrics; Director, Perinatal-Pediatric Advanced Care Team (PPACT), Texas Children's Hospital, Houston, TX). A special thanks to Schawnte' and Dr. Johnson for their contributions to this in-service.

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A timely referral to the local OPO is an important part of stewarding the gift of life through Neonatal Donation. Referring Neonatal Intensive Care Units (NICUs) should contact their local OPO if:

- There is an anticipated family meeting to discuss End of Life Care, Palliative Care Goals, or Withdrawal of Life Sustaining Treatments.
- The family mentions donation.
- There is potential for brain death examination and/or declaration.

*To find your local OPO and learn more about Organ & Tissue Donation, [click here](#).

