Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 MAY CCSS Operation Ready Families: Strong Families, Strong Force

2026 MAY CCSS S02: Shifting Boundaries of Viability: Ethics, Innovation, and the Overton Window in the Care of Extremely Preterm Infants

Resource List

Decision Making at Extreme Prematurity: Innovation in Clinician Education (2022) is a comprehensive study that tackles the heavy ethical challenges and provides distress inherent in peri-viable counseling. The article offers critical training guidelines for MHS clinicians operating across diverse military treatment facilities. Implementing standardized, high-level communication training ensures that providers can offer consistent and compassionate guidance, which is essential for military families who frequently relocate and must navigate different healthcare systems. This resource is particularly useful as it provides a framework for reducing moral distress among providers, a common issue when dealing with complex neonatal cases, thereby improving clinician well-being and retention within the MHS.

New World Health Organization Recommendations for Care of Preterm or Low Birth Weight Infants: Health Policy (2023) was issued by the World Health Organization (WHO) as landmark recommendations stressing that families should take the primary role in infant's care. MHS providers, who often treat geographically isolated military families without localized extended relatives, must ethically navigate this family-integrated care model while handling active-duty constraints. This article is vital for MHS pediatric providers as it equips them with evidence-based strategies to empower parents, which can be particularly challenging when service members face deployment or other military-specific obligations. Applying these recommendations can help foster family resilience and improve neonatal outcomes, even when the traditional family support structure is absent.

Shared Decision Making in the NICU (2021) is a paper highlighting "communicative ethics" in the NICU, operating on the principle that the process of communication itself is as integral as the medical treatment decision made. It demands that clinicians view parents as morally equivalent stakeholders. This guides military providers to preserve parental autonomy in highly stressful environments where chain-of-command mentalities could otherwise seep into care conversations. By focusing on a communicative process that respects parental values, clinicians can better support families in making profoundly difficult decisions that align with their own beliefs and circumstances, strengthening the provider-family partnership.

Improving Infant Health Equity: What Have we Learned, What do we Need to do? (2024) points to MHS providers who hold an ethical duty to ensure that transitioning military families receive continuous, high-quality, and unbiased NICU follow-up regardless of where their next duty station is located. This resource is especially relevant for the MHS, because the insights provided can help pediatric leaders develop system-wide policies and quality improvement projects aimed at ensuring every infant, regardless of their family's background or location, has access to the same high standard of care, ultimately contributing to a stronger and healthier force.

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References

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