NEONATAL RESUSCITATION

Resuscitation of the newborn at delivery is a core competency for a perinatal centre and is a skill that is required of all staff involved in deliveries. Neonatal resuscitation is a team effort that requires a coordinated approach by many people. NCCU follow the American Academy of Pediatrics (AAP) and American Heart Association (AHA) algorithm for resuscitation and teach this through the Neonatal Resuscitation Program* (NRP). It is a requirement that all neonatal staff attending deliveries are credentialed with this course and a recommendation that all midwifery and obstetric staff attend.

All junior staff should attend an NRP within 1 month of commencing employment. Senior staff should be re-credentialed every 3 years.

Neonatal trained nursing staff are re-credentialed every 3 years and neonatal intensive care course students attend NRP before attending Code Blue Paediatric.

This document will not reiterate the contents of NRP but provide additional information that is specific to our Neonatal Intensive Care Unit.

*NRP Texts are available in the library, the nurseries and delivery suite and can be purchased through NCCU

SPECIAL CIRCUMSTANCES

Infants with antenatally diagnosed problems or extreme prematurity (<23 weeks) will have a Neonatal Management Plan (MR409.90) in the Neonatal Shadow File (kept at the front of the obstetric record behind the Obstetric Special Instructions Chart MR004). This will have been formulated in conjunction with the parents and will indicate variations to the standard resuscitation protocol and plans for immediate care.

Where unexpected anomalies are present it is preferable to offer full resuscitation, admission and assessment. The merits of ongoing care can be discussed with the parents once they have recovered from delivery and a full assessment of the infant’s condition has been made. The decision to cease resuscitation should only be made by a neonatal consultant or senior registrar. Junior Medical Staff are expected to continue with full resuscitative measures until such a decision is made.