Neonatal Resuscitation Policy

1. Background

Most babies born at term will initiate spontaneous respirations within 10 to 30 seconds of birth. Approximately 10 percent will respond during drying and stimulation, approximately three percent will require positive pressure ventilation to assist respirations, two percent will need to be intubated to support respiratory function and 0.1 percent will require chest compressions and/or adrenaline to establish transition to extrauterine life.

The need for neonatal resuscitation cannot always be predicted based on the antenatal and intrapartum course however there are some well recognised risk factors listed in the WACHS Recognition and Management of the Newborn at Clinical Risk Policy.

Approximately 3% of babies born in WA Country Health Service (WACHS) maternity units are transferred for care in a higher level neonatal care unit.

2. Policy Statement

To provide guidance for WACHS regional health service units with respect to the provision of clinical rosters to support resuscitation and care of newborns in maternity units.

Maternity units will have in place clinical staff rostering arrangements to ensure that:

- All women giving birth in WACHS are to be attended by two clinicians (one of whom must be a midwife) who have demonstrated current competency with respect to skills required for the immediate basic resuscitation of a newborn. This is to ensure at least one clinician is available to the mother in the event of a complication and one for the newborn should resuscitation be required.
- All obstetric doctors attending births in maternity units will have completed training in basic newborn resuscitation.
- All maternity units are to be supported 24/7 by access to either on-site or on-call clinicians with skills in advanced neonatal resuscitation skills and stabilisation of an unwell neonate for transfer to a higher level of neonatal care. Refer to the Paediatric Observation and Response Escalation procedure as described in the Clinical Escalation Including Code Blue/MER Policy.
- All maternity units are to have risk mitigation strategies in place for anticipated temporary lack of availability (either on site or on call) of clinicians with advanced neonatal resuscitation skills.

2.1 Requirements for routine attendance for care of newborn babies

- Clinicians who routinely attend births including: midwives, obstetric credentialed doctors, registered nurses or enrolled nurses whose clinical role includes attendance at births as the second clinician for neonatal care at sites with only one midwife rostered on must demonstrate:
  1. knowledge of physiology of the newborn including transition to ex utero existence
  2. competence in current newborn resuscitation guidelines including positive pressure ventilation via bag / mask / Neopuff and external cardiac compressions

3. knowledge and ability to recognise an unwell newborn baby competence in checking and use of the neonatal resuscitaires within the local maternity unit
4. knowledge in the initial care and assessment of a newborn baby
5. ability to work effectively in a clinical team to support initial resuscitation of an unwell newborn.

- Clinicians with responsibility for maintaining basic neonatal resuscitation skills are expected to demonstrate participation in at least one hands-on neonatal resuscitation upskilling activity per annum.
- Maternity units are to provide regular access to upskilling opportunities for all clinicians with responsibility for basic neonatal resuscitation.
- Regional Medical Directors (RMDs) and Regional Nurse Directors (RNDs) are to establish processes to monitor compliance with annual basic neonatal resuscitation upskilling requirement for all clinicians (employed or contracted) to support basic neonatal resuscitation.
- Where clinicians have responsibility for basic newborn resuscitation and skill deficits are identified, maternity units / medical directors are to identify a process to provide support for skill development and re-assessment.

2.2 Requirements for Advanced Resuscitation and Care of Unwell Neonates

- All maternity units are to have 24/7 access to on site or on-call clinicians capable of providing advanced neonatal resuscitation and stabilisation of unwell neonate for transfer to a higher level of neonatal care. These clinicians may include: paediatricians and general practitioners or district medical officers and neonatal qualified midwifes or registered nurses (RNs) supporting maternity and/or paediatric rosters and/or emergency department rosters. Refer to the Paediatric Observation and Response Escalation procedure as described in the Clinical Escalation Including Code Blue/MER Policy.
- The advanced neonatal resuscitation clinicians are to complete - in addition to requirements for basic newborn resuscitation, the following training in:
  1. intubation and ventilation (to CPAP) of a newborn when indicated
  2. insertion of an umbilical vein catheter when indicated
  3. administration of intravenous resuscitation medication and fluids
  4. identification and management of neonatal pneumothorax
  5. stabilisation of an unwell newborn
  6. appropriate communication and escalation for newborns who stabilisation and transfer to another healthcare site.
- Advanced neonatal skilled clinicians are to participate in at least one structured neonatal emergency care course each credentialing period.
- Advanced neonatal skilled clinicians are to be provided opportunity to attend annual neonatal resuscitation upskilling activities if their usual workload does not provide opportunity to attend births on a regular basis.
- Maternity units are to provide within the region, each year access to at least one relevant upskilling activity for medical practitioners responsible for maintaining advanced neonatal resuscitation skills and care of unwell newborns. Endorsed programs include:
  - WA Newborn Education Program (WANEP), Neonatal Resuscitation Programme (NRP) or S.T.A.B.L.E program for stabilisation of the newborn.

- Maternity units are to have processes in place to monitor compliance by relevant clinicians with respect to mandated clinician participation in advanced neonatal resuscitation and care upskilling activities.
- Where advanced neonatal skilled clinicians have identified skill deficits, maternity sites are to have a process to provide support for skill development and re-assessment.
- Locums need to demonstrate evidence that they have completed a Neonatal Resuscitation course within the previous three years. RMDs and RNDs need to risk assess and create a plan.

3. Definitions

Newborn / neonate	"Newborn" refers to the infant in the first minutes to hours following birth. In contrast, the neonatal period is defined as the first 28 days of life.
Neonatal Resuscitation	Resuscitation is defined as the preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation, and related emergency care. (ANZCOR Guideline 1.1). For most newborns, resuscitation manoeuvres are administered as part of a graded strategy to support their own physiological efforts to adapt after birth.

4. Roles and Responsibilities

The maternity manager / medical director is to support maternity units with rosters that provide all newborn babies with access to clinicians skilled in neonatal resuscitation and care as outlined in this policy.

The maternity manager / medical director is to ensure provision of access to education activities as outlined in this policy.

Clinicians with responsibility for neonatal resuscitation and care are responsible for meeting continuing education requirements as per this policy.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

The RMDs and RNDs will monitor compliance rates with respect to clinician completion of neonatal resuscitation and care education and upskilling requirements.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Evaluation of this policy is to be carried out by the WACHS Clinical Lead Obstetrics and Coordinator of Midwifery every five years or as required.

All neonatal resuscitation and newborn transfers to higher care are to be reported through the Clinical Incident Management System and include review of access to appropriately skilled clinicians.

7. Standards

National Safety and Quality Health Care Standards (NSQHS): 1.22, 1.3.2, 1.4.4, 1.5.2, 1.8.3, 1.11.2, 9.1.2, 9.4.1, 9.6.1, 9.6.2.

Australian Safety and Quality Framework for Healthcare: 1.1, 2.1, 3.2, 3.3

8. References

ANZCOR Guideline 13.1 – Introduction to Resuscitation of the Newborn Infant August 2016.

Resuscitation Algorithm for the Newborn. Women and Newborn Health Service Neonatal Clinical Practice Guideline. October 2016.

Responsibility for Neonatal Resuscitation at Birth. RANZCOG Statement. July 2015.

9. Related Forms

Datix Clinical Incident Management System (Datix CIMS) form
MR75B WACHS Newborn Medical Emergency Response (MER) Record

10. Related Policy Documents

WACHS Medical Credentialing and Compliance Requirements Guideline
WACHS Credentialing Requirements for Non-Specialist Obstetricians Guideline
WACHS Professional Development Requirements for Midwives Policy
WACHS Resuscitation Education and Competency Assessment Policy
WACHS Recognition and Management of the Newborn at Clinical Risk Policy
King Edward Memorial Hospital (KEMH) guidelines

11. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

This document can be made available in alternative formats on request for a person with a disability

Contact:	WACHS Clinical Lead Obstetrics (Dr D.Mohen) / Coordinator of Midwifery (K.Reynolds)		
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