Neonatal Resuscitation in the Delivery Room, Grey Nuns Hospital

Policy Group: Resuscitation

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Next Review: July 2018

Approved by:

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Purpose

1. To promote the safety of the fetus or newborn.
2. To aid in assessment and decision-making about the risk for resuscitation at birth and determine corresponding health care responders required to attend the expected delivery.

Applicability

All staff and physicians involved in neonatal resuscitations at the Grey Nuns Hospital, Covenant Health.

Policy Statement

While the majority of infants are delivered uneventfully, approximately 5 to 10 per cent of newborns require some degree of assistance at birth. With adequate anticipation, it is possible to optimize the delivery setting with appropriately prepared equipment and trained personnel who are capable of functioning as a team during neonatal resuscitation. The delivery practitioner in collaboration with obstetrical nursing staff will assess the risk to the baby for each delivery, and determine appropriate personnel required for resuscitation based on this assessment. A neonatologist/designate may be consulted to aid in this decision-making where necessary. Optimally, the Neonatal Resuscitation Team is given advance notice to attend at-risk deliveries in order to prepare equipment and gather necessary personnel.

Principles

Delivery at the Grey Nuns Community Hospital may occur under the following conditions:
1. Routinely infants greater than or equal to 30 weeks gestation.
2. The neonatologist/designate should be consulted prior to delivery for infants delivering between 30 to 34 weeks gestation.
3. Infants less than 30 weeks gestation are only to be delivered at the Grey Nuns Hospital on an emergent basis, and in consultation with the most responsible Neonatologist.
4. Urgent consultation with the most responsible Neonatologist should be obtained prior to the delivery of infants at the edge of viability (23 weeks gestation and/or less than 500 grams).
5. Consultation with the most responsible Neonatologist should be obtained prior to the delivery of infants with moderate and high risk factors.

NICU Resuscitation Team Attendance at Delivery – Assignment of Risk:
1. Refer to Attendance at Delivery: Assignment of Risk (Edmonton zone)
2. All nursing and respiratory therapy staff whose role encompasses the care of newborns in either Labour and Delivery or the NICU must have current NRP certification (lessons 1-9).

Code Pink:
1. Where the Neonatal Resuscitation Team has not been required at a delivery, but
where the infant unexpectedly requires resuscitation beyond simple measures such as suctioning and oxygen delivery a Code Pink is to be initiated.

2. Code Pink in delivery rooms 1-13 and the Operating Rooms is initiated by both pressing the wall button.

3. In the event that immediate assistance is required for neonatal resuscitation in the Obstetrical Assessment Centre, NICU Resuscitation Team assistance is initiated through the resuscitation team and neonatologist pagers.

Documentation:
1. All resuscitation efforts and health providers present for resuscitation of the infant at delivery are to be documented on the Alberta delivery Record.

2. A pre-printed code record should be used in either the delivery room or nursery area whenever resuscitation is required beyond respiratory support such as administration of positive pressure ventilation, oxygen, or uncomplicated endotracheal intubation. Therefore, institution of more advanced resuscitation including difficult airway management, cardiac compressions, resuscitation medications, or defibrillation / cardioversion necessitates real-time documentation of the infant’s status, interventions and the response to these interventions on a pre-printed code record.

3. Refer to Documentation of Neonatal Resuscitations Occurring at Birth and in the Newborn Period and Neonatal Resuscitation Record: Delivery/ Neonatal Intensive Care.

Decision to not resuscitate:
1. Resuscitation is to be instituted in all instances unless a discussion has occurred between the parents, the delivery practitioner, and the most responsible Neonatologist, and the decision has been appropriately documented on the mother’s patient care record.

2. Where in the above discussion consensus is reached that specific potentially life saving measures (eg. intubation, cardiac compressions, medication administration) will not be undertaken, this decision will be appropriately documented on the mother’s patient care record.

Related Documents
- Attendance at Delivery: Assignment of Risk (Edmonton zone).
- Consensus document, NICU Regional Resuscitation Committee.
- Documentation of Neonatal Resuscitations Occurring at Birth and in the Newborn Period.
- Consensus document, the Alberta Neonatal Provincial Initiative Clinical Working Group and the Edmonton zone Regional NICU Resuscitation Committee.
- Neonatal Resuscitation Record: Delivery/ Neonatal Intensive Care Resuscitation Record.
- Consensus document, the Alberta Neonatal Provincial Initiative Clinical Working Group and the Edmonton zone Regional NICU Resuscitation Committee.

RELATED POLICIES AND PROCEDURES
Documentation of Neonatal Resuscitations Occurring at Birth and in the Newborn Period
References


Revisions

April 2004
March 2005
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Signing

Original signed

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