

Please check all areas that apply:

- Meriter Hospital
- Meriter Outpatient Clinics (PM&R, etc...)
- Meriter Medical Group Clinics
- Department/Unit specific: Birthing Center

TITLE: NEWBORN RESUSCITATION RESPONSE AND COMMUNICATION

EFFECTIVE DATE: February, 2015

APPROVED: \_\_\_\_\_

  
Carla Griffin, Director  
Perinatal Services

**I. POLICY STATEMENT**

The following process will be followed to call the newborn resuscitation team to attend to the delivery of a newborn requiring resuscitation.

**GENERAL INFORMATION**

- A. For the purposes of this policy, the terminology "Neonatal Provider" includes the following providers who may attend a delivery and has skills in neonatal intubation
  - 1. Attending Neonatologist
  - 2. Fellow
  - 3. Advanced Practice Provider (APP)
  
- B. Communication and promotion of shared mental model regarding plan of care
  - 1. A six-tiered paging system will be utilized for communication between the obstetric and pediatric staff and provide a response by pediatric/neonatology staff with a skill set that is most appropriate for the needs of the delivery/anticipated resuscitation. (See Addendum A)
  - 2. In addition, teams should seek to communicate needs of mother and infant at huddles, labor and delivery board rounds, and via phone and in-person conversations.
  
- C. The six-tiered paging system is outlined below (see table in addendum A)
  - 1. Category 1— "C-1"
    - a. Category I tracings do not require notification of pediatric staff. A registered nurse with NRP skills dedicated to the needs of the infant will attend the delivery.
    - b. Anticipate uncomplicated delivery
  - 2. Category 2— "C-2"
    - a. Fetal or maternal risk factors noted, and additional pediatric support requested
    - b. See Newborn Resuscitation Response Table for list of conditions (Addendum A)
  - 3. Category 3 – "C-3"
    - a. Fetal and maternal risk factors likely requiring neonatal resuscitation (Addendum A)
    - b. Any time a neonatal provider requires the attendance of Neonatologists for a delivery, page C3 with Neo (see #4 below).
    - c. If delivery occurs in the Emergency Department a C3 will be paged by the Triage HUC
  - 4. Category 3 requiring neonatologist - "C3 w/Neo"
    - a. Neonatal provider should be notified in advance of a Category 3/with Neo delivery.
    - b. Indications for C3 w/Neo include infants <29 weeks or with a fetal care plan indicating the need for the presence of a neonatologist
  - 5. Category 4—"C-4"
    - a. Any delivery/newborn event that requires immediate response to the operating room due to an emergency c-section.
  - 6. "Newborn 911"
    - a. See Addendum A for indications

REVIEWED									
REVISED	6/2012	7/2012	5/2014	2/2015	2/2020				

- b. When a Newborn 911 is called, the infant is transported to the nearest location with neonatal resuscitation equipment

**II. IMPLEMENTATION**

- A. The newborn resuscitation call process will be initiated in the following circumstances:
  - 1. The delivering physician/provider requests the resuscitation team utilizing one of the six categories.
  - 2. The labor and delivery nurse requests the resuscitation team based on assessment
  - 3. Any staff member can request a newborn 911 be called
- B. At the direction of nursing staff or provider, the HUC will page requested resuscitation team
  - 1. Text pager message will be initiated utilizing the following standard format
    - a. Category listed first
    - b. Room number
    - c. Gestational age and fetal condition
    - d. Example of text pages are noted below:
      - (1) C3, 579, 30 weeks
      - (2) C4, 5N OR, cord prolapse
      - (3) C2, 479, 41 weeks, meconium
- C. When notification is received for a newborn 911 on postpartum, the postpartum nurse will call the HUC or Charge RN to make the call
  - 1. The HUC will page the Resuscitation Team for "Newborn 911" (see attached table for details related to activation)
  - 2. Text pager message will be initiated utilizing the following standard format
    - a. "NB 911" followed by room number
    - b. Room numbers will be noted in the following way:
      - (1) 4N- 4N OR or LDR room number
      - (2) 5NN—5North newborn nursery
      - (3) 6NN—6North newborn nursery
      - (4) 7NICU—NICU

**III. Communication**

- A. Delivery pagers will be carried by the following providers: Neonatal provider, L&D, Post-Partum, and NICU Charge RNs, Pediatric Resident, UW Newborn Hospitalist, NICU HUC, anesthesiologist, OB Tech, pediatric/anesthesia medical student, OB OR coordinator
- B. The Neonatologist will call the NICU HUC when en route to the hospital
  - (1) If there is no response within 5 minutes, the NICU HUC will call the Neonatologist.
- C. Any time an OB Attending would like a Neonatologist present for a C2 or C3 scenario, the neonatologist should be contacted by the OB Attending.
- D. Newborn Resuscitation Table (Addendum A) will be available as a reference at the HUC desk and LDR rooms

**III. REFERENCE/RESOURCES**

**American Academy of Pediatrics and The American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, 8<sup>th</sup> Edition, Chapter 10**

**American Academy of Pediatrics and American Heart Association, Textbook of Neonatal Resuscitation Program (NRP), 7<sup>th</sup> Edition**

- 1.

**IV. REVIEWED/APPROVED BY**

Perinatal Services  
Perinatal Practice Committee  
Neonatal Resuscitation Team

**V. LINKS TO OTHER MERITER POLICIES/STANDARDS/PROTOCOLS/GUIDELINES**

Addendum: Newborn Resuscitation Response

Newborn Resuscitation Response (revised 7/13/2018)

CATEGORY CODES	C-1	C-2	C-3	C-3 w/Neo	C-4	Newborn 911 To be used for neonatal resuscitative need on any unit
Maternal or fetal conditions	C-1 No page required	C-2	C-3	C-3 w/Neo	C-4	Newborn 911 To be used for neonatal resuscitative need on any unit
Maternal or fetal conditions	Uncomplicated vaginal delivery	Assisted vaginal delivery C-section Magnesium Sulfate Intrauterine Amniotic Infection (IAI) (chorio) EFW 4500 gm or greater Meconium Singleton $\geq 35$ – 36 6/7 wks IUGR Abruptio Oligo/polyhydramnios Minor fetal anomaly (ie., cleft lip; club foot) Normal newborn needing urgent assessment in the recovery period	Multiples Singleton <35 weeks Concerning category II fetal tracing Category III fetal tracing Care plan in chart for fetal concerns requiring a neonatal provider ED Delivery	< 29 weeks gestation Major congenital fetal anomaly identified in the Center for Perinatal Care care plan requiring a Neonatologist	EMERGENT C-section	Any newborn event that requires IMMEDIATE intervention i.e. • Deterioration after delivery • Newborn code • Zero APGAR
RESPONSE						
Who responds to the call / delivery	All times LDR charge RN	All times • LDR Charge RN Daily 0800-1700 • Newborn hospitalist • Peds resident All other times • NICU Charge RN • Peds resident • Neonatal Provider	All times • LDR charge RN • NICU charge RN • Neonatal provider* • RT – Nov, 2017 Daily 0800-1700 • Newborn hospitalist • Peds resident All other times • Peds resident	All times • LDR charge RN • Neonatologist • NICU charge RN • Neonatal provider* • RT – Nov, 2017 Daily 0800-1700 • Newborn hospitalist • Peds resident	All times • Neonatologist • Neonatal provider* • Peds resident • NICU charge RN • OB tech • Anesthesiologist • LDR charge RN • RP-OB RN • PP Charge RN • OB St. Resident • RT – Nov, 2017 Daily 0800-1700 • Newborn hospitalist M-F 0700-1530 • OB O.R. Coordinator	Newborn Hospitalist • Peds resident • Neonatal provider • Neonatologist • RT • PP charge RN • LDR charge RN • NICU charge RN • NICU HUC (receives page only as informational)
Notes				* OB provider should notify Neonatologist in advance for any C3 delivery with NEO.	A Neonatologist responds in addition to Neonatal provider*.	Type in NB 911 & location

- \*Neonatal provider = Neonatal NP, NICU Hospitalist, or Neonatal Fellow.
- Family Medicine Physician may attend delivery with resuscitation team for FM patients.

**To Activate Delivery/Resuscitation Pager**

1. Open MyMeriter click on *Clinical Staff* tab at top center of page
2. Click on *Call Schedule*
3. Click on *Login* in upper right area of blue line for "Directory"
4. Type in User Name: meriter
5. Type in Password: staff
6. Click on the *Login* box or press Enter
7. Type the word *delivery* into the Search box
8. Click on *Search* or press Enter
9. Click on the delivery resuscitation; then click on the group you want to page (C-1; C-2; C-3; C-4 or Newborn\_911 see instructions →)
10. Click on the *pager icon* on the right side of the screen by the word

**Pager**  Alpha

11. **TYPE** your message into the text box and click **SEND**
  - Category Code C2; C3, etc.
  - Pt. Room # 472, etc.
  - Gestational Age 32 wks. (round down; not 32-6/7)
  - Condition (*briefly*) i.e., mec; FHR, etc.

**To Activate Newborn 911 Pager**

1. Open MyMeriter click on *Clinical Staff* tab at top center of page
2. Click on *Call Schedule*
3. Click on *Login* in upper right area of blue line for "Directory"
4. Type in User Name: meriter
5. Type in Password: staff
6. Click on the *Login* box or press Enter
7. Type the word *newborn* or type *delivery* into the Search box
8. Click on *Search* or press Enter
9. Click on Newborn 911
10. Click on the *pager icon* on the right side of the screen by the word

**Pager**  Alpha

11. **TYPE** your message "NB (or Newborn) 911" and Location "room #" into the text box and click **SEND**
  - a. Examples: NB 911 5N 570; Newborn 911 6W 1CN