

Newborn Delivery Attendance Guidance



How do we ensure the best outcomes for newborns at delivery?

1. Identify risk factors that may impact the newborn's delivery and transition
2. Understand which care team members need to be present at delivery
3. Notify the appropriate care team members so the team can be prepared for resuscitation
4. Define the roles that each team member has to ensure an effective resuscitation



Who cares for the newborn at delivery?



- In a **low risk delivery**, NRP recommends that every birth should be attended by at least **one** NRP certified individual whose only responsibility is to care for the newborn
- If **risk factors are present, two or more** qualified individuals should be present
- The number and qualifications of these individuals should be determined by the risk factors
- The Newborn Delivery Attendance policy delineates who should attend based on risk factors



Risk Factor Overview for Attendance at Delivery

***Specific team members that attend deliveries will depend on your facility's policy**

No Risk Factors 1 NRP Certified Staff	Minimal Risk Factors 2 NRP Certified Staff	Moderate Risk Factors 3 NRP Certified Staff (most likely includes an NNP)	High Risk Factors 4 NRP Certified Staff (most likely includes an MD)
<ul style="list-style-type: none"> Every delivery should be attended by at least one NRP certified individual whose only responsibility is to care for the newborn. 	<ul style="list-style-type: none"> Gestational age 35-36 weeks Gestational age \geq 41 weeks Multiple gestation at 35-37 weeks– 1 team per baby SGA/IUGR <10%tile with EFW 2000 g or more Polyhydramnios/Oligohydramnios w/o anomalies Large for Gestational Age (LGA) Meconium Stained fluid w/o complications Vacuum or Forcep Assisted Delivery Precipitous Labor/Delivery Maternal fever/suspected chorioamnionitis Limited or no prenatal care Maternal use of opiates/benzodiazepines Maternal history of methadone/buprenorphine Poorly controlled maternal diabetes 	<ul style="list-style-type: none"> Gestational age 28-34.6 weeks Fetal anemia EFW <2000 g or more Any fetal distress/non-reassuring fetal status Emergency C-Section Breech or abnormal presentation vaginally delivered Shoulder Dystocia Pre-eclampsia on mag sulfate; HELLP, or eclampsia Placental issues: previa or abruption Polyhydramnios/oligohydramnios w/ congenital anomalies Prolapsed cord Maternal general anesthesia Meconium stained amniotic fluid with complications Narcotics within 4 hours of delivery Vacuum/Forceps assist & Fetal Heart Rate abnormality 	<ul style="list-style-type: none"> Gestational age < 28 weeks Congenital diaphragmatic hernia Congenital heart disease Higher order of multiples Hydrops fetalis Major anatomical anomalies Suspected uterine rupture Severe life-threatening rupture Placenta accreta

Key Points in the Newborn Delivery Attendance Policy

1. Establishes clear criteria for categorizing newborns by varying risks
2. Identifies care team members attending delivery based on risk level
3. Defines specific roles and responsibilities of each care team member
4. Outlines the communication and notification plan for each team member



It is vital that every team member is familiar with each aspect of this policy!

Newborn Delivery Attendance Policy

**Review Policy in Policy Stat or with the Facility Charge Nurse
Impacted Areas - NICU, Labor and Delivery, Post Partum
(Mother Baby), OB Surgical Technicians, Respiratory
Therapists**



Summary:



- Clear guidelines and policies for attendance at deliveries assist in having expert neonatal resuscitation teams available and prepared
- NRP Certified team members should be called for delivery based on the present risk factors
- Notifying team members in a timely manner allows the team to prepare appropriately for the delivery
- Every staff member needs to be familiar with understanding who needs to be at delivery and how they need to be contacted

Questions?

Check with
your
OB Educator

