

DELIVERY ROOM MANAGEMENT

Identifying improvements for delivery room resuscitation management: results from a multicenter safety audit.

Background

Improving the delivery room management of the newly born infant remains a challenge for every neonatologist. Newborns in need of transition support or resuscitation benefit from an effective teamwork. Additionally briefing and debriefing is a key point for an effective and safe resuscitation according to the latest resuscitation guidelines. Vermont Oxford Network, a non-profit voluntary collaboration for improving neonatal resuscitation, collected data from 84 NICU teams on:

Percentage of NICU teams that had policies or guidelines about which deliveries require NICU team presence and the personnel who should attend them, their required training, briefing and debriefing before and after a delivery and communication with the family members.

Summary of results

Data from 609 deliveries were collected. 83% of the NICU teams had policies on the resuscitation personnel who should attend such deliveries, 79% on the required training in order to participate in these deliveries. Regarding briefing before and debriefing after the delivery the percentage was 8 and 6 respectively. Policies on communication with the families following delivery existed in 10% of the NICU teams. 14% use a checklist and 2% videotape the delivery room management for later review.

88% percent of the deliveries met the unit policy for team composition. A briefing occurred in 66% and a debriefing in 19%. Communication with a family member (within 30 minutes after the delivery) occurred in 92%. Only 14% of the deliveries met all the preexisted policies.

Strength

A very interesting study on quality assurance of the delivery room management among a large number of NICUs.

Limitations

The majority (94%) of the participated NICU teams are located in the US and only 3 in Europe where the delivery room policies might slightly differ. 33% of the reporting deliveries concerned term newborns. Due to the fact that the majority of term deliveries are regarded as low-risk, it could be speculated that it could be the reason that the attending personnel were not according to every NICUs policy.

Practical conclusion

These results are very useful not only for the involved NICUs but also for other departments in order to improve their delivery room performance. It is interesting that a very small number of NICUs debrief after a resuscitation and an even smaller number videotapes the delivery room management for a later review.

Edwards, E., et al. Identifying improvements for delivery room resuscitation management: results from a multicenter safety audit. *Maternal Health, Neonatology, and Perinatology* (2015) 1:2. DOI 10.1186/s40748-014-0006-x

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