Progeny Newsletter

Iowa's Statewide Perinatal Care Program

May 2021

News

U.S. Breastfeeding Committee

May 13, 2021: The **Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act** has been introduced in the House with bipartisan support.

This bill would expand the **Break Time for Nursing Mothers** law in two ways:
~ Ensure that an additional 9 million employees have the right to break time and a private space to pump breast milk.
~ Ensure that breastfeeding employees have access to remedies that are available for other violations of the FLSA if an employer does not provide break time and a private space.

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Crib Cards Available to Iowa Providers Thanks to FAREWAY® Stores Inc.

April 1, 2021: Fareway covered the cost of printing and shipping **10,000 Crib Cards** so the **Iowa SIDS Foundation** can continue to distribute the cards to Iowa hospitals and birthing units. The back of the card features 6 basic safe sleep tips to promote safe sleep. The Foundation has distributed over 5,400 crib cards already this year!

Crib Cards & other safe sleep resources can be requested from the Iowa SIDS Foundation using this ORDER FORM

Sudden Unexpected Postnatal Collapse

Sudden Unexpected Postnatal Collapse (SUPC) occurs in term and near-term (≥ 37 weeks) newborns who are healthy at birth, have 5-min Apgar scores of 8 or more, and then experience cardiorespiratory collapse: babe suddenly & unexpectedly becomes limp, pale, or cyanotic, bradycardic, unresponsive, apneic and may require cardiopulmonary resuscitation. One-third of SUPC events occur in the first 2 hours after birth; one-third occur in the first 24 hours of age; and one-third occur in the first 7 days of life (Herlenius & Kuhn 2013). The most common cause of SUPC is positional occlusion of the newborn's airway. In 2017, the World Health Organization reported the incidence of SUPC to be 1.6-5 cases per 100,000 live birth; the incidence in the U.S. is unknown. SUPC is a rare event, however the mortality rate is high, about 50% in reported cases. Approximately half of the survivors experience long term disability. The risk factors for SUPC include the following: prone positioning, skin to skin on mom's chest; primiparous mothers; unsupervised breastfeeding; newborns requiring any positive-pressure ventilation; newborns with low Apgar scores; late preterm and early term infants (37-39 weeks' gestation); difficult delivery; mother receiving codeine 60 or other medications that may affect the newborn (e.g., general anesthesia or magnesium sulfate); excessively sleepy or sedated mother and/or newborn; low ambient room temperature; low lighting; and no support persons.

On June 26, 2020, AWHONN published Practice Brief 8, *Sudden Unexpected Postnatal Collapse in Healthy Term Newborns* which includes the following recommendations: 1) In the first two hours after birth, all newborns in skin-to-skin contact and/or breastfeeding should be continuously monitored by qualified professional personnel, including nurses, nurse practitioners, physicians, and/or lactation consultants; 2) All healthy newborns with risk factors for SUPC should be frequently assessed during all skin-to-skin contact and breastfeeding sessions; and 3) All caregivers should be taught safe positioning of the newborn to assure airway protection. Guidelines for safe positioning during skin-to-skin care are summarized below. When the mother is ready for sleep, the newborn should be placed in a bassinet or with another support person who is awake and alert.

Guidelines for safe positioning of newborn while skin-to-skin:

1. Infant's head is in the "sniffing" position
2. Infant's nose and mouth are not covered
3. Infant's head is turned to one side
4. Infant's neck is straight, not bent
5. Infant's shoulders and chest face the mother
6. Infant's legs are flexed
7. Infant's back is covered with blankets

References

-Association of Women's Health, Obstetric and Neonatal Nurses. (2016). Sudden unexpected postnatal collapse in healthy term newborns: AWHONN practice brief number 8. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 49(4), 388-390.
-Herlenius, E., & Kuhn, P. (2013). Sudden unexpected postnatal collapse of newborn infants: A review of cases, definitions, risks, and preventive measures. Translational Stroke Research, 4(2), 236–247.
-World Health Organization. (2017). *Protecting, supporting, and promoting breastfeeding in facilities providing maternity and newborn services.*

For more information, contact Penny Smith, BSN,RNC-NIC, penny-smith@uiowa.edu.
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Upcoming Education

National Association of Neonatal Nurses
Iowa Chapter

8th Annual Neonatal Care Virtual Conference: Matters of the Heart

Wednesday, July 21, 2021

Registration deadline: July 1, 2021
Fees: NANN members: **$40**
Non-NANN members: **$50**
After July 1, 2021:
NANN members: **$50**
Non-NANN members**: $60**
Registration fee covers the cost of the program materials and awarding of CEUs.
All day attendance is required for credit.

Register online at:
https://iann.nursingnetwork.com/

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ALSO Provider Course: Advanced Life Support in Obstetrics

Friday, August 27, 2021
Des Moines, Iowa
Register HERE
More information is available at: https://www.aafp.org/cme/programs/also.html

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The Critical Care Obstetrics PODCAST

Covers topics like team skills, simulation, the importance of vital signs, oxygen delivery, hemorrhage, cardiac disease and more. Many of the podcasts are as short as 10 minutes. A few are as long as 45 minutes. Catch one on your commute!

Clinical Concepts in Obstetrics

Updates from Iowa Maternal Quality Care Collaborative (IMQCC)

The first learning session for the Iowa Alliance for Innovation on Maternal Health (AIM) Cesarean Collaborative, Safe Reduction of Primary Cesarean Births held on May 24th & May 25th was a success! The afternoons were filled with learning. The teams were introduced to the change package, the Institute for Healthcare Improvement's- Model for Improvement, and the Iowa Department of Public Health's Maternal Data Center. We heard from excellent speakers presenting information about tools for communication, labor management, fetal concerns, and how unit culture affects decision-making. The session ended with learning how to do a PDSA (Plan, Do, Study, Act) cycle. The slides from the Learning Session and additional resources are available on the IMQCC website in the AIM Program tab for participating hospitals.

The Improvement Advisors will be contacting their designated participating hospitals soon. Please let us know if you have questions.

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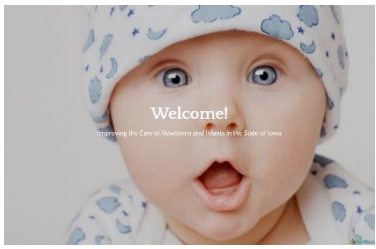
Tips for planning your first PDSA: start small and go for the easy win! Whether you are improving a process or carrying out a change, break it into small pieces and plan a PDSA for each piece. Be prepared for a series of PDSAs. Begin with one nurse, one provider, one patient to "Do" the test. "Study" your results…What did you learn? What parts need to be revamped or "adapted"? Make changes and run it again. Were many changes made? Should it be run with one nurse, one provider, and one patient again? Can it be run again with 3 or 5 nurse-provider-patient teams? Remember, more than one PDSA can be run at a time. Good luck, Teams! YOU GOT THIS! Don't forget to celebrate your successes!

Updates from Iowa Neonatal Quality Collaborative (INQC)



At the last INQC meeting on March 31, 2021 we reported that twenty Iowa birthing hospitals are now engaged in the collaborative. Most recently, MercyOne North Iowa (Mason City), UnityPoint Health-Trinity (Bettendorf), and Methodist Jennie Edmundson Hospital (Council Bluffs) joined INQC. Hospital teams are beginning the process of retrospective and prospective data collection for the **NAS QI project** using a REDCap survey. Data collection will be performed as follows: If a newborn qualifies for umbilical cord or meconium drug testing (using a standardized tool) and/or the baby has been exposed to substances in utero that have the potential to cause withdrawal (including SSRI's), they will be included in the REDCap survey. All INQC hospital partners are advised to consult with their institutional review boards before beginning data collection for the NAS QI. Dr. Ferguson from Blank Children's Hospital shared their IRB application, and Dr. Rosenblum used this to create an IRB template for all hospital partners. The deadline for retrospective data collection is October 1, 2021. Dates for prospective data collection: April 1, 2021 to March 31, 2023. Future QI projects may include neonatal hypoglycemia, neonatal sepsis, and care of newborns with Hypoxic-Ischemic Encephalopathy (HIE). Dr. Lindower from UI Stead Family Children's Hospital is currently leading an initiative supporting collaboration between the four cooling centers in Iowa. Other goals for INQC include expansion of our educational mission and possibly starting an INQC list serv.
Visit the INQC website **HERE**.

If your hospital is not currently engaged in the collaborative and you would like more information, please contact Penny Smith, RNC-NIC, penny-smith@uiowa.edu or Dennis Rosenblum, MD, dennis.rosenblum@unitypoint.org.

The Statewide Perinatal Program is funded by the Iowa Department of Public Health.