

Standard:	Neonatal Resuscitation
Approved by:	Council
Date Approved:	February 25, 2015
Date to be Reviewed:	February 2018
Revision date(s):	-
Effective date:	June 1, 2015
Attachments:	-



NEONATAL RESUSCITATION

Purpose

The purpose of this standard is to describe the requirements for performing neonatal resuscitation.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

Neonatal resuscitation is the set of interventions which may be necessary for a midwife to perform at the time of birth to support the establishment of breathing and circulation in the newborn, which can include neonatal intubation and umbilical vein catheterization (UVC).

Neonatal intubation is a procedure performed by midwives to establish access to the trachea, and/or suction meconium, to assist with ventilation of the newborn, immediately after birth.

Umbilical vein catheterization is a procedure performed by midwives to inject medication into the newborn's umbilical vein.

Background

Midwives are authorized to perform neonatal intubation, as per Part III of Ontario Regulation 335/12, "Intubation of a Newborn" under the *Midwifery Act, 1991*. Midwives are additionally authorized to perform umbilical vein catheterization, pursuant to paragraph 5 of section 4 of the *Midwifery Act, 1991* and pursuant to Ontario Regulation 884/93, "Designated Drugs" under the *Midwifery Act, 1991*.

Standard

Midwives must comply with the College's Policy on Continuing Competency in Neonatal Resuscitation as well as O. Reg. 17/15 "Intubation of a Newborn", the text of which is set out below:

Requirements for intubation beyond the larynx of a newborn

15.1 A member is authorized to perform a procedure under paragraph 10 of section 4 of the Act if the procedure is performed in accordance with the following requirements:

1. The member has the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.
2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered,
 - i. whether the procedure is necessary to preserve or restore the health of the newborn,
 - ii. the known risks and benefits to the newborn of performing the procedure,
 - iii. the predictability of the outcome of performing the procedure,
 - iv. the safeguards and resources available in all the circumstances to safely manage the outcome of performing the procedure, and
 - v. other relevant factors specific to the situation.
3. The member has successfully completed an intubation training program approved by the Council.

In performing UVC, midwives must ensure that they have the necessary knowledge, skill and judgment to perform the procedure safely, effectively and ethically. The only drugs that may be administered by injection by a midwife performing this procedure under her own authority are those drugs listed in section 1 of the Designated Drugs Regulation under the *Midwifery Act, 1991*. The administration by injection of any drugs not listed in section 1 of the Designated Drugs Regulation can only be performed on the order of a physician.

In the planning and performance of neonatal resuscitation midwives must:

- Perform to the standard of care established by the Canadian Paediatric Society's Neonatal Resuscitation Program, within the limits of the resources available, in all birth settings.
- Work with colleagues to establish a community-specific protocol describing the expectations, roles and responsibilities of the resuscitation team. ¹
- Comply with the College's Standards on:
 - Record Keeping
 - Essential Equipment, Supplies and Medication
 - Prescribing and Administering Drugs

21 St. Clair Avenue East | Suite 303 | Toronto, Ontario | M4T 1L9
T: (416)-640-2252 | F: (416)-640-2257 | www.cmo.on.ca

¹ CMO Practice Protocols Standard