

THE TRAINING NEEDS OF PROFESSIONALS RESPONSIBLE FOR RESUSCITATION OF BABIES AT BIRTH

1. Background

Recent publications from the Royal Colleges^(1,2) and the Fourth Annual Report of the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI)⁽³⁾ have emphasised the need to ensure that professionals present at the time of birth are proficient in resuscitation of new born babies. Whether birth takes place in hospital or at home, the professionals present must be trained and experienced in the systematic application of resuscitation techniques.

It is the responsibility of managers and supervisors to assess the training needs of new and existing staff, and the duty of professionals to ensure that they have been trained appropriately before taking on their duties. Staff should be given supervised opportunities to gain appropriate experience and to maintain their skills.

This document is designed to give an overview of the process whereby assessment can be made and training provided.

2. Recommendations have been published^(1,2), endorsed by the Royal Colleges of all the professionals involved in resuscitation of babies at birth. These recommendations, annexed to Changing Childbirth - the Report of the Expert Maternity Group⁽⁴⁾, specify that training in and appraisal of resuscitation skills should be provided on a regular and frequent basis.
3. The staff concerned will span a wide spectrum of experience from consultants and staff grades, midwives and neonatal nurses, to trainees in paediatrics, obstetrics, anaesthetics and general practice and their training needs will differ.
4. All individuals who are appointed to a post in which skills in resuscitation are a fundamental requirement should be appraised before they take up full responsibility for this procedure. New staff have a professional duty to ensure this initial assessment is carried out and a specific training plan agreed with their supervisor, which may form part of their orientation programme. Managers have a responsibility to provide the resources to make this possible.
5. Formal courses are available and have the potential of being comprehensive. However, the content is not yet uniform and the timing, availability of places and cost can limit their appropriateness for some individuals at the beginning of their post.
6. Broad categories of staff can be defined and examples of their training needs described. The following should be considered as examples from which individual training needs can be adapted.

6.1 Novices

Students and those transferring to work in delivery suites, but not expected to be primarily responsible for resuscitation

- Background reading is essential and should be readily available⁽²⁾
- Attendance at seminars covering the physiology and biochemistry of the adaptation to extra-uterine life
- Attendance at training sessions using simulations and manikins
- Training in effective airway positioning, bag-, valve-, mask-ventilation and external chest compression

- Observation of resuscitation procedures carried out by trained instructors
- Knowledge of unit guidelines and protocols

6.2 Trainees

Qualified staff in junior positions who will work in departments where they always have more experienced staff immediately available

- Revision with supervised practice of all aspects applicable to novices
- Participation as assistants in resuscitation procedures - formalised and documented
- Review of specific needs in relation to their post and expected responsibilities

6.3 Staff with responsibility for resuscitation

Midwives in hospitals and community units, those responsible for home deliveries including general practitioners, senior house officers and specialist registrars in obstetrics, paediatrics and anaesthetics, neonatal nurses and practitioners

- Revision and appraisal of all skills previously acquired
- Training with supervised practice
- Regular audit of skills and training and dissemination of information

6.4 Experienced Staff

Specialist registrars in paediatrics and neonatology, staff grade and consultant paediatricians, and others working in hospitals such as obstetricians, anaesthetists, midwives, neonatal nurses and practitioners who have positions of responsibility for resuscitation should undertake

- Regular revision of skills
- Training in tracheal intubation with practice and supervision
- Training in umbilical venous catheterisation
- Training in appropriate drug therapy
- Supervision of novices, trainees, and staff with responsibilities
- Participation in teaching and training courses
- Responsibility for organisation and audit of skills and training

References

1. British Paediatric Association. *Neonatal Resuscitation* (1993). London. Available from the Royal College of Paediatrics and Child Health, 50 Hallam St, London W1N 6DE
2. Royal College of Paediatrics and Child Health and Royal College of Obstetricians and Gynaecologists. *Resuscitation of Babies at Birth* (1997). London. BMJ Publishing Group
3. Fourth Annual Report of CESDI, 1 January - 31 December 1995 (1997). Maternal and Child Health Research Consortium, 188 Baker Street, London NW1 5SD
4. Changing Childbirth. Report of the Expert Maternity Group (1993). HMSO

This document has been approved by the Councils of the Royal College of Paediatrics and Child Health and the Royal College of Obstetricians and Gynaecologists and been endorsed by:

British Association of Perinatal Medicine
Neonatal Nurses Association

Royal College of Anaesthetists
Royal College of Midwives