December 21, 2022

Dear NRP Steering Committee,

We believe that the Neonatal Resuscitation program is necessary, life -saving, and educational, and should be available to all babies born regardless of place of birth.

We are writing to share our concerns about the availability of neonatal resuscitation education in the community birth setting (also referred to as “out of hospital” birth), and to ask for your partnership in improving safety for newborns regardless of place of birth. Babies will be born within a hospital, a birth center, at home, and enroute or otherwise, whether planned or unplanned. The graphics below demonstrate pertinent differences between hospital birth and community birth and emphasize the need for NRP training that is specific to community birth settings.

A curriculum founded in the tertiary care setting leaves gaps for community birth providers:

HOSPITAL BIRTH	COMMUNITY BIRTH
Procedure oriented (inductions, operative birth)	Physiologically oriented (spontaneous labor)
High risk (maternal health, prematurity)	Low risk (term, singleton, vertex, healthy mom)
3-5 health attendants	2-3 attendants
More experienced or skilled backup just down the hall	Less experienced EMS is the backup

Gaps comparison continued

HOSPITAL BIRTH	COMMUNITY BIRTH
Cord-cutting and separation of compromised baby from mother is expected and standard	Intact cord and non-separation intentions mean ventilation is initiated at mom's side, wherever that is
Birth team to NICU team transfer, usually employed in same system	Baby will have care from three separate teams requiring at least two transfers between systems (birth to EMS, EMS to hospital, ER to NICU)
High tech equipment: blender, warmer unit, cardiac monitor, in wall suction/vacuum	Low tech and portable equipment
Higher frequency of events	Low frequency of events drives increased need for simulation training

We affirm that NRP exists to “facilitate effective team-based care for healthcare professionals who care for newborns at the time of delivery.” To do this effectively and comprehensively the committee needs the perspective of midwifery, and especially the expertise of a community birth midwife. As such, we believe the first step toward ensuring high-quality NRP in community birth settings is the inclusion of a community birth midwife on the NRP Steering Committee.

The second critical step is to address the scarcity of instructors who have direct experience in supplying care including neonatal resuscitation in the community setting. A policy of requiring new instructors to practice in a hospital setting amplifies inequity in both access and preparedness. We recommend an inclusive instructor workforce that develops NRP instructors who practice in any setting where birth care is given, including home birth and birth center practitioners. When taking courses in the hospital setting, midwives are rarely trained with the tools and techniques that are most appropriate for their setting or practice. Care providers who staff rural access or level one facilities and our pre-hospital colleagues in emergency services have too little exposure to NRP, and these are often the next team caring for babies born in the community setting. The COVID pandemic dramatically impacted access to training

when most hospital courses became closed to non-credentialed or employed learners.

The third step is to manage the 8th edition's Essentials and Advanced courses and how they relate to scope of practice. We have seen community birth providers shifting away from acquiring competency in advanced skills, which could lead to worsening outcomes for babies born in the community setting. We are appreciative of NRP's careful language on who should do which kind of training, including the acknowledgement that birth centers represent a low-risk population. However, despite the risk stratification for childbirth that is a standard of community birth, rare and catastrophic events do happen. We believe community birth providers should have access to and be trained in the full NRP algorithm. In practice, community birth providers are often restricted from practicing advanced skills during hospital NRP training sessions. In community birth, healthcare providers (EMS, birth center nurses, midwives in any setting, etc.) often perform resuscitative care in a one- or two-person team and must be trained in all roles. This includes the advanced skills until transfer to a higher level of care is achieved, though their need for these skills is indeed rare. Birth workers who are well trained with relevant equipment are better able to give babies who require resuscitative care in the community setting the best chance at survival and optimal outcomes.

What we know:

- Community birth workers need *more* access to NRP training.
- Community birth workers need education that is *relevant* to the setting– with emphasis on simulation in a realistic environment and interfacility communications.
- The requirement that instructors be currently practicing in a hospital *decreases* access and is a *barrier* to improving quality of education.
- Highly skilled NRP instructors can be recruited, developed and mentored from and in community birth settings.
- Babies who are transferred from homes or birth centers while needing critical care are at risk for errors in care. Reviews of sentinel events reveal the same root causes as are common with hospital events: communication, education or training gaps, and lack of familiarity with equipment and algorithms. These root causes are exacerbated when a newborn gets transferred at least twice, from the birth team to EMS and then to a receiving hospital. Instructors who are

experienced in providing care in these settings are the ones best suited to educating providers in ways that address these root causes.

We respectfully request an opening of dialogue between our organizations to address the above issues and offer our assistance. We look forward to the opportunity to support the NRP Steering Committee's mission to provide this life saving educational program.

We affirm the following statement from AAP's Core Values and know it is true regardless of place of birth: "We believe in the inherent worth of all children. They are our most enduring and vulnerable legacy. Children deserve optimum health and require the highest quality health care."

Sincerely,

American Association of Birth Centers
Commission for the Accreditation of Birth Centers
North American Registry of Midwives
American College of Nurse-Midwives
National Association of Certified Professional Midwives
Birth Center Equity
Elephant Circle