The SuPPORT Project
Communication Tool

Supporting Parents and Professionals through Neonatal Resuscitation in Theatre

Did you Know?

10% of all babies born within hospital need some resuscitation [1]

Poor quality interactions between mothers and healthcare workers is a major risk factor for birth trauma [2]

Perceived poor communication can lead to moral injury and psychological distress in staff [3]

Pre Birth - whenever possible

- Locate the resuscitaire
- Set expectations: your baby will be assessed at the resuscitaire immediately after birth
- Identify the members of the family unit: birthing person, birth partner and baby
- Identify and explain the roles of the team *"the obstetric team will be doing the operation, the midwife and neonatal doctor will check and care for your baby... I'm your anaesthetist, my name is...and I am here for you"*

During Neonatal Resuscitation

Do

- ✓ Say what you see
- ✓ Think about your non-verbal communication
- ✓ Be calm, honest and compassionate
- ✓ Give assurances: right people, right place, right interventions
- ✓ Be family-guided
- ✓ Accept uncertainty: It's OK not to know
- ✓ It's OK to repeat information
- ✓ Explain surroundings, people, alarms & noise
- ✓ Invite photos/partner attending resuscitaire

Don't

- ✗ Stay silent
- ✗ Give false reassurances
- ✗ Use medical jargon
- ✗ Give hard predictions

Your active presence is important (even when you aren't speaking)

Following Neonatal Resuscitation

Ensure midwifery and/or neonatal team briefly speaks with mother and birth partner

- What happened, what support was needed?
- What contact is possible? "Drive-by"? physical contact? Is facilitating skin-to-skin possible?
- Is there opportunity for contact and connection?

Staff Support Following Advanced Resuscitation

Ask yourself

Document
Have I documented everything I need to?

Decompress
What do I need right now?
Am I OK to carry on, do I need a break?
Look after yourself - have a drink, a snack, a walk, a sit down.

Debrief
Ask yourself and the team
Would we benefit from a debrief conversation?

Notes to Support the Communication Tool

Pre Birth

Expectations - It is vital to set expectations e.g. your baby will go to the resuscitaire following birth, your baby may not cry as they are born and the paediatric/neonatal doctors will be present.

Resuscitaire - It is also important that you point out **where** the resuscitaire is and **what** it is, so if they can't see it they know where their baby is being cared for.

Team roles - In addition to the WHO Checklist introductions, ensure you have a one-to-one conversation about who you are, the specialty teams present and their roles.

Family Unit - It is essential to familiarise yourself with the family unit - know their names, relationship and ask if they know the **gender** and/or **name** of the baby. If they do, use these when you talk about the baby.

During Neonatal Resuscitation

Your role - Realising that your baby is poorly can be very traumatic, verbalise your appreciation of this potential distress. Convey in a generalised, factual manner what is happening. Avoid jargon e.g. "bagging". Remain calm and empathetic.

Assurances not reassurances - Explain in laypersons terms what you are seeing and reiterate the paediatric/neonatal team are there doing everything they can. Many parents will ask if their baby is going to be ok- we do not know at this stage, but stress everything is being done to help your baby by the experts.

Family guided - Remember this baby is part of their family unit so use names if known, and/or the gender. 'Your baby, your daughter' sounds more personal than 'the baby'. Consider complimenting them on their beautiful daughter/son. Be guided by what they want to know is happening.

Environment - Obstetric theatre is noisy. Explain alarms or bleeps. Try and keep unnecessary noise to a minimum. Consider whether there is opportunity to invite the partner to the resuscitaire and for them to take a photo. (If not, can you take a photo for them?)

Handover - If resuscitation is during a handover period, think about introduction of your incoming colleague and how/when to leave.

Non verbal communication - Your active presence is important (even when you aren't speaking). Your body language, where you are looking, facial expressions and tone of voice are all important. Mum/birthing person is lying flat on their back so get to their level to talk. Ensure mobile phones are kept out of view. It is okay to repeat information.

Following Neonatal Resuscitation

Briefing & What next - if the baby needs to go to the neonatal unit, then ensure mother and birth partner are spoken to as soon as possible by the midwife or the neonatal team. A brief overview of what has happened, what happens now and when they can see their baby should be given.

Photo? - Ask if a photo on their phone is possible, or if partner can see baby before he/she goes?

Check understanding - Theatre is noisy. The birthing person and partner may be overwhelmed. If possible, ask them if they understand what has been said to them and answer any questions you are able to.

Don't be afraid to say 'I don't know the answer to that'. It can be helpful to revisit this conversation outside the theatre environment.

Common Questions You May Be Asked With Responses

Why is my baby not crying?
Sometimes a baby born very quickly does not cry and may need further stimulation to help them.

Why can I not hear my baby?
Some babies need help to get the fluid that is normally in their lungs out after they are born. We can help them do this using a mask over their mouth and nose.

Will my baby be ok?
The right team is there doing everything they can to help him/her. We will get an update from them as soon as possible.

References

1. European Resuscitation Council Guidelines for Resuscitation: Section 7. Resuscitation and support of transition of babies at birth (2015)
2. Simpson M and Catling C. Understanding psychological traumatic birth experiences: A literature review. Women Birth. 2016;29(3):203-7.
3. Harvey ME and Pattison HM. The impact of a father's presence during newborn resuscitation: a qualitative interview study with healthcare professionals. BMJ Open 2013;3: e002547.

www.thesupportproject.co.uk