

Resuscitative Care for the Obstetric and Neonatal Patient

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This position statement is endorsed by the American Society of PeriAnesthesia Nurses.

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) emphasizes the critical importance of preparation tailored to the specific, clearly defined roles of team members involved in out-of-hospital and in-hospital obstetric and neonatal resuscitation. AWHONN endorses the need for all settings, especially rural and low-resource settings, to develop a plan to ensure that health care team members are equipped with education and frequent, evidence-based simulation training to validate specific competencies that support patients during obstetric and neonatal resuscitation.

Multidisciplinary teams can collaborate to identify which obstetric and neonatal specific programs best support optimal patient outcomes, including training and coordination with out-of-hospital and in-hospital health care team members who respond to resuscitation efforts. Resuscitation education should align with internationally recognized, science-based standards, such as the International Liaison Committee on Resuscitation (ILCOR) consensus recommendations and professional organization guidelines, while incorporating evidence-based simulation practices to ensure competency and team readiness (Greif et al., 2024; Lee et al., 2025).

Background

Many pregnancy-related deaths remain preventable through timely recognition and intervention (Centers for Disease Control and Prevention, 2024). While maternal mortality in the United States has declined since peaking at more than 33 deaths per 100,000 live births in 2022, significant discrepancies remain among age (e.g., over 40 years of age), race and ethnicity (e.g., non-Hispanic Black women are at increased risk), and geography (e.g., counties lacking birthing facilities or obstetric providers) (Ahmad et al., 2025). Despite advances in neonatal medicine, the U.S. neonatal mortality rate remains among the highest of high-income countries at approximately 3.65 per 1,000 live births (Valenzuela et al., 2025). Approximately 5% to 10% of newborn infants need assistance to initiate breathing at birth, and 1% require advanced resuscitative measures to restore

cardiorespiratory function (Lee et al., 2025). In neonatal patients, failure to establish and sustain adequate respiration contributes significantly to early deaths and the burden of adverse neurodevelopmental outcomes (Lee et al., 2025).

In addition to disparities in outcomes, limited access to maternity care contributed to more out-of-hospital births (March of Dimes, 2024). Longer travel times to a medical facility are associated with an increased risk of perinatal and neonatal morbidity and mortality, particularly when adequate emergency care is delayed (Madar et al., 2021; Watterberg et al., 2020). As obstetric units close, especially in rural regions, emergency departments increasingly manage unplanned deliveries and newborns requiring resuscitation (March of Dimes, 2024). These shifts underscore the urgent need for system-wide preparedness to reduce preventable infant morbidity and mortality.

Role of the Nurse

Maternal Resuscitation

Nurses have a critical role in caring for obstetric patients during a cardiopulmonary arrest, including recognizing changes in the patient's condition and initiation of rapid response. All levels of care, across institutions and units that may potentially care for obstetric patients, need to be prepared to respond to an obstetric cardiac arrest (American Academy of Pediatrics & American Heart Association, 2025; Shields et al., 2024). During cardiopulmonary resuscitation, nursing roles should be intentionally assigned. A designated nurse, often the nurse most familiar with the patient, should provide critical patient history, ensure closed-loop communication, and carry out specific roles and tasks to ensure a coordinated and effective response (American Academy of Pediatrics & American Heart Association, 2025; Shields et al., 2024).

Because cardiac arrest during the obstetric period is both rare and complex, nurses need ongoing training and hands-on practice in obstetric-specific resuscitation techniques, including maternal modifications and perinatal interventions (Berteloot & Sabbe, 2025; Shields et al., 2024). Regular

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interdisciplinary drills and simulation exercises prepare multidisciplinary teams to respond effectively to maternal cardiac arrest (Shields et al., 2024).

Intrauterine Resuscitation

All members of the perinatal team should share a common understanding of fetal heart rate (FHR) physiology and pathophysiology as well as expectations for interventions when patterns are indeterminate or abnormal (AWHONN, 2024). Effective intrauterine resuscitation measures are recommended to improve fetal oxygenation and optimize uteroplacental perfusion (AWHONN, 2021). Knowledge related to fetal heart monitoring (FHM) and intrauterine resuscitation is interprofessional and not exclusive to one discipline (AWHONN, 2024). Decisions should be individualized based on ongoing assessment and maternal–fetal response (AWHONN, 2021). Formal education regarding FHM should occur at obstetric orientation, when there are changes in processes or procedures, and evaluation of staff performance at a minimum of every 3 years (Joint Commission, 2026). This education should include FHR interpretation, conservative corrective measures, escalation protocols, documentation standards, and communication strategies, supported by guided clinical experience, skills validation, and ongoing competency assessment (AWHONN, 2021).

Neonatal Resuscitation

Neonatal resuscitation occurs in varied settings, each with its own resources, staffing, and physical environments (Markowsky et al., 2025). The initial steps of resuscitation for neonates differ from those for the adult or pediatric population. Population-specific training is essential for all health care team members involved in the newborn's birth. These professionals demonstrate effective teamwork and have the knowledge and competency to promote adequate cardiopulmonary function, ensuring the best possible outcome for the newborn (Lee et al., 2025). Timely and effective resuscitation at birth requires health care team members, including nurses, to receive regular individual and team training in neonatal resuscitation. Such training should occur frequently enough to maintain skills and knowledge (Lee et al., 2025). It is important to ensure that a qualified team with resuscitation skills is available for all births and is present at the delivery when advanced resuscitation is anticipated (American Academy of Pediatrics & American Heart Association, 2025; American Red Cross, 2025).

Recommendations

- All health care team members who have the potential to encounter obstetric or neonatal patients should possess knowledge of standard resuscitation measures and population-specific resuscitation education. Providing resuscitative care to obstetric and neonatal patients requires institutional readiness and ongoing resuscitation education to ensure preparedness when such events occur (Greif et al., 2024; Lee et al., 2025).
- Obstetric and neonatal resuscitation training should extend beyond perinatal units to include health care team members in varied settings, such as out-of-hospital

environments including emergency medical services (EMS), clinics or offices, and community birth centers, as well as in-hospital areas, such as emergency departments, obstetric units, and critical care units (American Red Cross, 2025; Shields et al., 2024).

- Research supports the implementation of frequent, evidence-based simulation competencies to validate maternal (Greer et al., 2023; Shields et al., 2024) and neonatal competencies (Lee et al., 2025). A multidisciplinary approach in simulation education helps to clarify defined roles and provide structured feedback (Greer et al., 2023; Lee et al., 2025; Shields et al., 2024). In addition, programs should also incorporate regular renewal intervals to maintain proficiency (Greer et al., 2023).
- Regulatory agencies should review and update requirements that mandate specific courses, ensuring the flexibility to recognize evidence-based educational programs designed for specialized populations.

AWHONN Context Statement

AWHONN recognizes the existence of diverse gender identities and acknowledges that patients might not identify as women, exclusively or otherwise. AWHONN strives to use gender-inclusive language where possible. In some instances, words like “women” (and related pronouns “she” and “her”) have been retained for accuracy (e.g., to preserve the terminology of a published study) and specific case scenarios. To provide appropriate, respectful, and sensitive care, the health care provider is encouraged to always ask individuals what words they use to describe themselves, their bodies, and their health care practices.

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