DEBI FERRARELLO
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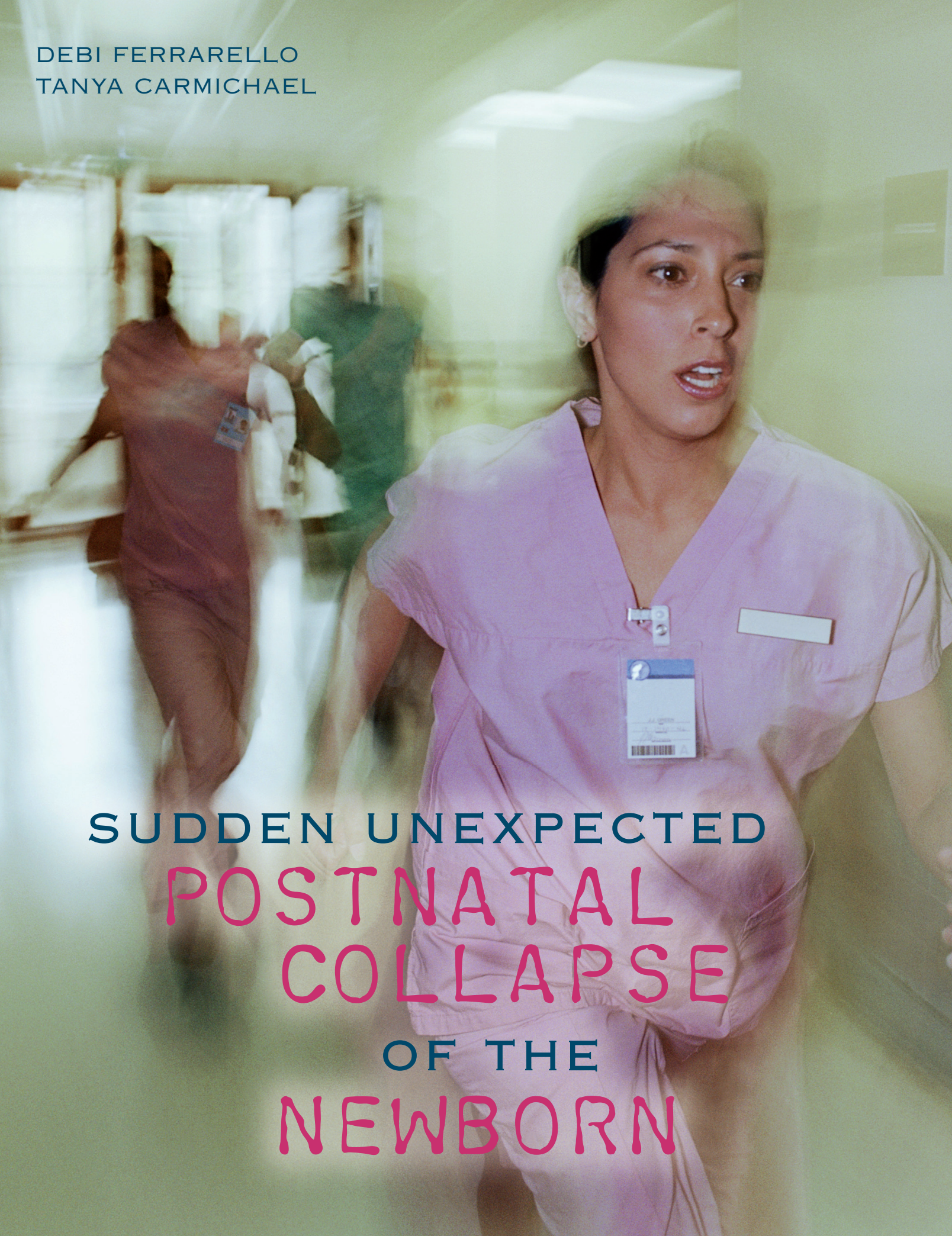

SUDDEN UNEXPECTED POSTNATAL COLLAPSE OF THE NEWBORN

IMAGINE THIS SCENARIO: You admit a woman who had a wonderful first pregnancy with no maternal or fetal complications. She and her partner were reassured at each prenatal visit when her obstetric provider reported normal fetal growth and a normal fetal heart rate. At 38 weeks and 4 days, she started feeling contractions that became stronger and more frequent throughout the day. On arrival at the labor and birth unit, she was found to be 5 cm dilated and 80% effaced. Though nervous, she was filled with anticipation and eager to hold her newborn in her arms. She shared her plan to breastfeed and expressed a desire to avoid separation from her newborn after birth. You talked with her about the benefits of skin-to-skin contact and other practices that would support breastfeeding and bonding. Her birth plan included an epidural for pain management, which she requested at 6 cm dilation and received soon thereafter. After the epidural, oxytocin was initiated to increase the frequency of contractions and was titrated to a maximum rate of 10 milliunits per minute. Seven hours after admission, she was completely dilated. The fetal heart rate was reassuring throughout the labor course. After an hour of passive descent, she felt the urge to push and began the active second stage of labor. You guided her through pushing, and after 1 hour 45 minutes, she vaginally birthed a vigorous newborn boy weighing 3,985 g (8 lb 8 oz) with Apgar scores of 8 at 1 minute and 9 at 5 minutes. The woman and newborn remained skin to skin during the Apgar assessments; she and her partner couldn't have been more overjoyed, and you were, too!

Abstract: Sudden unexpected postnatal collapse is a rare but devastating neonatal event. A well-appearing, full-term newborn with Agpar scores of eight or more suddenly crashes, often with full respiratory and cardiac arrest. Up to half of newborns with sudden unexpected postnatal collapse die, with many survivors suffering serious neurological damage. The first 2 hours of life are the hours of greatest risk, coinciding with the time frame when nurses encourage breastfeeding and uninterrupted skin-to-skin contact between women and newborns. Nursing assessments and measures to promote neonates' optimal transition to extrauterine life through skin-to-skin contact and early breastfeeding while decreasing the risk of this catastrophic event are described. Nursing surveillance to promote optimal transition in a safe environment is essential, and birth facilities should allocate staffing resources accordingly. http://dx.doi.org/10.1016/j.nwh.2016.03.005

Keywords: apparent life-threatening event | breastfeeding | SIDS | skin-to-skin | sudden unexpected postnatal collapse