

Section: CLINICAL

Abstract: CLI-O4

Assessment of neonatal resuscitation at a university hospital

Daphne Meyer Kahn, Simone Holzer de Moraes
Centro Universitário FMABC, Santo André, Brazil
daphne.kahn@aluno.fmabc.net

INTRODUCTION: Early neonatal mortality remains a challenge in Brazil and is directly related to the quality of care during labor and birth. In this context, the Neonatal Resuscitation Program (NRP) of the Brazilian Society of Pediatrics aims to standardize practices and train professionals to reduce preventable deaths. This study assessed the quality of neonatal care provided in the delivery room and the training of the professionals involved at a university hospital. **METHOD:** This was a single-center, cross-sectional observational study. Neonatal care was assessed with a checklist based on the 2022 NRP guidelines during 33 neonatal resuscitations, and a questionnaire was administered to 30 delivery-room team members. Qualitative variables were reported as absolute and relative frequencies, whereas quantitative variables were reported as medians, 25th and 75th percentiles, minimums, and maximums; no inferential statistical tests were applied. **RESULTS:** Of the 33 resuscitations observed, eight had nonconformities in steps preceding delivery, including the absence of maternal history-taking (12.12%), briefing (18.18%), and equipment checks (6.06%). After birth, 21.21% of neonates required intubation and 9.09% required chest compressions. No deaths were recorded. Of the 30 professionals assessed, all physicians (n=15) had completed the neonatal resuscitation course, whereas nursing technicians and nurses had not; therefore, 50% of the team had received training. **DISCUSSION:** The data reveal failures in simple but crucial measures before and during resuscitation, indicating real opportunities for improvement. The lack of training among half of the team, especially nonphysician professionals, reinforces the need for continuing multiprofessional education. **CONCLUSION:** Although most resuscitations followed the guidelines, nonconformities and training gaps demonstrate the need for stronger institutional measures to systematize care and train the team. Investments in hands-on training, structured checks, and future multicenter studies may improve the quality of care and positively affect neonatal outcomes.

KEYWORDS: Neonatal asphyxia; Cardiopulmonary resuscitation; Perinatal care.