

Progeny Newsletter

Iowa's Statewide Perinatal Care Program

Upcoming Education



National AWHONN Convention



National NANN Conference



IMQCC Electronic Fetal Monitoring Education Series

Third Wednesday of each month 4–5PMCT

> CE is provided through Iowa AWHONN

All are invited, please share the link https://uiowa.zoom.us/j/95461796378?pwd=VX dBZndHNW9SWUxQcVR4Nk0vWnREdz09&from=addon

New Hyperbilirubinemia Guidelines from AAP The American Academy of Pediatrics (AAP) recently updated their

May 2023

guidelines for the diagnosis and management of hyperbilirubinemia in newborn infants born at 35 or more weeks' gestation. The guidelines committee worked from 2014 to 2022 to review the evidence and identify opportunities to clarify and improve upon the previous 2004 guideline.² This revised Clinical Practice Guideline incorporates new evidence from large cohort studies published through April 2022 and addresses the issues of prevention, risk assessment, monitoring, and treatment. High bilirubin concentrations can cause acute bilirubin encephalopathy and kernicterus which may be life-threatening or lead to severe, lifelong neurodevelopmental impairment. So, the guidelines emphasize the need for a standardized screening process for all newborns. The guidelines committee revised the risk-assessment approach based on the hour-specific bilirubin concentration. Follow-up testing is now based on the difference between the bilirubin level and the phototherapy threshold, there are no more risk zones. In order to balance the risk for possible adverse effects of phototherapy with the potential benefits of reducing total serum bilirubin concentrations, phototherapy treatment thresholds were raised by a narrow range to one that the committee considered to be safe. The new recommendations for phototherapy treatment should reduce the number of infants who are unnecessarily treated with phototherapy while at the same time ensuring that infants at higher risk for bilirubin-associated neurotoxicity will receive proper treatment. The online risk-assessment calculator BiliTool™ can still be used as a reference aid, it has been updated to reflect the new guidelines.

The new recommendations are formatted as Key Action Statements (KAS 1-25) for easy identification. The evidence tables supporting them appear in Appendix B, included in the Supplemental Information. The guidelines now include specific recommendations for measuring transcutaneous bilirubin levels (TcB)(KAS 5-8). "Escalation of Care" is a new concept within the guidelines. It refers to the intensive care that some infants with elevated or rapidly increasing bilirubin concentrations may require to prevent the need for an exchange transfusion and possibly prevent kernicterus. The approach to escalation of care is outlined in the algorithm in Figure 4, and the escalation-of-care bilirubin threshold is 2 mg/dl below the patient's exchange transfusion threshold. Initiating escalation of care is a medical emergency. So, providers should remember to factor in the time it takes to arrange and accomplish transfer of the newborn to the referral hospital, as transport teams are not always readily available.

Physicians and pediatric clinical nurse specialists at Children's Hospital of Philadelphia (CHOP) have developed a <u>Clinical Pathway for Evaluation/Treatment of Neonates</u> <u>with Hyperbilirubinemia/Jaundice</u>. The pathway includes specific action steps for the following patient care settings: Nursery Care at Birth Hospital, Primary Care, and Emergency Department Care. This tool may be useful to newborn practitioners in Iowa as they interpret and put into practice the new 2022 AAP hyperbilirubinemia guidelines.

References

1. Kemper AR, Newman TB, Slaughter JL, Maisels MJ, Watchko JF, Downs SM, Grout RW, Bundy DG, Stark AR, Bogen DL, Holmes AV, Feldman-Winter LB, Bhutani VK, Brown SR, Maradiaga GM,



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Okechukwu K, Rappo PD, Russell TL. American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical practice guideline revision: Management of Hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. *Pediatrics*. 2022;150(3):1-21.

2. Maisels MJ, Baltz RD, Bhutani VK, et al. American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. *Pediatrics*. 2004;114(1): 297–316.

*For more information, contact Penny Smith, BSN, RNC-NIC, penny-smith@uiowa.edu.

Update from IMQCC

Congratulations to Dr. Stephanie Radke on receiving the 2023 *Emerging Maternal & Child Health Professional Award*. This award from the Association of Maternal & Child Health Programs (AMCHP) acknowledges her individual capacity to perform above and beyond expectations, using



creativity and innovation to address pressing MCH challenges for our state. Thank you, Dr. Radke, for all of your hard work and dedication to improving maternal outcomes in Iowa. Congratulations!

Kim Lake hosted a Slicerdicer Workshop for Epic users on May 12. The EFM Tracing Review Series was presented by Suzanne Bellinger on May 17. Check out the IMAGE Events Page for upcoming meetings, events, and training opportunities. The next lowa AIM All-Team Call will be held on June 8. The next IMQCC Stakeholder Advisory Board Meeting will be held on August 11. Program times and links are included on the calendar. The Trainings tab has a list of fetal monitoring workshops and Spinning Babies workshops sponsored by various facilities throughout the state. Please contact Nicole if you would like to have your educational opportunity added to the calendar.

In preparation for the next improvement collaborative, Severe Hypertension, Iowa AIM leadership has assembled a panel of experts in hypertension and preeclampsia including leaders who have introduced a Maternal Early Warning Signs system in their facility. This group will participate in an expert meeting via Zoom on Thursday, June 15 from 2-4:30 pm. They are still recruiting RN's and FM OB's. If you or someone you know is interested in joining the SME group, please reach out to Nicole Anderson via email, nicole-anderson@uiowa.edu.

For questions regarding the ongoing work of IMQCC and Iowa AIM, please contact one of the program leaders: Dr. Radke, stephanie-radke@uiowa.edu, Stephanie Trusty, stephanie.trusty@idph.iowa.gov, Kristal Graves, kristal-graves@uiowa.edu, or Nicole Anderson, Nicole-anderson@uiowa.edu.









Progeny Newsletter

Iowa's Statewide Perinatal Care Program

10th Annual Neonatal Care Conference Trauma Informed Care for Our Babies & Families



Wednesday, July 26, 2023

Registration Information:

Complete the information below & mail to: Becky Chuffo Davila, IANN Treasurer 1991 Ollinger Drive Coralville, IA 52241

Make check payable to: Iowa Association of Neonatal Nurses (IANN)

> Online card payment option: iann.nursingnetwork.com

Name:
Address:
City/State/Zip:
Phone:
NANN #:
Email:
Registration deadline: July 1, 2023

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Fees: NANN or AWHONN member: \$75 Non-member: \$95

After July 1, 2023:

NANN or AWHONN member: \$95 Non-member: \$115

Registration fee covers the cost of the program materials & awarding of continuing education credits.

All day attendance is required for credit.

If you have questions, please contact:

Denise Easley: denise.easleyrn@gmail.com

Becky Chuffo Davila: rebecca-chuffodavila@uiowa.edu

Registration opens soon at the <u>IANN Website</u>.

Update from INQC

Twenty-four Iowa birthing hospitals are currently engaged in the Iowa Neonatal Quality Collaborative. At the last full collaborative meeting on March 9, Dr. Lindower informed the group regarding an upcoming MPH practicum project to standardize screening and evaluation of HIE in Iowa birthing hospitals. She also



shared a new guideline from UI Stead Family Children's Hospital on the diagnosis and treatment of neonatal capillary leak syndrome. Penny Smith shared the findings of a <u>review article</u> about an emerging pathogen in neonatal intensive care units, the NRCS-A clone of *Staphylococcus capitus*. We will discuss the worrisome implications this organism poses for NICU patients in the next issue of the Progeny Newsletter. Dr. Rosenblum concluded the March collaborative meeting with an update on our current QI projects and the plan for future projects. For information on the ongoing quality improvement work of INQC, visit the website **HERE**.

After the full collaborative meeting on March 9, the INQC Board of Directors met with key leaders of the Iowa Maternal Quality Care Collaborative (IMQCC) to discuss plans for a merger of the two collaboratives into one Perinatal Quality Collaborative (PQC). INQC has received tax exemption from the IRS as a fully incorporated nonprofit organization. This tax exempt status will allow the PQC to seek funding from outside sources in order to be a self-sustaining collaborative and support future quality improvement work. Leaders from INQC and IMQCC will meet again later this year to continue discussions regarding potential funding sources and the plan for lowa's PQC moving forward.

If your hospital is not currently engaged in the collaborative and you would like more information, please contact Penny Smith, RNC-NIC, $\underline{penny-smith@uiowa.edu}$ or Dennis Rosenblum, MD, $\underline{dennis.rosenblum@unitypoint.org}$.

Farewell and THANK YOU to Amy Dunbar!

One of our perinatal team members is moving on to a NEW adventure in obstetric nursing. Amy Dunbar has accepted the job of obstetric clinical practice leader at UIHC in Iowa City. She has served the birthing hospitals of Iowa WELL for the last 7 years as the obstetric nurse specialist for Iowa's Statewide Perinatal Care Program. Most of you know Amy and love her as much as we do!



In addition to being a clinical expert, she is an awesome educator, leader, advocate, teammate and friend. We will MISS YOU on the perinatal team, Amy! But, we know you'll continue in the good work of improving care for moms and babes in Iowa.

Please send your THANKS and best wishes to Amy via email, amy-brandt@uiowa.edu.

















^{*}The Statewide Perinatal Care Program is funded by the Iowa Department of Health and Human Services.