

## **Questions You** May Want to Ask.

Does your current approach...

Provide hands-on training in a realistic setting that can test and grow learner skills?

Adhere to the NRP 7th Edition curriculum?

Afford learners the opportunity to train using a high fidelity manikin that features a realistic airway, pulmonary function, and response?

> Focus on resuscitation and stabilization protocols for newborns?

Emphasize coordination of cross-functional teams?



To learn more about how simulation can help you prepare for the "Golden Minute", visit Laerdal.com/SimNewB

Globally, 814,000 neonatal deaths 614,000 Globally, 814,000 neonatal deaths are related to intrapartum hypoxic events (in full-term infants).4

Each year in the U.S.

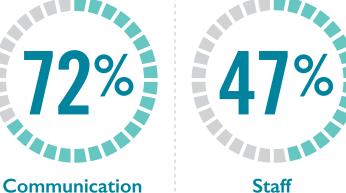
400,000

Issues

of these babies will need help

of these will need advanced resuscitation.3

Root causes of perinatal morbidity and mortality:7



Staff Competence **Orientation and Training Issues** 

Simulation is ideal for addressing these areas.



An infant's very first minutes outside of the womb are critical in predicting newborn outcomes.

- Only **60%** of asphyxiated newborns can be predicted before birth.
- The remaining 40% are identified during the "Golden Minute".5

## WHAT CAN ONE MINUTE COST?

Indemnities for infant brain injury caused by birth asphyxia average

\$524,000



The NRP 7th Edition emphasizes:8

- Teamwork
- Basic and advanced skills practice
- Ethical Considerations

## The Miracle of Birth...Simulated!

As part of the Neonatal Resuscitation Program (NRP) curriculum, simulation and debriefing can significantly aid learning transfer.

- Nurses are 40% more likely to challenge an incorrect dosage of epinephrine following simulation training.9
- Following simulation team training, the number of potentially hazardous events during neonatal resuscitation can significantly decrease. 10

Nearly  $\frac{1}{2}$  of newborn deaths occur during the first 24 hours after birth.