

2025 OPC Newborn Resuscitation

Focus Group Report

In March 2025 the Oregon Perinatal Collaborative conducted a focus group on newborn resuscitation. The focus group was for parents of a child who: was born in Oregon in a hospital, freestanding birth center, or home birth within the past 3 years; was resuscitated at birth; and was discharged from the NICU within 14 days of birth (if admitted to the NICU).

Four people participated in this 2-hour focus group facilitated by Silke Akerson, executive director of the Oregon Perinatal Collaborative. Participants lived in rural, urban, and micropolitan areas of the state. Three participants gave birth in hospitals and 1 in a freestanding birth center. All participants identified as white. Multiple participants were nurses as well as patients. Participants were given a \$100 gift card for their participation.

This report is a summary of their responses for use in the program and toolkit development of the Oregon Perinatal Collaborative newborn resuscitation initiative.

Focus group participant experiences of newborn resuscitation

The focus group participants shared information about their experiences with newborn resuscitation, the care their newborn received, and their recommendations for improvement. The following are the core themes that emerged from the focus group.

Clinical and communication concerns

Participants were paying close attention to the newborn resuscitation while it happened. They noted specific concerns they had about clinical care and communication within the resuscitation team during their newborn's resuscitation.

"The initial family practice doc, his confidence, or lack thereof, I guess, it was pretty obvious to us. And I could hear in the [telemedicine neonatologist's] voice of like, this man doesn't know what he's doing... [He] was obviously out of practice. They're all trained but really weren't used to the situation."

"The communication between the labor & delivery and the NICU just wasn't there."

"Why was he never intubated?... Usually it's after, you know, a good solid 2 to 3 minutes, if you're not getting them back, and they're still limp, like why have we not gotten any type of airway in? [PPV was performed for 7 minutes. Participant was also a NICU nurse]"

Trauma, stress, and chaos

Participants described the stress, overwhelm and trauma of their baby being resuscitated.

"I will never forget the way he looked when he came out. I mean he wasn't even blue. He was pale."

“So finally they're like, okay, baby's out. So the baby nurse hits the button, she's like should I call the team? And I'm screaming, yes! Yes! Where is the team? And nobody's coming and so I finally hear them come in and I just can't hear anything. I can't see anything, and I just check out. My husband's like, "you were just laying there. You didn't say anything. Your eyes were open and you were just laying there.”

“I could feel the stress... I could see the chaos. There were about 20 people in our room.”

“It would almost be nice to have 6 month intervals of like "hey, you went through something super traumatic. How are you? Do you need anything? Do you need a referral to a therapist?”

Fear for their baby

Focus group participants described how frightening it was to see their baby not breathing and being resuscitated. Their fear was expressed not just in words but in trembling, crying, and tone of voice as they shared their stories. They continue to be deeply impacted by the memory of being afraid for their babies.

“He came out. He wasn't crying... he came out very floppy. He was white as a sheet.”

“When I heard the telemedicine doctor say, we need to put an airway in this baby, with a fair amount of urgency, that's when I started to break down and cry and it kind of became a blur after that.”

“It was so quiet, even though there were so many people in the room, but I was listening for his cry, and it wasn't coming and they kind of kept me informed, but it was hard.”

Separation from the baby

Participants who were separated from their baby described how challenging that experience was and were visibly shaken in describing that experience.

“It is so hard to be separated from your baby.”

“I wish I had pictures of what was going on. I wish I had pictures from the first 10 minutes of his life, and I don't, I don't. The only memory I have of that first 10 minutes is seeing him being laid on my stomach for a split second and that's all I have. And then the next memory I have is him coming 20 minutes later back to me. There's nothing in there in between that I remember.

Communication with parents during resuscitation

Focus group participants described a range of experiences of communication from the resuscitation team during the resuscitation, but all participants expressed wanting more communication.

“There wasn't a whole lot of information begin relayed during. But I was also in the middle of being stitched up.”

“I was not quite sure what was happening.... She kept telling me, his oxygen is fine and his heart rate is fine... and then I head the midwife tell her aid to call the ambulance and then my kind of

alarm bells went on! It seemed like the midwife was so focused on what she was doing and her aide that there wasn't an opportunity to let us know what was going on."

"When the PANDA was getting him in their incubator and doing their whatever it is...the family practice doc came over and kind of talked about some things, but... I sensed he was pretty rattled too."

Experience of fathers/partners

Participants, who were all mothers, described the experience of their husbands and partners and the need for more support for them...

"My poor husband, he thinks I'm dying. He thinks our baby, well, our baby came out very floppy and he was white as a sheet."

"He was scared for both the baby and myself. My husband was afraid to go over there. He was afraid to leave me."

"There was just a lot of chaos. And I do think that communication with my husband might have been good for his sake, because he had no idea what was going on either direction. He didn't know what was going on with the baby and didn't know what was going on with me, and he was terrified. I think partners are a lot of times overlooked in emergency situations, and I think it's really important to keep them in the loop."

Debrief after resuscitation

All participants were clear that they wanted to opportunity to have a full debrief of the newborn resuscitation with a team member after the fact. Most of the participants still had open questions about the resuscitation at the time of the focus group and some realized they had additional questions or concerns in the process of talking about their experience with the other focus group participants. Only 1 of the 4 participants experienced a debrief and it made a significant difference in her experience.

"I wish I had a better understanding of actually what happened. You know, being able to verbalize... At some point, kind of slowing down and breaking it down... Maybe even in postpartum visits. Like, "Hey, I know that day was a lot... do you understand what happened? Can we break that down? Are there any gaps?" Because it is weird participating in this focus group and realizing... I don't even know now... what exactly did they do?"

"I wish there had been an opportunity for [debrief] in a postpartum visit. It's like, you know, the gap in knowledge of like me not even knowing what type of breathing support was it? And what does that machine do? And like, how long did it go on for"

"What was very helpful was after... our NNP she stayed and walked me through everything that had happened and ... I think that was helpful for me to like process after the fact... I mean it was still very traumatic, but not as traumatic because I was communicated with after the fact."

Relief when baby breathed

Participants expressed profound relief when their baby started to breathe.

“He was getting PPV for I think it was at least 2 minutes and then they gave him 11 minutes of CPAP and then I finally heard a little whimper and I was like, I can breathe.”

“And then luckily, after saying call the ambulance, ... in the next minute he started breathing on his own... And then he didn't really cry at first but he started turning pink and his tongue started moving around and everyone was like, oh great! He's breathing! he's breathing!”

Support for connection with baby post-resuscitation

Support for reconnection with the baby after the resuscitation was particularly meaningful to the focus group participants

“Once we got in there, she helped me hold him. She supported him, helped me breastfeed and really was like striving for the quality time after birth... I really appreciated that.”

“Everything afterwards was wonderful in terms of like respecting the golden hour and being able to have privacy and get him on skin to skin with my husband as soon as possible while they were taking care of me.”

Lasting impact/Need for mental health support

Participants described the lasting impact of newborn resuscitation on their own mental health and noted that it took them a long time after the birth to understand the magnitude of the experience.

“Mental health, for after, for both mom and dad are really important. And mental health in this area... is severely overlooked... I'm sure there's a lot of moms ...of resuscitated babies that end up with PPD or PTSD and they're just coasting because it's hardly ever asked. I mean, they ask some questions in the postpartum checkup at your 6 weeks but it's not really focused on your experience in the hospital. It's more like what you're feeling at that time. I don't know. I just feel like mental health resources and encouragement of seeking resources is really lacking.”

“I 100% agree with the partner aspect and the postpartum resources. My baby... is about 6 months old and I think until recently, within the last month or two, I think I've started to actually feel my feelings. I think I shut them down for a very long time and I wonder about PTSD rates because I think it would be really interesting to know.”

Unique experiences as a mother and a nurse

Multiple participants were also nurses and one was a NICU nurse with neonatal resuscitation experience. These participants shared unique perspectives on their baby's newborn resuscitation because of their healthcare background.

“It was stressful, even knowing what was happening”

“It took them I don't know how many pokes to get an IV and it was at that point that my husband and I [both nurses] were both like, okay, I know and IO is not, you know a preferable thing, but at that point we were like, please stop poking out baby and put in an IO since we can't get a UVC.” [the UVC had failed]

Preparation for possible resuscitation

Participants shared that they would have liked some preparation and education prenatally for the possibility of newborn resuscitation.

“I think it would have been interesting... in prenatal visits to understand a little bit more about resuscitation.”

“My prenatal appointments were maybe like 5 minutes long. I think maybe taking one of those prenatal appointments and saying... here is what our resuscitation would look like. This is what a t-piece looks like. If you see this we're just giving your baby a little few extra breaths...”

Different experience in freestanding birth center

The focus group participant who gave birth in a freestanding birth center described a different experience of newborn resuscitation than those in the hospital.

“He was born in the bath and they put him on my chest and ... my midwife was there and she started doing suction and then I think at some point, while he was still on my chest, she started doing some breaths... and then at some point she made the decision to ask her aide to get that little wedge thing so they could... put the wedge at the edge of the tub and lay him on his back on the wedge so they could get better access with better breaths. So he was right there.”

Delay in transfer to higher level of care

One participant who gave birth in a rural hospital described the long delay in transfer of care to a NICU and some of the ramifications of that delay.

“There was a whole conversation about getting the PANDA team there, but the PANDA team was out. Both teams were out. So, they called LifeFlight to get him to Portland quickly... I think it was maybe 4 hours later between when they first took him and getting him on the life flight.”

“They provided PPV and then they provided breaths through the mask for hours. It was hours that one person was doing breaths, and they kept telling them like, okay, watch her right? And they never switched out. She just kept being like, oh, I'm fine. I'm fine... I don't know how many times the neonatal provider on the telemedicine was like, "okay, watch your rate on breathing"”

What went well

When participants described what went well the focus was on rapid response, not being separated from their baby, and communication afterwards.

“As soon as they noticed something was going wrong, there were a lot of people in the room very quickly... nothing was delayed, he was taken care of as soon as he could be. I think that was awesome. And the debrief I got after was also great.”

“I was able to be there throughout the whole thing. I was touching my baby. They left him on my chest as long as they could... they were giving him breaths while he was laying there and she was like over my head like this. And then they did put him on the wedge, but it was right next to

me... so I was able to like hold his hand the hold time... The fact that they kept him as close to me as they could the whole time was really helpful.”

Recommendations for improving newborn resuscitation

Focus group participants were asked for their recommendations on how newborn resuscitation and support for parents and caregivers of newborns who need resuscitation could be improved. The following is a summary of their recommendations.

Increase communication with parents

- Increase communication with parents, especially fathers/partners during newborn resuscitation
 - Assign someone specifically to communicate with parents
 - Consider taking photos to share with mother/birthing parent if separated from baby
 - Remember to communicate clearly with fathers/partners about both the mother and the baby.
 - Newborn resuscitation is often associated with a maternal emergency and fathers/partners may need reassurance about maternal safety before they can focus on baby
- Provide multiple opportunities for a full debrief of the resuscitation with the parents
 - An opportunity to debrief should be offered in the immediate postpartum as well as during a postpartum visit

Follow-up on potential trauma & need for mental health support

- Provide education about trauma and support for trauma recovery to parents after a newborn resuscitation
 - Trauma may be common among parents of newborns who were resuscitated and may not be identified until well after the birth
- Screen parents for mental health concerns during follow up visits and provider referrals to therapy and or peer support
 - Repeat screening 6 months or more after the birth

Consider prenatal education about newborn resuscitation

- Consider providing simple education about newborn resuscitation prenatally, especially in pregnancies with higher risk for newborn resuscitation (for example: patients on SSRIs)

Keep baby with mom/birthing parent whenever possible

- Examine newborn resuscitation practices and practice simulations looking for opportunities to keep moms and babies together

Report compiled by Silke Akerson.