Code Pink for Neonatal Resuscitation

1) General
   a) Code Pink Level I is attended by the Pediatric Resident or Neonatal NP, L&D RN, and Pediatric Respiratory Therapist.
   b) Level II and III Code Pink are attended by the Level I team plus NICU Fellow and NICU RN.
   c) Code Pink may be called as Level I, Level II, or Level III, depending upon antenatal / perinatal risk factors or assessment of newborn at birth; see 2.a.b.c. below.
   d) As this is a guideline, the activation of a Level I Code Pink is at the recommendation of the Obstetric provider.
   e) Code Pink is activated by division secretary or other designated person by dialing 5555. Caller must state Code Pink level, specific location, and indication.

2) Code Pink Indications
   a) Level I: Imminent delivery; newborn may need resuscitation
      i. Meconium stained amniotic fluid
      ii. Suspected macrosomia (EFW > 9 lbs or > 4000 grams)
      iii. Chorioamnionitis
      iv. Anticipated difficult vaginal delivery (shoulder dystocia, non vertex presentation, forceps or vacuum)
      v. Maternal general anesthesia
      vi. Maternal narcotic within 4 hours of delivery
      vii. Non reassuring fetal heart rate tracing
      viii. Maternal magnesium administration for > 24 hours
      ix. HIV positive mother
      x. Level I responders need not complete the newborn assessment if Kangaroo Care criteria met and newborn is Skin-to-Skin (STS).
      xi. For vaginal deliveries, one member of the Code Pink team responds to the patient room to check the equipment set up and obtain patient care information. The remaining team members wait behind the curtain until delivery to allow for the patient’s privacy.

   b) Level II: Imminent delivery, full resuscitation of newborn anticipated
      i. Severe abruption
      ii. Major congenital malformations
      iii. Gestation < 35 weeks
      iv. Cord prolapse
      v. Urgent or Stat Cesarean delivery
      vi. Any anticipated delivery outside of Labor and Delivery
      vii. Difficult vaginal delivery (shoulder dystocia, forceps or vacuum, non vertex presentation) in progress/just completed
c) **Level III: Need for resuscitation of a delivered newborn**
   i. Neonate already delivered with unexpected cardio-respiratory failure requiring resuscitation.
   ii. All deliveries outside of Labor & Delivery.

3) **Pediatric Evaluation of the Newborn Following Delivery, Non-emergent Concerns**
   a) Neonate already delivered, requiring evaluation by pediatric team for difficulty with transition or other non-emergent concerns - page pediatric resident on-call: pager #30145.

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