MINIMIZING SUDDEN UNEXPECTED POST NATAL COLLAPSE (SUPC): AN EMERGING COMPLICATION IN TERM NEWBORNS
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Problem
- About 3,700 infants died suddenly and unexpectedly in the United States in 2015. The American Academy of Pediatrics (AAP) and the Association of Women’s Health Obstetrics and Neonatal Nurses (AWHONN) currently recommend closely monitoring the mothers and newborns during the recovery and postpartum period. Nurses are critical. There were reports of numerous cases of sudden unexpected postnatal collapse (SUPC) in the hospital settings. One of the causes of death is accidental suffocation. Researchers have noted that suffocation may be associated with a “potentially asphyxiating position” during skin-to-skin and breastfeeding. SUPC is an emerging complication of skin-to-skin contact and breastfeeding in the first hours and days post-birth. Skin to skin or most often referred to as Kangaroo Care is recommended by the American Academy of Pediatrics.
- The deaths are categorized as sudden unexpected postnatal collapse (SUPC) because of the health status of the newborn and the age. Risk factors such as the age of the newborn (2 hours of life), skin to skin, unsupervised breastfeeding for the first two hours of life, maternal fatigue, maternal distractions, and maternal risk factors.

Project Implementation
- Having the assessment tools to assess the respiratory activity, perfusion and position (RAPP) to provide education for the nursing staff, patients, and significant others helps reduce the incidence of SUPC. Development of documentation in the EHR was completed. Posters alerting mothers to avoid distractions and monitoring their newborns closely during skin to skin are in each of the patients’ rooms in Women and Infants unit.

Results
- Monthly monitoring of the new Joint Commission Performance Measure PC06, the unexpected newborn complications among full-term newborns with no pre-existing conditions. To date, we are at 2.1% and sustained below the targeted benchmark of 3.11%.

Conclusions
- In conclusion, nurses need to apply strategies that can minimize SUPC. Adequate education of staff and families in relation to accurate newborn physiologic assessment and safe positioning, along with appropriate surveillance during the first days of newborn life, especially in high-risk families, can save hundreds of lives.

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