

# NORTH CENTRAL ILLINOIS PERINATAL NETWORK

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EDUCATION UPDATES

MARCH 2025

# CLASS OFFERINGS

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# FUNDAMENTALS OF FETAL MONITORING (FOFM)

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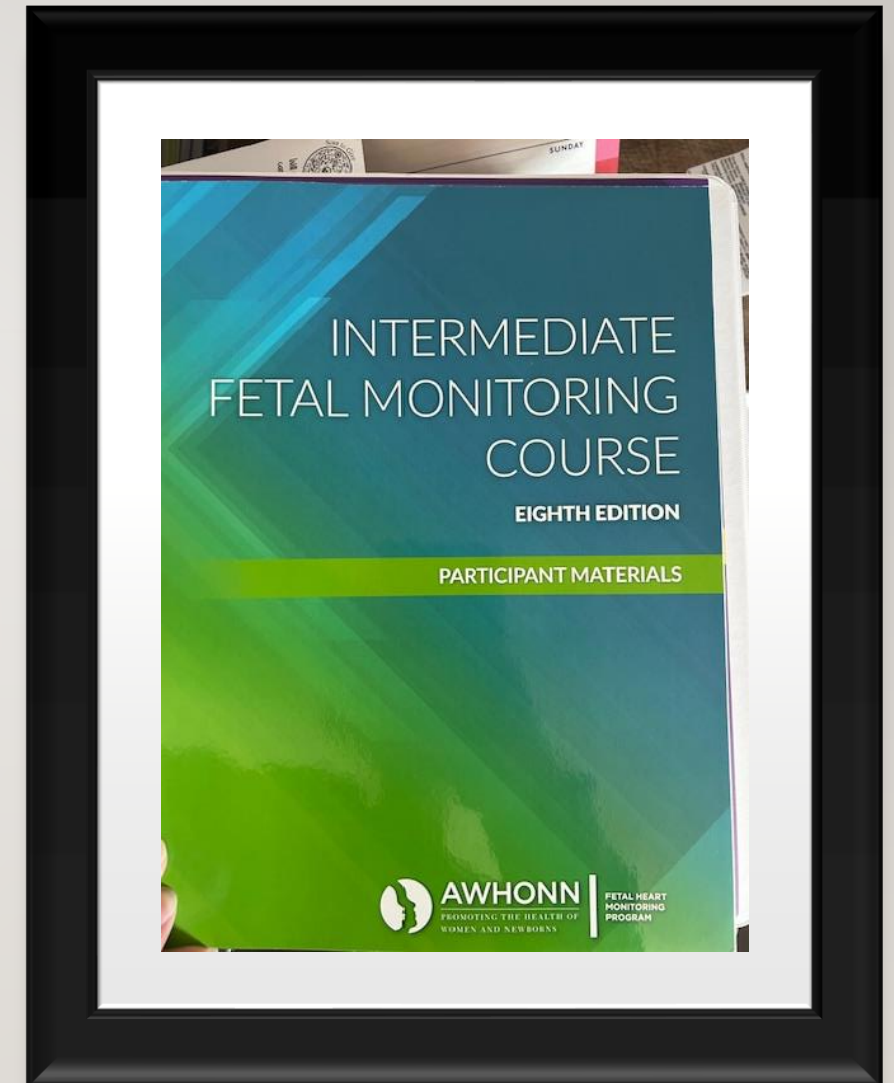
- Audience: Novice Registered Nurses in the State of Illinois who will be providing fetal monitoring to antepartum and intrapartum patients.
- Time commitment – 8 hours – CEU'S will be available.
- Virtual
- Content will be presented every month at the state level.
  - These classes will be taught by Illinois Administrative Perinatal Center Educators.
- For more information, please contact Jen at [Jennifer.L.Carius@osfhealthcare.org](mailto:Jennifer.L.Carius@osfhealthcare.org)



# AWHONN INTERMEDIATE FETAL MONITORING COURSE

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- Audience - Nurses who have completed Updates in Fetal Monitoring/Basic Fetal Monitoring/Fundamentals of Fetal Monitoring.
- One year of experience with fetal monitoring interpretation is recommended.
  - Time commitment – 8 hour in person class.
  - **There will be on-line coursework that must be completed prior to class** (approximately 2-4 hours to complete).
  - Classes for 2025:
    - May 5<sup>th</sup>
    - July 7<sup>th</sup>
    - September 8<sup>th</sup>
    - November 3<sup>rd</sup>
  - To register and find available classes, please visit [Contact us | North Central Perinatal Outreach \(nciperinatal.com\)](#)
  - This class is free, the only cost associated is the cost of the book required by AWHONN to attend and complete the course.

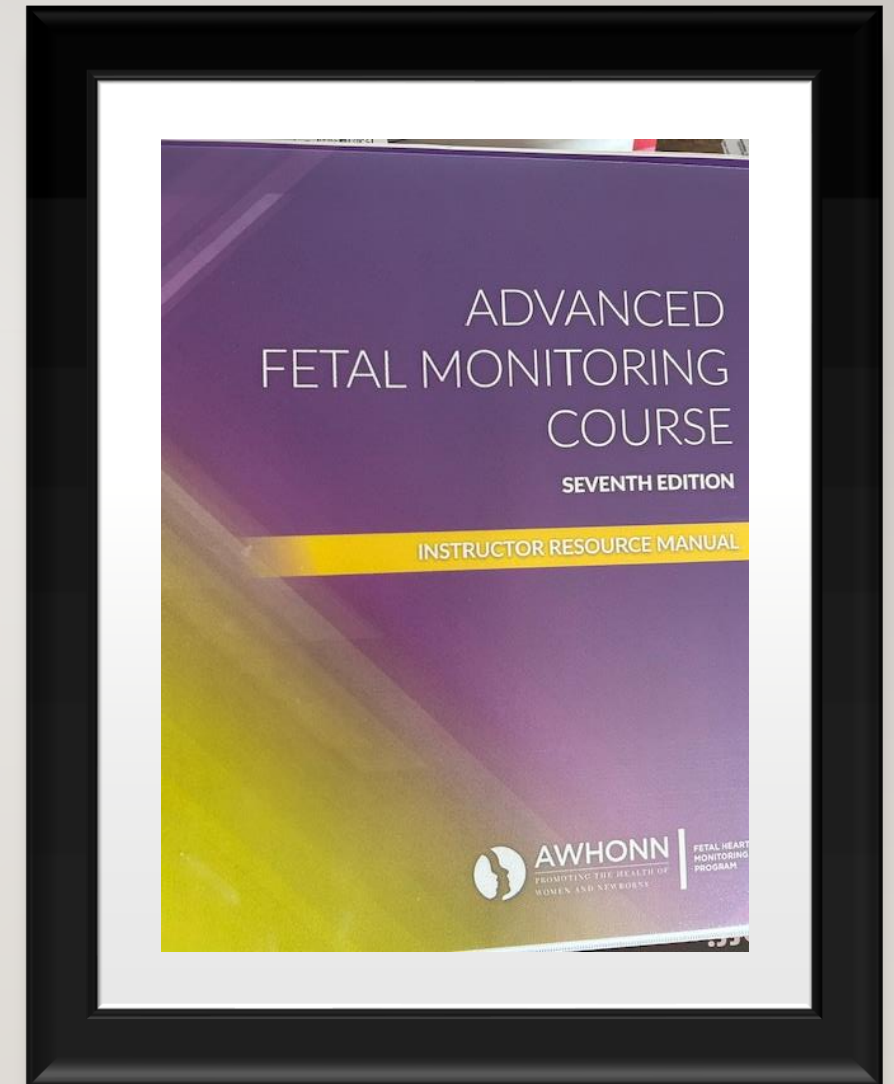




# AWHONN ADVANCED FETAL MONITORING COURSE

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- Audience - Experienced Nurses who have taken the AWHONN Intermediate Fetal Monitoring Course or are certified in fetal monitoring.
- Time commitment – 8-hour virtual class.
- Classes for 2025:
  - April 14<sup>th</sup>
  - June 30<sup>th</sup>
  - August 25<sup>th</sup>
  - October 6<sup>th</sup>
- To register and find available classes, please visit [Contact us | North Central Perinatal Outreach \(nciperinatal.com\)](#)
- This class is free, the only cost associated is the cost of the book required by AWHONN to attend and complete the course.





**AWHONN**  
PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

FETAL HEART  
MONITORING  
PROGRAM

### AWHONN Intermediate/Advanced EFM Checklist

- Purchase textbook from: <https://awhonn.kendallhunt.com/> or call 800.228.0810
  - You will click "Course Participant" and continue forward. You will be purchasing the AWHONN Intermediate Workshop (8<sup>th</sup> edition) or Advanced Workshop - Student Materials (7<sup>th</sup> Edition) book (see below). The ISBN number is to the left of the participant material. Both the Print and eBook editions are listed, each participant MUST have a book for the course they are registered for.

#### Intermediate

<input type="checkbox"/>	9798385129010	Intermediate Fetal Monitoring Course: Participant Material - Print (8th Edition)	\$ 145.00	<input type="text" value="\$ 0.00"/>
<input type="checkbox"/>	9798385128945	Intermediate Fetal Monitoring Course: Participant Material - eBook (8th Edition) <i>This item is non-refundable.</i>	\$ 145.00	<input type="text" value="\$ 0.00"/>

#### Advanced

<input type="checkbox"/>	9798385129027	Advanced Fetal Monitoring Course: Participant Material - Print (7th Edition)	\$ 120.00	<input type="text" value="\$ 0.00"/>
<input type="checkbox"/>	9798385128877	Advanced Course - Participant Material - eBook (7th Edition) <i>This item is non-refundable.</i>	\$ 120.00	<input type="text" value="\$ 0.00"/>

\*Participants need student materials to complete the online portion. Therefore, materials should be ordered AT LEAST three weeks in advance. Participants are not allowed to attend the Intermediate in-person day without completing the online pre-course work.

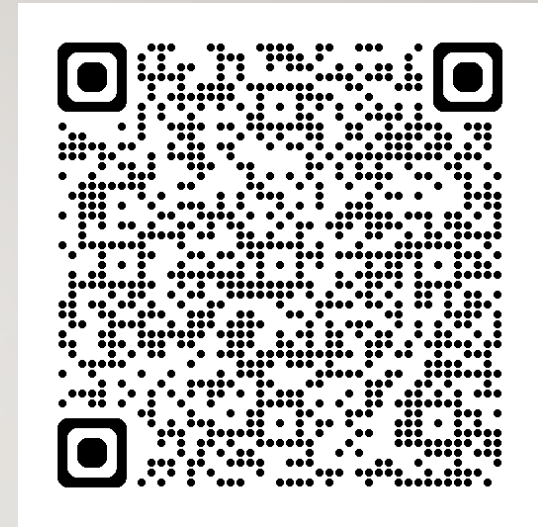
# ORDERING INFORMATION

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# SPINNING BABIES INTEGRATION 2025

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- Workshop with Tammy Ryan AdvCBD/BDT(DONA), SpBT
- November 10, 2025 | 9:00-5:00 – In person
- Audience: This workshop is reserved for providers and birth workers who have taken the Spinning Babies® Workshop, and will provide you with greater insight into our physiological approach.
- Cost: \$250
- OSF Ministry Headquarters – Basement Conference Room - 124 SW Adams St.
- Registration information will also be posted on website

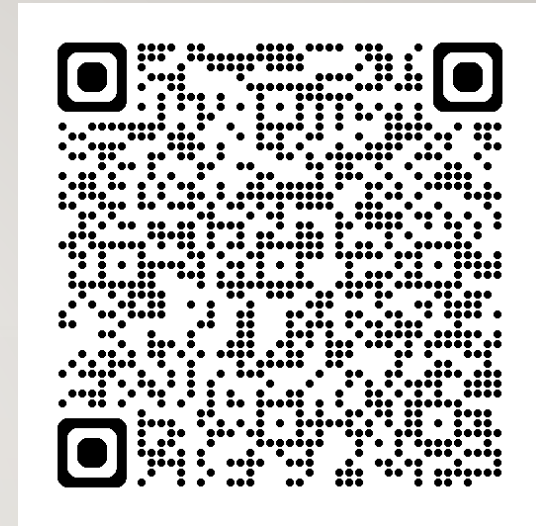




# SPINNING BABIES 2025

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- Workshop with Tammy Ryan AdvCBD/BDT(DONA), SpBT
- November 11, 2025 | 9:00-5:00 – In person
- Audience: All professionals who serve people in their pregnancy and birth. Ideal for midwives, nurses, nurse practitioners, doulas and childbirth educators. Also attended by obstetricians, family medicine doctors, prenatal yoga instructors, chiropractors, acupuncturists, massage therapists, perinatal case managers, and community health workers.
- Cost: \$250
- OSF Ministry Headquarters – Basement Conference Room - 124 SW Adams St.
- Registration information will also be posted on website





# S.T.A.B.L.E. - 7TH EDITION CLASS DATES

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**May 8<sup>th</sup>** at Jump Innovation Peoria, IL

**July 17<sup>th</sup>** at SMMC Galesburg, IL

**August 12<sup>th</sup>** at Jump Innovation Peoria, IL

**November 5<sup>th</sup>** – Tentative Regional Education

Registration Available Soon

Instructors:

Christina M. Spurgeon, MSN, APRN, NNP-BC

Neonatal Nurse Practitioner

Children's Hospital of Illinois NICU

Emalee Brink BSN, RN, PHRN, RNC-OB, LRN

Neonatal Outreach Educator

North Central Illinois Perinatal Network

# S.T.A.B.L.E. 7TH EDITION

- Will need to purchase 7<sup>th</sup> Edition Books
- There will be a fee associated with S.T.A.B.L.E. prework
  - Discounted rate if hospital purchases seats
  - Nurse Grid Learn, \$54 per learner

STABLE Foundations course required before in-person course

In-person course will remain free

Opportunity for hands-on learning

Recommended to take every 2 years

8 IPCE credits (applicable to CEU and CME credit) offered through Jump Simulation

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# CARDIAC STABLE

Tentative date September 2025

Hosted by North Central  
Illinois Perinatal Network

Taught by Cardiology team  
from Lurie's Children's Hospital

More information coming  
soon!



# NRP AND NALS

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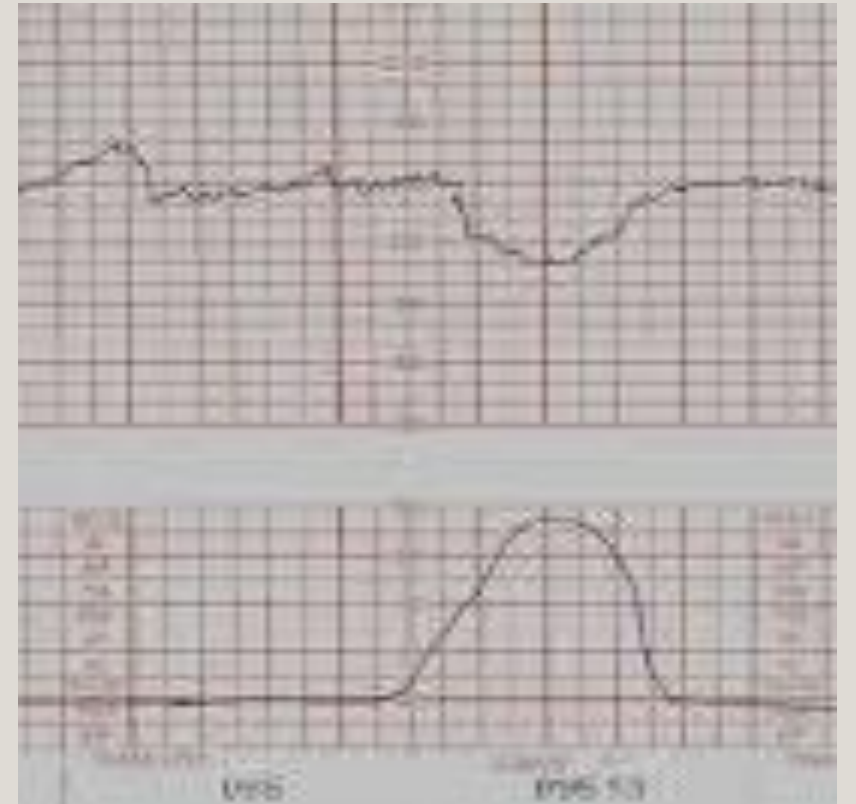
- NRP will be releasing additional modules in 2025 including:
  - Neonatal Resuscitation for Pre-Hospital Professionals – Spring 2025
  - Resuscitation in the NICU – Fall 2025
  - NRP Cardiac – Spring 2025
- 9<sup>th</sup> Edition NRP coming October 2025
- NALS is a new neonatal resuscitation program created by American Red Cross partnered with AWHONN.
- Will be accepted as a resuscitation program at the state level
- Has pre-hospital and in-hospital tracks
- Current NRP instructor mentors can bridge to become NALS instructors

# PREPARING FOR THE EXPECTED

- Audience: RNs who provide care across the spectrum of perinatal services, particularly in LDRP settings, but anyone with a basic understanding of EFM and newborn resuscitation is welcome! Interdisciplinary participation with RTs/MDs etc is always encouraged!
- Time commitment: 3 hours, in person learning facilitated in-situ
- Content: Following a brief review of EFM principles, a multiple case-study format is used to follow a maternal history, her labor course and EFM tracing with an emphasis on anticipating the correlating care needs of a newborn.
- Then, learners simulate the newborn stabilization following delivery.

Approved for 3 CEUs

- Contact Jen or Emalee if interested in scheduling sessions for your staff
- In support of improving patient care, Jump Trading Simulation & Education Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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# SIMULATIONS 2025







# MATERNAL CARDIAC ARREST SIMULATIONS

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- Simulations for OB and ED department (at least one in ED)
- June – OSF SMMC
- July – OSF SJMC
- August/December – OSF SHMC (Hemorrhage/HTN)
- September – McDonough District Hospital

PLEASE REACH OUT TO JEN OR EMALEE IF YOU WOULD LIKE US TO COME TO YOUR FACILITY.



# NEONATAL EDUCATION PROJECTS

# Is the Baby at Risk for Brain Injury?

## CONSIDERATIONS FOR THERAPEUTIC HYPOTHERMIA

**Hypoxic Ischemic Encephalopathy (HIE):** Altered neurological function caused by significant hypoxia and or ischemia around the time of birth.

### Consider Therapeutic Hypothermia if:

One or more of the following

- Blood gas on either cord blood or ABG/VBG in the first hour of life:
  - pH < 7 or base deficit > 16
  - pH 7.01-7.15 or base deficit -10 to -15.9 with an acute perinatal event
- Acute perinatal event
- APGAR < 5 at 10 minutes
- PPV given at delivery for longer than 10 minutes
- Abnormal neurological exam or seizure activity

### Criteria for Cooling

Neonate should meet this criteria:

- Gestational age greater than or equal to 36 weeks
- Birth weight greater than 1800 grams
- Less than 6 hours since the insult occurred

**Consult CHOI NICU if concerns are present**

**Don't delay consultation. Cooling must be initiated within 6 hours.**

#### Candidacy for Cooling



#### Neurological Exam



### Passive Cooling

Consult CHOI NICU before initiating passive cooling.

1. Place newborn on cardiorespiratory monitoring
2. Turn off radiant warmer
3. Monitor temperature every 15 minutes with a target temperature of 33.5 C (92.3 F)
4. If body temperature falls below 33 C, turn radiant warmer on with the temperature set 0.5 C above the current body temperature

Consult OSF Carehub for Assistance and Urgent Transfer

**1-800-252-5433**



# THERAPEUTIC HYPOTHERMIA



## Bilious Emesis

Emesis may be classified as bilious when there is a significant quantity, more than just a few drops, of green (usually dark green) vomit. Bilious emesis is a common clinical sign of bowel obstruction, the most emergent being malrotation with midgut volvulus. This is a surgical emergency and requires prompt evaluation.

### What is malrotation with midgut volvulus?

Malrotation occurs when the intestine fails to properly rotate and fixate to the retroperitoneum during the early weeks of pregnancy. Instead of being securely anchored by the mesentery, the bowel becomes vulnerable to twisting at any time. When the twisting occurs, the blood supply to the intestine is cut off leading to ischemic injury. Emergency surgery is required to untwist the bowel, restore blood flow, and remove any necrotic bowel.







### Signs and Symptoms

- Bilious emesis

In cases with volvulus, late signs and symptoms can include:

- Abdominal distension
- Tenderness
- Guarding
- Signs of shock

Chart 1

True bile-stained vomit that requires immediate attention is DARK GREEN like these.		Milk
		Lemon
		Lime
		Avocado
		Pea
		Spinach

### How do you diagnose and treat?

- If not already, make the patient NPO
- The gold standard for diagnosis is an Upper GI study (UGI)
- Consult Neonatology at Children's Hospital of Illinois (CHOI) after the first incidence of bilious emesis.

**BILIOUS EMESIS IN ANY CHILD LESS THAN ONE YEAR OF AGE SHOULD BE ASSUMED TO BE A SIGN OF MALROTATION UNTIL PROVEN OTHERWISE.**

**Consult OSF Carehub for Assistance and Urgent Transfer  
1-800-252-5433**

# BILIOUS EMESIS

## Car Seat Trial

### Background

The American Academy of Pediatrics (AAP) recommends that infants meeting criteria should have a period of observation in a child safety seat prior to discharge to monitor for possible apnea, bradycardia, or oxygen desaturation while traveling.

### Inclusion Criteria

Infant qualifies for a car seat trial if any of the following conditions are met.

- Preterm and low birth-weight newborns:
  - Born younger than 37 weeks
  - Weight less than 2500 grams at birth
- Hypotonia (e.g. Down Syndrome or congenital neuromuscular disorders)
- Micrognathia (e.g. Pierre Robin sequence)
- Infants who have undergone congenital heart surgery
- Being discharged with an apnea monitor or oxygen therapy
- Provider Request

### Steps

Perform car seat trial within 7 days of discharge, if possible. Only medical equipment that is going home with the infant should be in place during trial.

1. Place **infant** on cardiorespiratory monitor and pulse oximetry
2. Monitor settings with alarm limits as follows:
  - Heart Rate (HR) alarm <80 bpm
  - Apnea alarm
  - SpO<sub>2</sub> 88% or as specified by provider for cardiac patients
3. Place infant correctly in child restraint.
  - Buttocks and back flat against the back of the car seat

### Supplies

- Appropriate Car Seat
  - Ensure car seat provided by family meets the following criteria:
    - ✓ Lower weight limit of seat
    - ✓ Correct fit of baby in the car seat
    - ✓ Car seat is not expired
    - ✓ No recall of seat
  - If no to above, check availability of lower weight limit seat
  - Consider a car bed if car seats do not provide correct fit
- Cardiorespiratory monitor
- Pulse Oximetry

- Nothing should be placed under **infant**
  - **If car seat manufacturer allows**, may place rolled receiving blankets on sides of infant, small washcloth or cloth diaper may be placed between infant's legs and buckle.
4. Position harness retainer clip on the infant's chest at armpit level.
  5. Verify that shoulder straps meet the seat at or below the level of the infant's shoulders.
  6. Verify the crotch strap meets the newborn's diaper area.
  7. Adjust the straps until they are snug.
  8. Place car seat in base, if available, and obtain correct angle recline (30-45 degrees)
  9. The infant should have a clean diaper and be fed shortly before the start of the screening.
  10. Perform trial for 90 minutes or for the length of travel home, whichever is longer.
  11. Monitor closely for alarms.

### Alert:

If the patient becomes symptomatic:

- Stop the test
- Initiate appropriate interventions to ensure the newborn's immediate safety (e.g. removal from car seat, oxygen administration)
- Notify provider if newborn experiences criteria of failure

### Pass/Fail Criteria

The goal of the car seat trial is not to get a "pass" but to make sure that infant can tolerate riding in a semi-reclined position without experiencing apnea, bradycardia, and/or oxygen desaturation.

#### Pass

- No apnea, bradycardia, or desaturation **or**
- Apnea, bradycardia, or desaturation lasting for a shorter duration than the failure criteria

#### Fail

- Apnea > 20 seconds
- 10 seconds of bradycardia (60-80 bpm) with associated desaturation
- 10 seconds of bradycardia (<60 bpm), regardless of desaturation
- A single desaturation < 80% lasting ≥ 10 seconds
- 2 or more desaturations < 88% lasting ≥ 10 seconds

### Repeat Trials

Reference attached Failed Car Seat Trial Algorithm

- If **infant** fails initial screening, the nurse must wait 24 hours before attempting again
- If the patient fails the second screening, a car bed can be attempted after 12-24 hours

For assistance with acquiring specialty seats (e.g. car bed) please contact:  
Special Needs Resource Center - Peoria, IL  
877-277-6543

# CAR SEAT CHALLENGE GUIDELINES



## Car Seat Trial

### What is a Car Seat Trial?

A car seat trial is an important screening to ensure that your baby can safely sit in their car seat without having any dangerous problems with their breathing, heart rate, or oxygen level. Car seats put babies in a semi-reclined position, which can be difficult for some preterm and special needs infants to tolerate. This is a practice test done a few days before discharge to see how your baby does before it is time for them to go home.

### Who needs a Car Seat Test?

The American Academy of Pediatrics recommends a Car Seat Trial for all babies born before 37 weeks or born weighing less than 5lb 8oz (2500 grams). Babies with other medical conditions who may not tolerate sitting in a semi-reclined position may also need this test.

### How is the test done?

You will need to bring your baby's car seat to the hospital as it's important that they be tested in the same seat they will ride in after going home. The test is done preferably after the baby has eaten and has a clean diaper. Your baby will be secured into their car seat and the staff will closely monitor their breathing, heart rate, and oxygen levels for 90 to 120 minutes.

### After the test

- If your baby passes the Car Seat Trial, you will still need to watch him or her closely when in a car seat. If your baby did not pass the test, the doctor may repeat the test in the same car seat on another day or do the test again in a different car seat.
- Only put your baby in their car seat to travel. Do not let your infant sleep in the car seat when not traveling.
- Learn about your baby's car seat. You must know how to properly position your baby in it and know the right way to install it in your car. The car seat should stay rear-facing until your baby is at least 2 years old.
- Avoid adding anything to the car seat that didn't come with it.
- Avoid bulky clothing like snowsuits or coats when putting your baby in their car seat. This prevents the harness from being adjusted properly and the baby could be ejected from their seat if in a crash.
- You can go to a nearby car seat check location or contact your local fire department to make sure your child is safe in their car seat. Go to [www.safekids.org/car-seat](http://www.safekids.org/car-seat) to find one near you.

If you have any questions, be sure to talk to your nurse or your child's doctor.

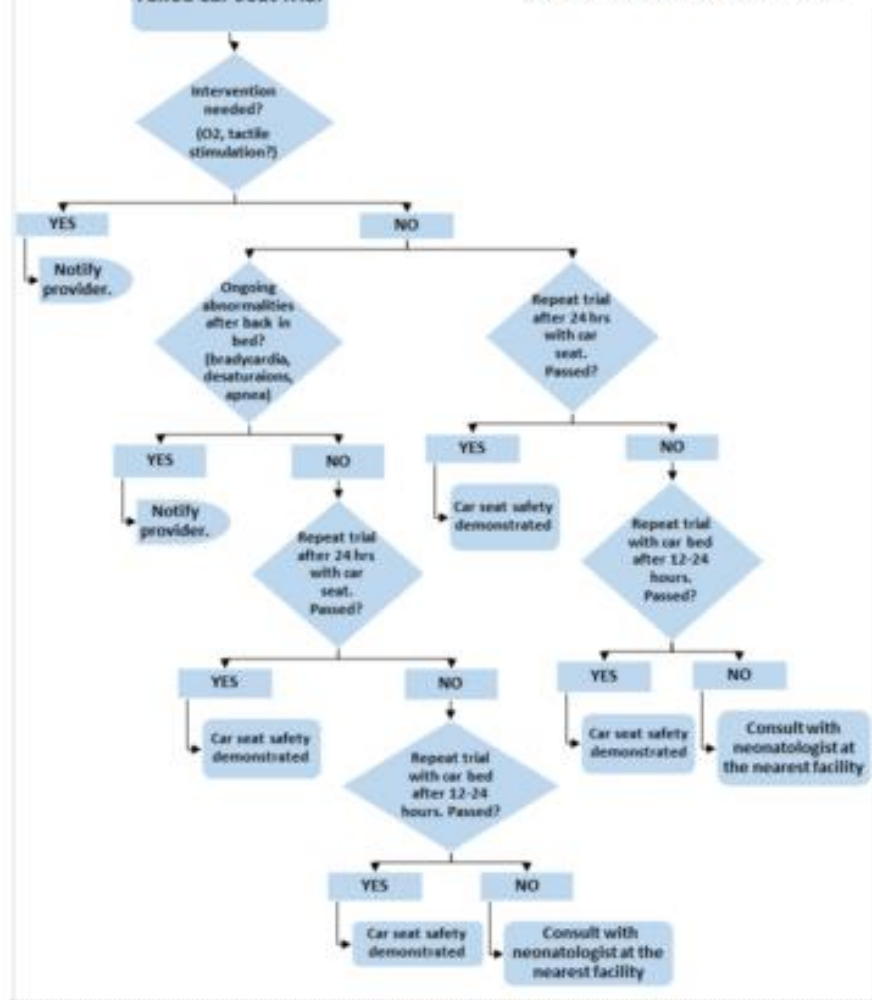


# PARENT EDUCATION FOR CAR SEAT TRIAL

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Children's Hospital of Illinois  
NCCU Car Seat Failure Flowchart



# CAR SEAT FAILURE GUIDELINES

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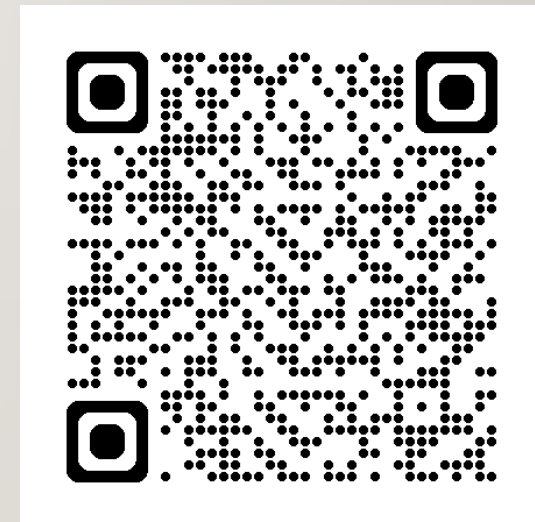
# TOOLKITS



# MATERNAL POSTPARTUM WARNING SIGNS

- Providing a “living” toolkit accessible on our website regarding postpartum warning signs to our network facilities
- Examples:
  - Resources
  - Form to fill out requesting more bracelets
  - ACOG guidelines for treatment
  - When to follow up discharge language
- Using FREE printed resources from CDC’s Hear Her Campaign

Plan is for this to be ready by May 2025.



# NALOXONE PROJECT



- Providing a “living” toolkit accessible on our website regarding how to sign up for FREE Narcan to our network facilities
- Examples:
  - Resources
  - DOPP website link
  - FAQ Page

Plan is for this to be ready by May 2025. More information to come.

IF YOU HAVE SPECIFIC  
EDUCATION REQUESTS, PLEASE  
REACH OUT TO JEN AND EMALEE.

[JENNIFER.L.CARIUS@OSFHEALTHCARE.ORG](mailto:JENNIFER.L.CARIUS@OSFHEALTHCARE.ORG)

[EMALEE.P.BRINK@OSFHEALTHCARE.ORG](mailto:EMALEE.P.BRINK@OSFHEALTHCARE.ORG)