

Historical Perspective Neonatal Outreach

The beginning- neonatal mortality and the White Paper

Six Perinatal Regions

Perinatal Outreach Coordinators

Neonatal Outreach Coordinators

Original goals and expectations

- Target- health care providers caring for neonates in identified counties
- Identify preventable factors and systems issues on the local and regional level
- Provide technical assistance and programmatic direction to local perinatal/neonatal care providers
- Increase professional knowledge and use of best practice guidelines
- Facilitate partnerships between local perinatal/neonatal providers and the regional tertiary center(s)

Neonatal Outreach Coordinator Major Responsibilities:

- Work with the NC DHHS Women's Health Branch and the Perinatal/Neonatal Outreach Coordinators representing other regions in the state, to develop and/or update the statewide educational plan; which addresses priority concerns of mothers, newborns and their families and seeks to reduce infant mortality.
- Identify educational needs of perinatal care providers (nurses, social workers, nutritionists, maternal outreach workers, etc), develop, implement and evaluate a broad range of educational activities designed to meet these needs.
- Collaborate with the Regional Perinatal Outreach Coordinator to facilitate the goals and objectives of the Perinatal Outreach Program.
- Function as an instructor, trainer, preceptor, evaluator, and consultant.
- Work cooperatively with community groups and agencies concerned with the needs of childbearing families in the counties as specified above.
- Function as a liaison between the tertiary centers and the regional and community hospitals, public health agencies, private providers and others.

Successes

- Statewide Obstetrical and Neonatal Outreach Coordinators who worked together with the aim to assure best practice across the state
 - Assure consistency of program development/offering
 - Evaluation of program
 - Review of Neo/OB state statistics
 - Identify gaps in service and offer solutions, as indicated
- Relationships grew, particularly with the nursing staffs
- Resuscitation and stabilization improved
- Transport of sick infants improved

Challenges

- Administrative support (community and tertiary center)
- Medical support (community)
- Financial support

Current Challenges