

**ILCOR SCIENTIFIC ADVISORY STATEMENT PROPOSAL**

**1. Proposed Manuscript Title Gaps in Knowledge in Neonatal Resuscitation**

**2. Environmental Scan**

* *What other papers are already available on same/ similar topic area*

*There are papers about individual topic areas (e.g. oxygen exposure during neonatal resuscitation, use of volume expansion, use of epinephrine) but no comprehensive statements since Perlman J, Kattwinkel J, Wyllie J, Guinsburg R, Velaphi S; Nalini Singhal for*

*the Neonatal ILCOR Task Force Group. Neonatal resuscitation: in pursuit of*

*evidence gaps in knowledge. Resuscitation. 2012 May;83(5):545-50*

* Previous systematic reviews: None
* *What ILCOR and member council guidelines will be cross-referenced?*  All since the Perlman et al. paper above.

**3. Need for the Paper -** Please provide a subject summary (delete yellow text when actioned). How will the paper support ILCOR’s mission, vision and values? The proposed manuscript will collect and provide a comprehensive summary and discussion of gaps in knowledge identified in ILCOR systematic reviews, Council Guidelines and (where there has been no ILCOR systematic review) other key systematic reviews since the Perlman et al. paper above.

**4. Audience -** Intended audience (e.g.: healthcare professionals, lay, policy makers, outside societies) Healthcare professionals, relevant members of the basic science and clinical research communities, research funding agencies

**5. Lay Summary** - Write a lay summary of 200 words or less (include clinical relevance)

Support to accomplish successful air breathing, and to stay sufficiently warm after birth is key to the survival and wellbeing of up to 10% of all infants born worldwide, and approximately 1% of babies need advanced resuscitation measures to survive. Despite this, the research evidence base for many aspects of practice is insufficient. In recent decades, new evidence has refined the ways in which newborns are resuscitated, and has resulted in the elimination of some practices that were previously thought to be helpful. It is highly likely that further research can result in further improvements, but there is a need to comprehensively identify the knowledge gaps and the priorities for research, including both large observational studies of practice and interventional trials. The aim of this project would be to summarize the gaps in knowledge across all areas of neonatal resuscitation, and to identify high priorities for research, in order to galvanise the clinical and research communities and support the provision of funding.

**6. Implications** – Will there be implications in this guideline/statement for public health and/or are there recommendations that will change the practice of clinicians? If so, please summarize. The previous ILCOR Neonatal Group paper (Perlman et al.2012) was highly effective in promoting research and data collection in priority areas. This has resulted in new evidence, which in turn has changed guidelines. Examples are the guidance regarding suctioning of the trachea in meconium-exposed infants, and methods to maintain normothermia. In some cases, data collection or research have been insufficient to change practice, but have clarified the methods for further research. Examples include oxygen provision during neonatal resuscitation, and use of epinephrine (adrenaline).

**7. Proposed Writing Group** – 8-10 members in total. Provide full name, institution, and email address for each proposed member. Please consider ILCOR’s values of collaboration and diversity when making nominations. Members of the ILCOR Neonatal Task Force (undergoing transition) and other members of the ILCOR Neonatal Working Group – details to be confirmed at upcoming Task Force meeting in Cape Town, RSA November 2019 and Neonatal Working Group Meeting in Washington DC in December 2019

**Writing Group Chair** (confirm that writing group chair has no relevant COI. 51% of proposed writing group members must be free of COI.)

Helen Liley – No COI

**Writing Group Vice Chair**

Myra H. Wyckoff-No COI

**Writing Group Members**

TBA

**\*Early Career Member**

TBA

**Minority Member**

TBA

\*\*All ILCOR member councils will be invited to nominate a writing group member if proposal is accepted\*\*

**8. Timetable for Completion of Paper** – 6-9 months to time of peer review

**Months 0-1:**

Collection of all relevant

* ILCOR NLS Systematic reviews and CoSTR statements
* Member council guidelines (including translation where necessary)

Identification of topic areas where other relevant systematic reviews may be needed

**Months 1-3:**

* Structured search for other relevant systematic reviews
* collation of all recognized gaps in knowledge

**Months 3-6:**

* Delphi process among authors to achieve consensus on gaps in knowledge and prioritisation

**Months 6-9:**

* Manuscript preparation and submission