

*“Making a difference in the lives of
women and newborns.”*

OREGON AWHONN

QUARTERLY NEWSLETTER

Spring 2026

Issue 01

Oregon AWHONN

Welcome from your new section leaders

Dear OR AWHONN Members,

We are excited and honored to serve you over the next three years.

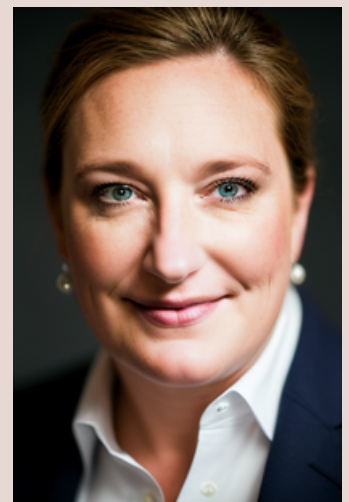
My name is Deidre, your Oregon Section Chair, and alongside Randa, your Oregon Section Secretary/Treasurer, we are grateful for the opportunity to support the incredible nurses and professionals who make up OR AWHONN.

We are also excited to begin making some meaningful changes to what you experience through your AWHONN membership. We recognize that healthcare has shifted dramatically over the past several years—particularly in the face of maternal care deserts, persistent health disparities, and increasing burnout across our teams. While we know we cannot solve every challenge, we are committed to making real and measurable impacts where we can.

Over the next year and beyond, we will be taking some “baby steps” (pun intended!) to strengthen how our local section supports you. We have organized our work into three major focus areas—and here is what you can expect from us.



Deidre Miller, MSN-Ed, RN,
RNC-NIC, C-ONQS, C-
NNIC, C-ELBW Oregon
Section Chair



Randa Bates, MSN, RN
Oregon Section
Secretary/Treasurer

Inside this Issue:

- Letter from your Oregon leaders
- Opportunities for Involvement
- Practice Updates
- Educational Offerings
- Conference Announcement

1. Education and Outreach

This is the work we are most excited about. Our Education and Outreach team is committed to increasing the number and variety of educational opportunities available to our members. These will include webinars, sponsored educational offerings (yes—sometimes with dinner!), and occasional networking events. In the coming weeks, this team will be reaching out with information about upcoming offerings, professional development opportunities, and ways to get involved. All of this will complement our annual conference. You will also be hearing soon about a new mentorship program—an exciting opportunity to engage with AWHONN as either a mentor or a mentee.

2. Legislative

Our Legislative team is ready to help drive change. Each year, members of this team participate in AWHONN on the Hill, advocating directly with congressional leaders on policies that affect the patients and communities we serve.

3. Mentorship Program

This fall we are launching a 12-month mentorship program for new-to-specialty practice (within the first 5 years). We begin in October, with a cohort of 20–30 nurses and matched in a 3:1 ratio with a dedicated mentor for connection and support throughout the year. The program will include once per month All-Cohort meetings, CEUs, and engaging topics such as debriefing with patients, scope of practice, documentation, and mapping your career path.

- Signups will open in August, so keep an eye out for more details and start thinking of nurses on your unit who may be interested!
- **Questions? Reach out to Jen Atkisson at jen.atkisson@gmail.com**

OR AWHONN Leadership Vacancies

We're on the hunt for a few motivated, passionate humans to join our fun and amazing Oregon AWHONN Leadership team. Whether you have 30+ years of experience or 3 months on the unit, if you're excited about perinatal and neonatal care and want to get involved, we want you.

Why join?

Feel really good about giving back to your community

Get “paid” with registration/travel to support to attend OR AWHONN conferences, the AWHONN National Convention, AWHONN on the Hill, and the AWHONN Leadership Development Conference

Build leadership and professional skills

And... get to hang out with a group of hilarious, charming, and genuinely lovely like-minded people

Curious? Interested? Slightly intrigued? Scan the QR code to learn more and throw your name in the hat for our current leadership vacancies!



Practice Updates

What's New with NRP 9th Edition?

Change	8 th Edition	9 th Edition
<p>Algorithm Changes: Added Birth and Initiate Cord Management Plan in the 1st minute</p> <p>Removed suction from Warm, dry, stimulate, position the airway, suction if needed</p>		
<p>Deferred cord clamping duration increased to at least 60 seconds.</p>	<p>For most vigorous newborns, evidence suggests delayed clamping for 30-60 seconds.</p>	<p>For most newborns who do not require immediate resuscitation, clamping should be deferred at least 60 seconds.</p>
<p>Umbilical cord milking for non-vigorous infants 35-42 weeks may be a reasonable alternative to early cord clamping.</p>		<p>For non-vigorous infants 35-42 weeks, milking the intact umbilical cord may be a reasonable alternative to early cord clamping.</p> <p>For non-vigorous infants 28-34 weeks, there is not enough evidence to recommend.</p> <p>For non-vigorous infants < 28 weeks, cord milking is not recommended because of increased risk for severe IVH.</p>

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<p>Target oxygen saturation table now starts at 2 minutes vs 1 minute</p>	<table border="1"> <thead> <tr> <th colspan="2">Target Oxygen Saturation Table</th> </tr> </thead> <tbody> <tr> <td>1 minute</td> <td>60%-65%</td> </tr> <tr> <td>2 minutes</td> <td>65%-70%</td> </tr> <tr> <td>3 minutes</td> <td>70%-75%</td> </tr> <tr> <td>4 minutes</td> <td>75%-80%</td> </tr> <tr> <td>5 minutes</td> <td>80%-85%</td> </tr> <tr> <td>10 minutes</td> <td>85%-95%</td> </tr> </tbody> </table>	Target Oxygen Saturation Table		1 minute	60%-65%	2 minutes	65%-70%	3 minutes	70%-75%	4 minutes	75%-80%	5 minutes	80%-85%	10 minutes	85%-95%	<table border="1"> <thead> <tr> <th colspan="2">Target Oxygen Saturation Table</th> </tr> </thead> <tbody> <tr> <td>2 minutes</td> <td>65%-70%</td> </tr> <tr> <td>3 minutes</td> <td>70%-75%</td> </tr> <tr> <td>4 minutes</td> <td>75%-80%</td> </tr> <tr> <td>5 minutes</td> <td>80%-85%</td> </tr> <tr> <td>10 minutes</td> <td>85%-95%</td> </tr> </tbody> </table>	Target Oxygen Saturation Table		2 minutes	65%-70%	3 minutes	70%-75%	4 minutes	75%-80%	5 minutes	80%-85%	10 minutes	85%-95%
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<p>Initial PIP has been simplified with an acceptable range based on gestational age</p>	<p>Start with a PIP of 20 to 25 cm H₂O</p>	<p>The suggested initial PIP is 25 cm H₂O</p>																										
<p>Ventilation corrective steps may be performed in the order most likely to be helpful</p>	<p>Perform the corrective steps sequentially until you achieve chest movement</p>	<p>Based on your assessment, you may choose the steps that are most likely to be helpful and prioritize the order in which you perform them</p>																										
<p>A laryngeal mask airway may now be used as a primary device for ventilation</p>	<p>If the baby cannot be successfully ventilated and intubation is unfeasible or unsuccessful, an LMA may be used as a rescue airway.</p>	<p>In most cases, ventilation is initiated with a face mask or LMA</p>																										
<p>The endotracheal tube depth is measured to the anterior edge of the upper gum instead of the lip</p>	<p>Insert the endotracheal tube so that the marking on the tube is adjacent to the baby's lip</p>	<p>Insert the endotracheal tube so that the marking on the tube is adjacent to the anterior edge of the baby's upper gum</p>																										

NRP 9th Edition content must be implemented in instructor led events by June 1, 2026 and hospitals are also encouraged to transition to NRP 9th edition recommendations by this date.



AWHONN & OPC

Present

Rewriting the First Minutes

An Interactive Case Review of
NRP 9th Edition

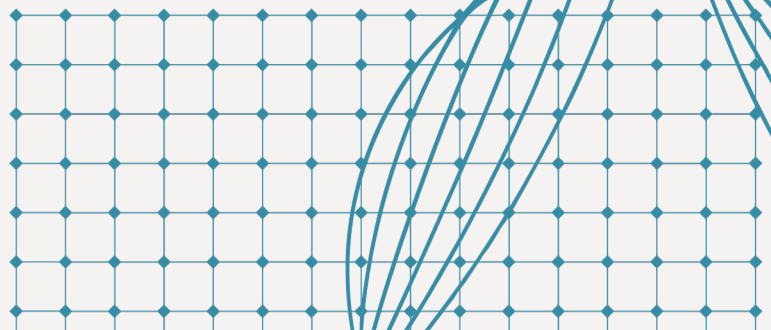
PRESENTED BY DEIDRE MILLER, MSN-ED
OREGON AWHONN SECTION CHAIR

REGISTER HERE



Tuesday,
16 June, 2026
07:00 pm - 08:30 pm

Free for AWHONN Members
\$10 for non-members



DISTRICT 1 - MULTI STATE *Fall* CONFERENCE

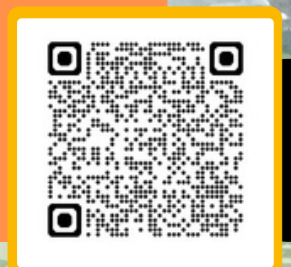


Featuring
Jen Hamilton

**PRIORITY REGISTRATION FOR AWHONN
MEMBERS APRIL 1-15, 2026**

Oct 1-3, 2026
Riverside Hotel
Boise, Idaho

Offering 3 pre-cons
on Oct 1
See registration site
for details



SCAN ME