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NADYA YOUSEF

*Neonatologist at Paris-Saclay university
hospital, about her experience with
Monivent Neo Training*



The patients at the neonatal intensive care unit (NICU) at Paris-Saclay university hospital are either term, preterm or even extremely preterm. They have different kinds of health issues and manual ventilation is a procedure often required both for the tiny babies here and in the delivery room. The NICU in Paris was among the first units to use Monivent Neo Training. It's a medical device for improved control of newborn manual ventilation.



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Nadya Yousef is working as a senior neonatal consultant at the Assistance Publique – Hôpitaux de Paris, Paris-Saclay University hospitals, A. Beclere medical centre hospital. In addition to being involved in the daily clinical routines at the NICU, she is also in charge of the team's quality improvement projects.

"We want to improve our quality of care. With practical sessions and simulations with in situ scenarios we try to improve our teams, both their performance, team cohesion and how they work together."

In the simulation sessions with manikin a procedure often practiced is manual ventilation. The team members have to respond to a situation and later debrief their performance. Since a couple of years Monivent Neo Training is used in these sessions.

"We met the Monivent representatives at the jENS conference in Venice 2017. We found their training device very interesting and when they asked if we wanted to test it we accepted."

For ventilation of babies at Nadya Yousef's unit and in the delivery room, the staff uses different ventilation devices and with some of them the pressure given can be controlled but not the volume.

"It's important to be able to ventilate enough, but not too much because very quickly that can cause lesions in the baby's lungs. Today we know that these lesions are created by too big volumes of air, and with the Monivent device you get feedback on volume as well as pressure."

When Nadya Yousef and her colleagues first started using Monivent Neo Training there were some initial issues, mainly related to the software.

"This was both good and bad. The bad thing was that some of my colleagues got a bit hesitant to use it, but the good thing was that Monivent let us keep it longer", says Nadya Yousef laughing.

Now that the software problems are resolved however, she says that they're all convinced it's a very good tool to use in the aim of improving patient care.

"Before we had access to the Monivent device we knew we could get babies out of the critical phase but we had no way of controlling how large volumes of air we gave. Now, with Monivent Neo Training we can train our team members to ventilate with volumes that are efficient but not dangerous."



All team members, from nurses and interns to doctors, participate in the training sessions. Nadya Yousef has had overwhelmingly positive feedback from all participants.

"One thing they especially appreciate is that with the feedback from the Monivent device they can easily adjust the ventilation they give to make sure it stays within recommendations. They don't need an instructor to tell them."

Nadya Yousef is herself very happy with their training device.

"It's very easy to use and the interface is very visual. It's a help in the ventilation procedure but the caregiver still has to use his or her clinical sense and experience. It's simply a nice complement to what we already have."

Nadya Yousef has brought Monivent Neo Training also to local conferences where first aid responders, for example midwives have had a chance to test it. She has met a great interest also from these groups of caregivers, and she means that it's suitable for any type of context where babies are being ventilated with or without the Neopuff, and not only for high level NICUs.

"Ventilation is such an essential procedure, but as with everything you don't do very often is difficult to remember. You will remember the basics but not the fine tuning of it. We're all human and we need retraining. The more you train, and especially on manikin, the more confident and the less stressed you will be. Resuscitation of a baby is a high stress situation, and stress can make us do funny things. But if this is something you have trained over and over you will perform better and be more open to teamwork because you master the procedure."

Nadya Yousef is now looking forward to the launch of the Monivent device for clinical use. She has had it demonstrated and also had an opportunity to test it herself on manikin.

"The setting up of the device is so quickly done that by the time the baby is evaluated and ventilation is about to start, the Monivent device is already operational. That's important since it will be no problems to follow current recommendations stating ventilation should start within 60 seconds. I think a clinical device would really be of added value because it would help giving artificial ventilation with quality."



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