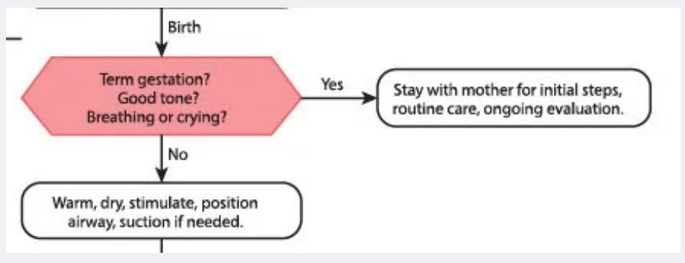
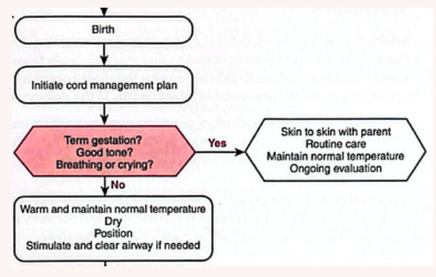
Key Changes in the NRP 9th Edition

Changes and Comparison of 8th and 9th Edition

This infographic summarizes the key changes from the 8th Edition to the 9th Edition of NRP. It is designed as a quick reference for providers transitioning to the new guidelines. Changers are evidenced-based and focus on improving neonatal outcomes. Always refer to the full Canadian NRP 9th Edition textbook.

Change Location	8th Edition	9th Edition NEW
Algorithm		 • **Added:** Birth and Initiate Cord Management Plan • **Initial Steps:** De-emphasizing Routine Suctioning and highlighting the importance of thermoregulation.
Deferred Cord Clamping (DCC)	For most vigorous preterm newborns, clamping should be delayed for at least 30-60 seconds. Amoung vigorous term newborns, the evidence suggests that a similar delay may be reasonable.	For most newborn infants who do not require immediate resuscitation, clamping the umbilical cord **should be deferred for at least 60 seconds**.
Umbilical Cord Milking (UCM)	For newborns less than 28 weeks gestation, UCM is not recommended because it has been associated with an increased risk of Intraventricular Hemorrhage.	For newborn infants 35-42 weeks gestation, who remain non-vigorous despite stimulation, **UCM may be a reasonable alternative to early cord clamping.** For non-vigorous preterm infants born at 28-34 weeks gestation, there is not enough evidence to recommend routinely milking the intact umbilical cord. Intact UCM is not recommended for preterm infants less than 28 weeks gestation.
Oxygen Concentration	Oxygen Concentration (FiO_2) Weeks Gestation / Initial Setting ⩾35 weeks: 21% ‹ 35 weeks: 21%-30%	Oxygen Concentration (FiO_2) Weeks Gestation / Initial Setting ⩾ 35 weeks: 21% 32-34 weeks: 21%-30% ‹ 32 weeks: ⩾ 30%
Fi O2 Target Chart	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%	Target Oxygen Saturation Table 2 minutes: 65-70% 3 minutes: 70-75% 4 minutes: 75-80% 5 minutes: 80-85% 10 minutes: 85-95% Target Oxygen Satration Table will now **start at 2 minutes** of age.

Key Changes in the NRP 9th Edition

Reproductive Care Program of Nova Scotia

IWK Health

Change and Comparison of Changes

Change Location	8th Edition	9th Edition (NEW)
Initial Peak Inspiratory Pressures (PIP)	Start with a PIP of 20-25 cm H2O	<table><tr><th>Weeks Gestation</th><th>Initial Setting</th></tr><tr><td>⩾ 32 weeks</td><td>25 cm H2o</td></tr><tr><td>‹ 32 weeks</td><td>20 cm H2o</td></tr></table> Initial PIP determined by gestational age
Ventilation Corrective Steps (MR SOPA)	If the heart rate is not increasing within the first 15 seconds of PPV and if you do not observe chest movement, begin ventilation corrective steps as per MR SOPA. Preform corrective steps sequentially until you achieve chest movements with assisted breaths.	If the heart rate is not increasing within **15-30 seconds** of starting intial ventilations, and you do not observe chest movement, start the ventilation corrective steps (MR SOPA).
ETT Size	<table><tr><th>Weight (grams)</th><th>Gestational Age (weeks)</th><th>ETT Size (mm)</th></tr><tr><td>‹1000</td><td>‹ 28</td><td>2.5</td></tr><tr><td>1000-2000</td><td>28-34</td><td>3.0</td></tr><tr><td>› 2000</td><td>›34</td><td>3.5</td></tr></table>	<table><tr><th>Weight (grams)</th><th>Gestational Age (weeks)</th><th>ETT Size (mm)</th></tr><tr><td>⩽ 1200</td><td>‹ 28</td><td>2.5</td></tr><tr><td>1,201-2,200</td><td>28-34</td><td>3.0</td></tr><tr><td>› 2,200</td><td>›34</td><td>3.5</td></tr></table> 2.0mm ETT may be considered for less than 800 grams.
ETT Depth	Insert the ETT so that the marking on the tube corresponding to the estimated insertion depth is adjacent to the infants lip.	Insert the ETT so that the marking on the marking on the tube corresponding to the estimated insertion depth is a**djacent to the anterior edge of the infants upper (maxillary) gum in the midline.** **Video laryngoscopy is recommended** where it is routinely available and clinicans have competnce in it's use.
Ventilation Rate	The ventilation rate is 40-60 breathes per minute.	The ventilation rate is **30-60** breathes per minute.
Laryngeal Mask	A laryngeal mask may be considered as a ventilation strategy during the alternate airway step of the MR. SOPA sequence.	**Laryngeal mask* can be used an intial ventilation strategy** when ventilation is indicated. *Laryngeal Mask = Supraglottic Airway (SGA) such as a Laryngeal Mask Airway (LMA), i-Gel or Air-Q® 3

SCAN ME

Canadian Pediatric Society NRP Website

Weiner, G. M., Zaichkin, J., & Kattwinkel, J. (Eds.). (2025). The Canadian Textbook of Neonatal Resuscitation (9th ed.). American Academy of Pediatrics & American Heart Association.

Canadian Paediatric Society. (2026). NRP 9th edition clinical changes for busy clinicians. https://cps.ca/uploads/nrp/NRP_9th_Edition_Clinical_Changes_For_busy_clinicians_EN_2026.pdf

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