October 22, 2025

9th Edition NRP

On October 22, 2025, the American Academy of Pediatrics (AAP) and the American Heart Association (AHA) released the 9th Edition of the Neonatal Resuscitation Program (NRP) in conjunction with the launch of the 2025 AHA and AAP Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care for Neonatal Resuscitation.

- The NRP 9th edition materials may be used beginning on October 22, 2025, and must be implemented in Instructor-led Events by June 1, 2026.
- NRP instructors and providers may retain their current renewal date.

Join Us for a 9th Edition Launch Webinar:

New Edition, Trusted Mission: What's New in the NRP® 9th Edition
Wednesday, Oct. 29 | 12 PM CT
Faculty: Drs. Nicole Yamada, Henry Lee, Gary Weiner, Chris Cooper

Join us for a comprehensive overview of key updates, clinical insights, and the vision behind this important edition.

Register Now!

If you are unable to join the webinar live, a recording will be posted in the following weeks on the NRP website.

NRP 9th Edition Materials – What's New?

- All 9th edition NRP Provider and Instructor courseware sales include the *Textbook of Neonatal Resuscitation, 9th Edition* eBook bundled with courseware.
- All active NRP Providers have complimentary access to the Science In-Service Course available now on the NRP Learning Platform. This self-paced eLearning course explains the latest resuscitation science and key changes and takes about 10 minutes to complete.
- The new *NRP Pocket Card* has all the great information that was previously on the NRP Badge Buddy but in an easier to read format!
- To guarantee that you receive a genuine AAP-produced resource, please purchase textbooks from the AAP at shop.aap.org/nrp
- **New courses!** As part of our commitment to expanding the reach of neonatal resuscitation education, we are introducing several new courses that extend NRP beyond the delivery room as well as for special circumstances in the delivery room. These specialized courses are designed to deepen your expertise and equip you to handle the most critical situations in a variety of environments. These courses include:

- **NRP Cardiac:** This new online course is designed specifically for advanced NRP providers and instructors and is focused on equipping healthcare providers with the knowledge to care for newborns with congenital cardiac anomalies at the time of delivery. Released July 2025.
- **Resuscitation in the NICU:** This new hybrid learning course provides a deep dive into managing critical care situations in the NICU environment, including respiratory and cardiovascular compromise, cardiopulmonary arrest, and postarrest care. Participants will also gain strategies to enhance team performance, ensuring improved coordination and communication during high-stakes events. Coming Fall 2025.
- **Neonatal Education for Prehospital Professionals:** This e-Learning course was created for prehospital professionals to build their knowledge and confidence in assessing and managing neonatal emergencies in the field and will complement the AAP's Pediatric Education for Prehospital Professionals (PEPP) program. Coming Early 2026.

The *Textbook of Neonatal Resuscitation, 9th Edition*

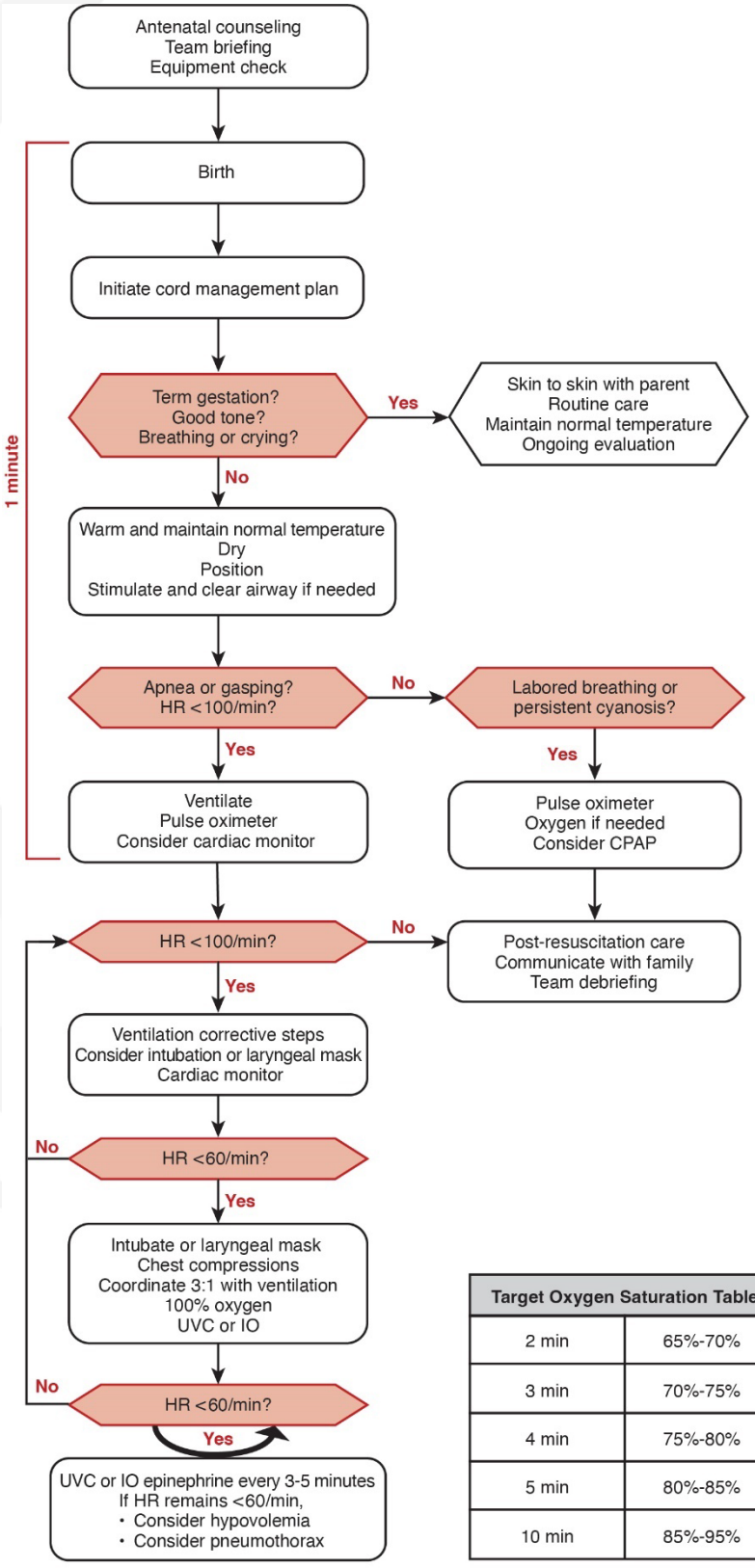
11 lessons and 5 Supplemental Lessons

1. Foundations of Neonatal Resuscitation
2. Anticipating and Preparing for Resuscitation
3. Initial Steps of Newborn Care
4. Ventilation
5. Endotracheal Intubation
6. Chest Compressions
7. Medications
8. Resuscitation and Stabilization of Infants Born Preterm
9. Post-resuscitation Care
10. Special Considerations
11. Ethics and Care at the End of Life

Supplemental Lessons (for enhanced learning; no exam questions for this material)

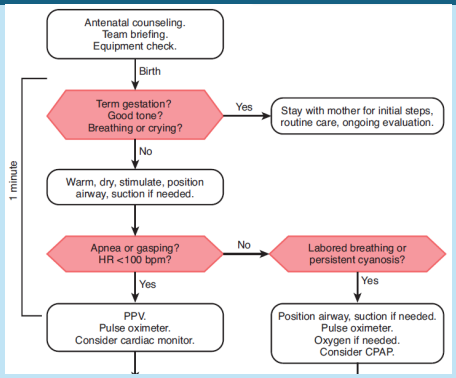
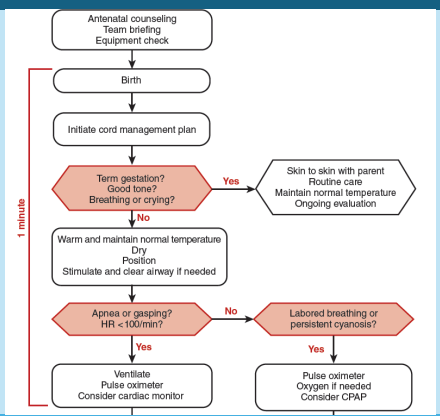
12. Improving Resuscitation Team Performance
13. Resuscitation Outside the Delivery Room
14. Bringing Quality Improvement to Your Resuscitation Team
15. *NEW:* Resuscitation and Stabilization of Newborn Infants with Congenital Heart Disease
16. *NEW:* Resuscitation in the Neonatal Intensive Care Unit

The NRP 9th Edition Algorithm



Target Oxygen Saturation Table	
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%

NRP 9th Edition Practice Changes

<table>
<tr><th>Change</th><th>8th Edition</th><th>9th Edition</th></tr>
<tr><td>Changes have been made to the algorithm:
Added Birth and Initiate Cord Management Plan as actions in the first 1 minute.
Removed suction from Warm, dry, stimulate, position the airway, suction if needed.</td><td> 
</td><td> 
</td></tr>
<tr><td>Terminology updates to be consistent with AHA/AAP Guidelines</td><td>Refers to Positive Pressure Ventilation (PPV)</td><td>Refers to Ventilation</td></tr>
<tr><td>Deferred Cord Clamping duration increased to at least 60 seconds.</td><td>For most vigorous preterm newborns, the current evidence suggests that clamping should be delayed for at least 30 to 60 seconds. Among vigorous term newborns, the evidence suggests that a similar delay may be reasonable.</td><td>For most newborn infants who do not require immediate resuscitation, clamping the umbilical cord should be deferred for at least 60 seconds.</td></tr>
<tr><td>Umbilical cord milking for non-vigorous term and late preterm newborn infants (35-42 weeks' gestation) may be a reasonable alternative to early cord clamping.</td><td>For newborns less than 28 weeks' gestation, umbilical cord milking is not recommended because it has been associated with an increased risk of intraventricular hemorrhage.</td><td>- For term and late preterm newborn infants (35-42 weeks' gestation) who remain non-vigorous despite stimulation, milking the intact umbilical cord from the placenta toward the baby may be a reasonable alternative to early cord clamping.
-For non-vigorous preterm infants born at 28 to 34 weeks' gestation, there is not enough evidence to recommend routinely milking the intact umbilical cord.
- Intact umbilical cord milking is not recommended for preterm newborn infants less than 28 weeks' gestation because it has been associated with an increased risk of severe intra-ventricular hemorrhage.</td></tr>
<tr><td>Target Oxygen Saturation Table now starts at 2 minutes versus 1 minute.</td><td><table><tr><th colspan="2">Target Oxygen Saturation Table</th></tr><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></table></td><td><table><tr><th colspan="2">Target Oxygen Saturation Table</th></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></table></td></tr>
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<table>
<tr><td colspan="3">Changes table continued</td></tr>
<tr><td>Initial oxygen concentration for preterm infants is further broken down to identify levels for 32 to 34 weeks' gestation and gestational age less than 32 weeks' gestation.</td><td>Oxygen Concentration (FIO_2)<table><tr><td>Weeks' gestation</td><td>Initial Setting</td></tr><tr><td>≥35 weeks</td><td>21%</td></tr><tr><td>< 35</td><td>21% - 30%</td></tr></table></td><td>Oxygen Concentration (FIO_2)<table><tr><td>Weeks' gestation</td><td>Initial Setting</td></tr><tr><td>≥35 weeks</td><td>21%</td></tr><tr><td>32-34 week</td><td>21% - 30%</td></tr><tr><td><32 week</td><td>≥30%</td></tr></table></td></tr>
<tr><td>Ventilation rate target is expanded to 30 to 60 breaths per minute.</td><td>The ventilation rate is 40 to 60 breaths per minute.</td><td>The ventilation rate is 30 to 60 breaths per minute.</td></tr>
<tr><td>Initial peak inflation pressure (PIP) has been simplified (25 cm H_2O) with an acceptable range based on gestational age.</td><td>Start with a PIP of 20 to 25 cm H2O.</td><td>The suggested initial PIP is 25 cm H_2O.<table><tr><td>Weeks' gestation</td><td>Acceptable range</td></tr><tr><td>≥32 weeks</td><td>25-30 cm H_2O</td></tr><tr><td>< 32 weeks</td><td>20-25 cm H_2O</td></tr></table></td></tr>
<tr><td>Time period extended to 15 to 30 seconds before beginning ventilation corrective steps.</td><td>If the heart rate is not increasing within the first 15 seconds of PPV and you do not observe chest movement, start the ventilation corrective steps.</td><td>If the heart rate is not increasing within 15 to 30 seconds of starting ventilation and you do not observe chest movement, start the ventilation corrective steps.</td></tr>
<tr><td>Ventilation corrective steps may be performed in the order most likely to be helpful.</td><td>You will perform the corrective steps sequentially until you achieve chest movement with assisted breaths.</td><td>Based on your assessment of the infant and clinical situation, you may choose the steps that are most likely to be helpful and prioritize the order in which you perform them.</td></tr>
<tr><td>A laryngeal mask may now be used as a primary device for ventilation instead of as an alternative airway when face mask and intubation are unsuccessful.</td><td>If the baby cannot be successfully ventilated with a face mask and intubation is unfeasible or unsuccessful, a laryngeal mask may provide a successful rescue airway.</td><td>In most cases, ventilation is initiated with a face mask or laryngeal mask.</td></tr>
<tr><td>Endotracheal tube size table has been adjusted including recommendations for newborn infants < 800 grams. The weight cutoff for a 2.5 mm tube has been increased to 1200 grams and a 3.0 mm tube to 2200 grams.</td><td><table><tr><td>Weight (kilograms)</td><td>Gestational Age (weeks)</td><td>Endotracheal Tube Size (mm ID)</td></tr><tr><td><1kg</td><td><28</td><td>2.5</td></tr><tr><td>1-2kg</td><td>28-34</td><td>3.0</td></tr><tr><td>>2</td><td>>34</td><td>3.5</td></tr></table></td><td><table><tr><td>Weight (grams)</td><td>Gestational Age (weeks)</td><td>Endotracheal Tube Size (mm ID)</td></tr><tr><td><800</td><td>22-25</td><td>2.5*</td></tr><tr><td>800-1,200</td><td>26-28</td><td>2.5</td></tr><tr><td>1,201-2,200</td><td>29-34</td><td>3.0</td></tr><tr><td>>2,200</td><td>>34</td><td>3.5</td></tr></table>*A 2.0 mm ID endotracheal tube (optional) may be considered.</td></tr>
<tr><td>The endotracheal tube depth is measured to the anterior edge of the baby's upper (maxillary) gum in the midline instead of the lip (tip-to-gum instead of tip-to-lip).</td><td>Insert the endotracheal tube so that the marking on the tube corresponding to the estimated insertion depth is adjacent to the baby's lip.</td><td>Insert the endotracheal tube so that the marking on the tube corresponding to the estimated insertion depth is adjacent to the anterior edge of the baby's upper (maxillary) gum in the midline.</td></tr>
</table>

What Stays the Same for NRP 9th Edition?

- NRP still offers two Provider course options: NRP Essentials and NRP Advanced.
- The two NRP Provider course formats remain the same: #1: Sequential Practice and Evaluation and #2 Comprehensive Skills Test ("test out").
- To remain an NRP Provide, you must renew every 2 years, but your facility may require more frequent renewal. It is the institution's responsibility to determine the consequence of allowing NRP Provider status to expire.
- Any person who works with newborns is eligible to take an NRP Provider course.
- NRP does not certify or ensure competence to perform resuscitation skills in an actual resuscitation
- The NRP Instructor Toolkit also provides resources for individuals and teams to practice their newborn resuscitation skills using simulated scenarios and debriefing.
- The recommended NRP instructor to learner ratio at a Provider course is 1 instructor to 3-4 learners.
- All NRP Provider courses must be held in-person. Virtual courses are not approved by the AAP.

NRP Provider Renewal

- Learners will self-study the Textbook and complete the lessons within their designated course (NRP Essentials or NRP Advanced).
- Provider course completion cards are valid for two years, until the end of the course month. For example, anyone who passes a course in April would have a valid card through the last day of April, 2 years later.

Information for Instructors

- Current NRP instructors do not need to take the NRP 9th edition instructor course until it is time for renewal. Instructors should brief NRP providers about 9th edition changes in practice and when those changes will go live.
- Following the launch of the 9th edition of NRP, Instructors will have access to the 9th edition Instructor Toolkit. Additionally, Instructors and Providers are encouraged to complete the complimentary Science in Service course to review all science updates.
- NRP Instructors will be required to update their courses to include 9th Edition content by **June 1, 2026**. This is also the date when institutions are encouraged to have transitioned their clinical practices to 9th Edition recommendations. Work with your institution to develop an implementation plan for a smooth transition.
- An NRP instructor in good standing remains an NRP instructor as long as the requirements to maintain instructor status are met by their renewal date, which is every 2 years.

- The NRP instructor must teach or co-teach at least 2 courses during the 2-year renewal period and complete the online instructor renewal curriculum.
- If an instructor's status expires prior to meeting maintenance requirements, they must meet the instructor eligibility requirements, complete the Advanced Provider curriculum, and complete the NRP Instructor Candidate curriculum.

Information for Instructor Candidates

- Eligibility criteria for becoming an instructor have not changed from the NRP 8th edition and are as follows:
    - Instructor candidates must have a current NRP 8th edition Advanced provider card or NRP 9th edition Advanced provider card.
    - An NRP instructor candidate must be a physician, registered nurse, nurse practitioner, respiratory care practitioner, physician assistant, certified midwife or certified nurse-midwife with experience in the hospital or accredited birth center care of newborns.
    - The NRP instructor candidate must have current maternal-child educational or clinical responsibility within a hospital or accredited birth center setting.
    - It is recommended that NRP instructors and instructor candidates have ongoing experience caring for newborns after birth.