NEONATAL RESUSCITATION

Do it right now

ASSESS BREATHING, COLOUR AND HEART RATE every 30 seconds during the resuscitation. If the baby is improving then the intervention can be stopped. If the baby is not responding or getting worse then further intervention is needed.

The HEART RATE is the best marker of progress, in either direction.

A: Airway

- Remove meconium or blood, if present, before stimulation (by wiping face, nose and mouth and suctioning the mouth then nose)
- Warm, position, clear airway, dry and stimulate
- Assess HEART RATE, BREATHING and COLOUR
- If blue, but breathing and HR > 100 per minute administer oxygen

B: Breathe

If blue, HR < 100 per minute and/or inadequate or absent breathing

- Ventilate with bag and Laerdal® neonatal mask (round, clear, silicone): squeeze bag firmly at a rate of 60 breaths (counting “bag, 2,3” for the correct rate). DON’T use a “Sampson Pump”
- Most babies will be successfully resuscitated by bag and mask only
- Ventilate for 30 seconds then reassess
- Assess HEART RATE, BREATHING, and COLOUR

Intubate if the heart rate stays < 60 per minute, or respiratory effort is poor

C: Chest Compressions

If heart rate < 60 per minute

- Begin chest compressions, using the hand encircling technique, if two people are available, otherwise the two finger or single hand encircling technique. Give the compressions at the lower third of the baby’s sternum and compress to 1/3 the depth of the baby’s chest. Squeeze the blood out of baby’s heart
- Give three compressions followed by one breath, in a 2 second cycle (counting “1,2,3 bag” for the correct rate)
- Compress for 30 seconds then reassess
- Assess HEART RATE, BREATHING, and COLOUR

If HR is less than 60 per minute, intubate and give drugs

D: Drugs

- Give ADRENALINE 1:10 000 (1ml 1:1000 + 9ml normal saline in a 10ml syringe) in dose of 0.1ml/kg IV or via ETT every 3-5 minutes as required to get HR > 100 per minute
- Administer “adult”NALOXONE 0.1mg/kg (=0.25ml/kg of naloxone 0.4mg/ml) IM/SC/ETT only if mother received pethidine or morphine within 4 hours of delivery (DO NOT use “neonatal narcan”)

E: Exit (i.e. when to stop)

- No heartbeat for 15 minutes
- Spontaneous breathing not established in 20-30 minutes

When making the difficult decision to stop resuscitation, make the decision jointly with a colleague, even if this is over the telephone while your assistant continues ventilation

Make sure you have a copy of the Neonatal Resuscitation Poster in your Labour ward, Theatre and Nursery