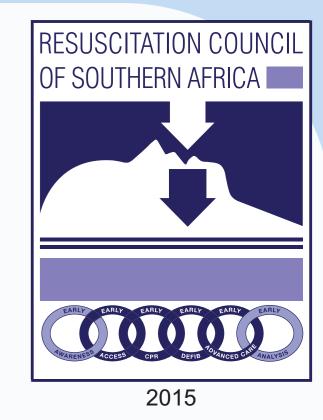
NEWBORN RESUSCITATION ALGORITHM



BIRTH

seconds 09

MAINTAIN NORMOTHERMIA

Term gestation? Breathing? Good Tone?

Cry/breathe well & good tone

Provide warmth Clear airway if necessary Dry and stimulate (Don't dry if <30 weeks - Wrap preterm baby's torso in plastic bag) Note the time

> Assess breathing/crying and/or heart rate

Gasping, apnoeic or HR < 100

Start ventilating with room air (Rate: 30 - 40/min) Use oxygen if preterm starting at 30 - 40% Connect to pulse oximeter if available, avoid hyperoxia Ensure chest rise with each breath

> Assess breathing, heart rate and sats /colour every 30 - 60 seconds

> > HR <100

Ventilate with supplemental oxygen as required

Assess breathing, heart rate and sats /colour every 30-60 seconds

HR <60

Continue ventilating with supplemental oxygen as required Consider intubation Start chest compressions with coordinated ventilation (3 compressions : 1 breath) Each cycle should take 2 seconds

> Assess breathing, heart rate and sats /colour

> > HR <60

Continue compressions and ventilation Give 0.1 - 0.3 ml/kg Adrenaline IV (1:10 000 dilution) (1 ml/kg Adrenaline ETT (1:10 000 dilution) only if no IV access) May repeat Adrenaline IV after 3 – 5 min Correct hypovolaemia if necessary (10 ml/kg NS IV over 5 - 10 min) Consider pneumothorax / Check glucose

Routine Care with Mother

If ongoing Respiratory Distress – consider CPAP

Oxygen Administration

Use blended O₂ if available to achieve targeted pre-ductal sats (see below)

Alternatively:

- Bag with no $O_2 \approx 21\%$
 - Bag with $O_2 \approx 40\%$
- Bag with O₂ + Reservoir ≈ 100%

If chest NOT moving:

- M Mask seal adequate?
- O Obstruction? (Secretions/Positional)
- **V** Ventilate more firmly?
- Intubate if needed?
- **N** Nasal choanal atresia?
- **G** Gastric distension?

Normal pre-ductal sats after birth (right hand or ear)

1 min: > 60%

2 min: > 65%

3 min: > 70%

4 min: > 75%

5 min: > 80%

> 10 min: 90 - 95%

Post Resuscitation Care

- Maintain normothermia 36.5° - 37.5°C
- Consider Induced Hypothermia where available according to protocol
- If ongoing respiratory distress – consider nasal CPAP and surfactant as required according to protocol
 - Maintain sats 90 95%