

Newborn Resuscitation

Anticipate

Material for resuscitation must be prepared and readily accessible prior to each delivery.

- Clean resuscitation table + baby blanket
- Baby hat
- Ambu bag + filter + mask (premature and neonatal)
- Oxygen concentrator
- Stethoscope and pulse oxymeter
- Neonatal oxygen mask or nasal prongs
- Twin pump: aspiration material clean and ready
- Umbilical cord set

Start newborn resuscitation

- Start bag & mask ventilation at room air within 1 minute of life if the newborn is not breathing well after thorough drying and brief additional stimulation (Helping Babies Breathe or ALSO algorithm). In case of meconium -stained amniotic fluid, see below.
- Effective bag & mask ventilation is always the priority.
- Connect oxygen to the bag, if readily available, after 2 minutes of ventilation.
- NEVER intubate the newborn (not even temporarily).
- Do not suction routinely (risk of bradycardia due to vagal reflex). Suction only in case of abundant secretions (gently suction the mouth then nose. For the mouth: insert the suction tube 2-3 cm maximum from the lips, for 5 seconds maximum. For the nose: 0.5 cm maximum in each nostril).
- The midwife is always in 1st line. She should immediately start ventilation, and then call for assistance.

Meconium-stained amniotic fluid

- If the newborn is breathing well and is tonic, do not suction. Simply wipe the mouth and nose with a small piece of gauze.

- If the newborn is not breathing well or is hypotonic, suction before drying.
 - Direct laryngoscopy with endotracheal suctioning should be performed only in the presence of a trained operator.
 - If there is no trained operator: rapidly but gently suction the mouth and pharynx at the entrance of the trachea before drying and starting ventilation.

Stop newborn resuscitation

- When the newborn is breathing spontaneously and has a heart rate (HR) > 100 beats/minute.
- After 10 minutes if the baby has no detectable HR.
- After 20 minutes if the baby has no spontaneous breathing and HR < 60 beats/minute.
- After 20-30 minutes if the baby has no spontaneous breathing and HR > 60 beats/minute (even if HR is normal).

Monitor

- If the newborn has been ventilated for ≥ 2 minutes, even if well, he must be closely monitored for at least 24-48 hours.
- Check for danger signs and monitor glucose level, temperature, heart rate, respiratory rate and O₂ saturation every 4 hours.