

NEONATAL RESUSCITATION

Be prepared!

Risk factors that may lead to need for neonatal resuscitation:

Maternal

- Age > 40 and < 16 years old
- Poverty, malnutrition
- Smoking, drug or alcohol abuse
- Medical Conditions
 - Diabetes Mellitus
 - Hypertension
 - Chronic heart and lung disease
 - Kidney disease/UTI's
 - Blood disorders: anemia, thrombocytopenia, ABO incompatibility
- Obstetric Conditions
 - Prior stillbirth, fetal loss, early neonatal death
 - Hx of birth of high risk infant
 - Antepartum hemorrhage
 - Premature rupture of membranes (PROM)
 - Infection during pregnancy
 - Placental abnormalities
 - Poly or oligohydramnios
 - Gestational hypertension
 - GBS carrier

Fetal

- Prematurity
- Postmaturity
- IUGR
- Macrosomia
- Multiple gestation
- Congenital anomalies
- Hydrops

Birth Conditions:

- Complications of maternal medical disease
- Premature labor
- Prolapsed cord
- Uteroplacental bleed
- Abnormal presentation
- Chorioamnionitis
- Foul smelling or meconium stained fluid
- Abnormal fetal heart rate patterns
- Instrumented delivery
- Narcotics given to mom within 4 hours of delivery

Set up prior to delivery:

1. Radiant warmer turned on and heated
2. Oxygen tubing set up, check to make sure oxygen is flowing
3. Test suctioning device
4. Check laryngoscope and make sure light is tightly screwed in
5. Test bag and mask to make sure adequate seal and pressure

Following birth, follow steps as outlined in flow chart.

Major changes to 2005 Guidelines:

- Use 100% oxygen for resuscitation.
- Meconium stained fluid-suctioning at the perineum before delivery of shoulders is no longer recommended.
- Positive pressure ventilation (PPV) is considered effective when heart rate increases, color improves, spontaneous respirations or improving muscle tone. Assess at 30 seconds of PPV .
- Naloxone (narcan) administration is not recommended during the initial steps of resuscitation unless there is continued respiratory depression after PPV has restored normal heart rate and color AND mom received narcotics 4 hours prior to delivery.
 - IV administration best
 - IM next best

REFERENCENCES:

Up to Date

AAP/AHA Guidelines for Neonatal Resuscitation 2005