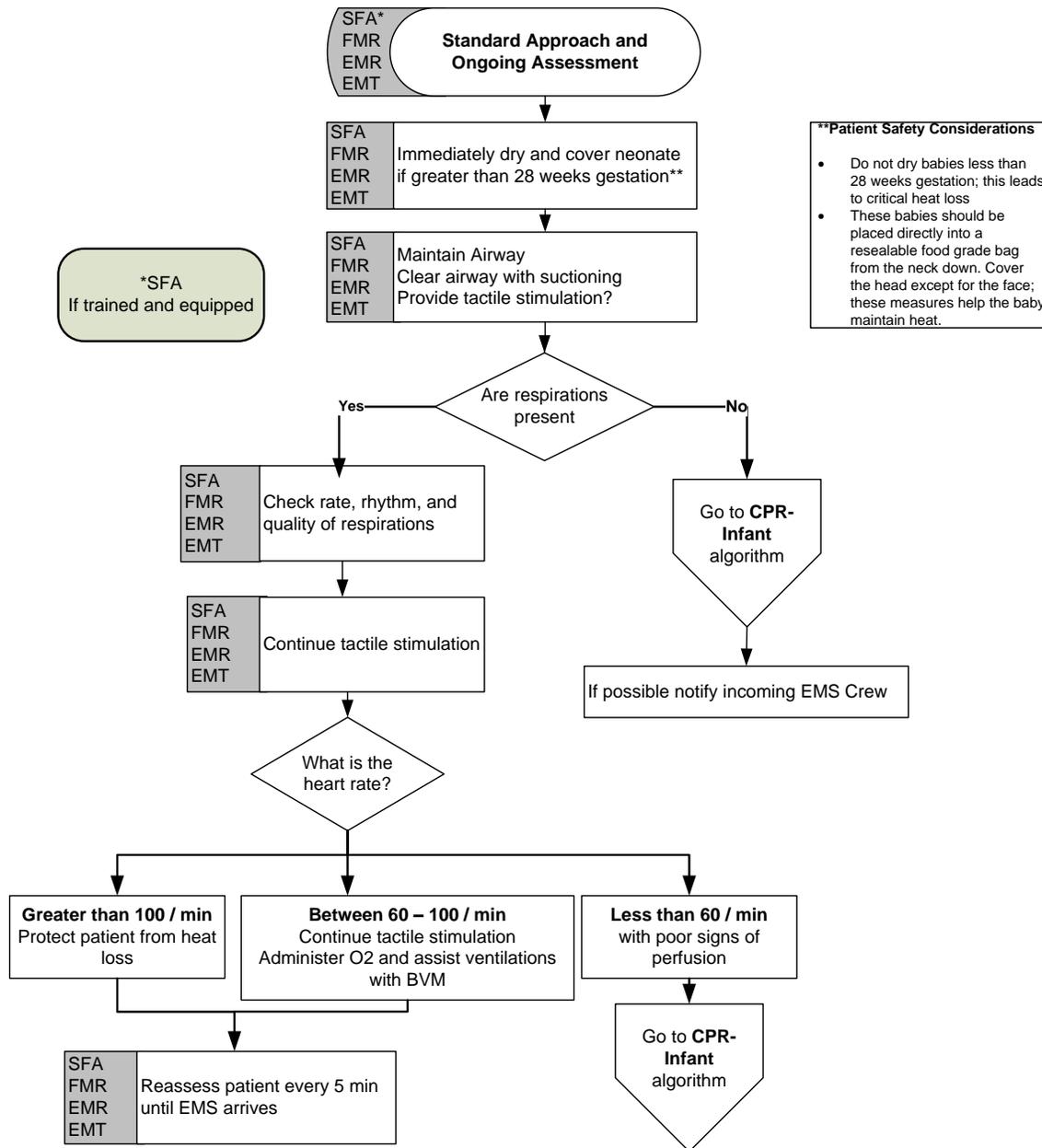


Algorithm 20 Obstetrics and Gynecology – Neonatal Resuscitation



Obstetrics and Gynecology – Neonatal Resuscitation (Algorithm 27)

In the course of a normal delivery, most neonates born in a pre-hospital setting do not require major resuscitation efforts. Drying, warming, stimulation, suction, and blow-by oxygen will be all that most infants require.

Major resuscitation efforts should be anticipated in the following types of deliveries:

- **Premature labour** – labour occurring three or more weeks before the due date around 37 weeks.
- **Multiple pregnancy** – the mother is carrying more than one fetus. In this case, multiple resuscitations should be anticipated.
- **Meconium staining** – this is the passage of a green-brown fluid from the vagina which indicates a fetal bowel movement in utero. This indicates fetal distress.
- **Abnormal presentation** – a presentation other than the head.

Resuscitative Measures

Suction

Upon delivery, the infant must be thoroughly suctioned using a bulb syringe (mouth first and then nose). Ensure that the bulb syringe is squeezed prior to entering the mouth and nose. Release the bulb and suction only on the way out of the oropharynx and nostrils.

Maintain Body Warmth

The neonate should be vigorously dried and then placed in a clean, dry, warm material or silver swaddler with attention to keeping the neonate's scalp covered.

Tactile Stimulation

Vigorous drying, flicking the soles of the feet, and suctioning provide tactile stimulation which causes most infants to take their first breath.

Oxygen

Perform a gentle chin-lift and provide oxygen (if trained and equipped) via a pediatric mask at 10 litres/min blow-by.

Further Measures

If the neonate exhibits inadequate respirations (less than 20 /min, noisy, cyanotic, etc.) after 15 - 30 seconds of the above measures or an APGAR score less than 8, the First Medical Responder should proceed in the following manner:

- Dry and Wrap the Neonate
- The neonate should be covered as soon as it is born. If the infant has not already been dried, thoroughly dry the infant with minimal exposure to the ambient air. Once this is accomplished, the dried infant is placed naked in the silver swaddler and ensure the scalp is covered. Do not place the silver swaddler inside any other kind of wrapping because this may lead to HYPERTHERMIA.

Clamp and Cut the Cord

Cutting the umbilical cord **immediately** after birth is **only** done in a resuscitative emergency. A non-breathing neonate who cannot be stimulated by 15 - 30 seconds of tactile stimulation and oxygen administration requires more aggressive resuscitative measures.

Insert Oropharyngeal Airway and Ventilate with the Infant BVM

Using the infant BVM and oxygen at 15 litres/min, the neonate should be ventilated at a rate of 40 - 60 /min. This first ventilation will be difficult to instil if the neonate has not yet taken a breath. Ventilate only to the point at which the chest rises.

Evaluate the Heart Rate

The neonatal pulse is palpated at the brachial artery. If the neonatal heart rate is less than 100, provide BVM ventilations. If the neonatal heart rate is less than 60 beats/min, start CPR. Compressions are performed with two fingers, one finger-breadth below the inter-mammary line at 1/3 to 1/2 of chest depth at a rate of at least 100 compressions/min.