



Title: Resuscitation of the Term Newborn

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This clinical guideline has been developed to ensure appropriate evidence-based standards of care throughout the Yorkshire and Humber ODN. The appropriate use and interpretation of this guideline in providing clinical care remains the responsibility of the individual clinician. If there is any doubt discuss with a senior colleague.

Training:

It is the responsibility of each unit to ensure that all members of the team are familiar with the use of the resuscitation equipment available. Training should be included in induction programmes and mandatory updates. All team members providing basic life support for babies should be able to open the airway and provide mask inflation. It is often this, not the ability to intubate, that is life-saving.

The need for resuscitation is often not predictable. These key factors should be considered by all units. See overleaf for current NLS algorithm *(Appendix 1)* and time appropriate saturation levels. Further information can be found at Newborn resuscitation and support of transition of infants at birth Guidelines | Resuscitation Council UK .

We suggest that each unit complete the questions listed below, laminate this document and display it in appropriate clinical areas.

- 1. How do you call for help?
- 2. Who is on your neonatal emergency team?
- 3. How do you contact a consultant neonatologist?
- 4. Are there any other teams from whom you could seek help?
- 5. Where is your emergency equipment?
- 6. What equipment do you have to remove meconium from the airway?
- 7. How can you keep the baby warm?
- 8. Where is your O negative blood?
- 9. Where is your difficult airway equipment?

A few considerations:

- 1. Is there enough room around your resuscitaire for the team?
- 2. Never change the flow rate of gas without rechecking the PEEP.
- 3. Keep your focus on the airway and obtaining chest wall movement.
- 4. There is no need to start cooling on the resuscitaire all babies need to be warm for resuscitation to be successful.
- 5. At all stages ask do you need help?
- 6. The ODNEmbrace website is full of guidelines on more complex conditions.

References:

1. NLS Guidelines 2021 Newborn resuscitation and support of transition of infants at birth Guidelines | Resuscitation Council UK



GUIDELINES /2021

Newborn life support

(Antenatal counselling)

Team briefing and equipment check

Preterm < 32 weeks

Place undried in plastic wrap + radiant heat

Inspired oxygen 28-31 weeks 21-30% < 28 weeks 30%

If giving inflations, start with 25 cm H,O

Acceptable pre-ductal SpO ₂	
2 min	60%
5 min	85%
10 min	90%

TITRATE OXYGEN TO ACHIEVE TARGET SATURATIONS

Birth

Delay cord clamping if possible

Start clock / note time Dry / wrap, stimulate, keep warm

Assess

Colour, tone, breathing, heart rate

Ensure an open airway Preterm: consider CPAP

If gasping / not breathing

- Give 5 inflations (30 cm H₂O) start in air
- Apply PEEP 5-6 cm H,0, if possible
- Apply SpO₂ +/- ECG

Reassess

If no increase in heart rate, look for chest movement

If the chest is not moving

- · Check mask, head and jaw position
- 2 person support
- · Consider suction, laryngeal mask/tracheal tube
- · Repeat inflation breaths
- · Consider increasing the inflation pressure

Reassess

If no increase in heart rate, look for chest movement

Once chest is moving continue ventilation breaths

If heart rate is not detectable or < 60 min⁻¹ after 30 seconds of ventilation

- Synchronise 3 chest compressions to 1 ventilation
- Increase oxygen to 100%
- Consider intubation if not already done or laryngeal mask if not possible

Reassess heart rate and chest movement every 30 seconds

If the heart rate remains not detectable or < 60 min⁻¹

- Vascular access and drugs
- Consider other factors e.g. pneumothorax, hypovolaemia, congenital abormality

Update parents and debrief team Complete records YAIN IAIN TEMPERATO

APPROX 60 SECONDS

AT ALL TIMES ASK "IS HELP NEEDED"