NEWBORN RESUSCITATION

Birth

Crying and/or good muscle tone?

• Dry warm, stimulate
• Assess HR

Routine Care:
• Warm & maintain normal temperature
• Position airway
• Clear secretions if needed
• Dry
• O2 as needed
• Ongoing evaluation
• If mother stable, place on mother's chest for skin to skin care

CRITICAL INFORMATION
• Measure with color-coded resuscitation tape
• Compress at rate of 90bpm. Use metronome or similar device
• 3:1 compression/ventilation ratio with 2 person CPR
• Place pulse ox on right arm (due to ductus arteriosus)
• Peripheral cyanosis is a normal finding
• Delay cord clamping until 30-60 seconds after birth, then clamp 6-8" from baby
• If cord is around neck and can’t be slipped over the head, double clamp and cut between clamps

Airway Management
• Suction mouth then nose
• Ventilate with room air at a rate of 60 breaths/min
• Use 2 person BLS airway management whenever possible
• Avoid excessive ventilation
• If HR >100 but SpO2 not in target range or central cyanosis present, administer blow-by O2 at 10LPM

Drug Therapy
• Epinephrine 0.01mg/kg (0.1mg/ml) IV/IO
• Repeat q3-5 min
• NS fluid bolus 10ml/kg IV/IO

SpO2 Normal Values After Birth (in Min)

<table>
<thead>
<tr>
<th>Time (in Min)</th>
<th>SpO2 (%)</th>
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<tbody>
<tr>
<td>1 min</td>
<td>60-75%</td>
</tr>
<tr>
<td>2 min</td>
<td>65-70%</td>
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<tr>
<td>3 min</td>
<td>70-75%</td>
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<tr>
<td>4 min</td>
<td>75-80%</td>
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<tr>
<td>5 min</td>
<td>80-85%</td>
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<tr>
<td>10 min</td>
<td>85-95%</td>
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