

Newborn resuscitation - oxygenation

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Description of Changes
2	David Bouchier	23/11/16	None

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1. Overview

1.1 Purpose

Resuscitation of term or near-term infants in air as opposed to 100% oxygen reduces mortality by approximately 4%. A non-significant reduction in severe encephalopathy is also seen with no change in neurodevelopment outcome at 18-24 months.

Regarding resuscitation of preterm infants, less data is available although it is clear that most of these infants need some supplemental oxygen at resuscitation.

Resuscitation criteria and sequence are as per NLS guidelines

1.2 Definitions

New Born Life Support is a series of measures undertaken to provide life support to babies at birth.

2. Clinical Management

2.1 Competency required

Midwives, Medical Staff and Registered Nurses who have obtained competency annually from a recognised institution on Newborn Life Support.

2.2 Equipment

- i) Source of oxygen and air (piped or cylinder)
- ii) High flow meter
- iii) Blender (attached to oxygen and air source)
- iv) Resuscitation bag with blow off valve
- v) Gas tubing
- vi) Small, medium and large neonatal masks
- vii) Oxygen saturation monitor
- viii) Saturation probe

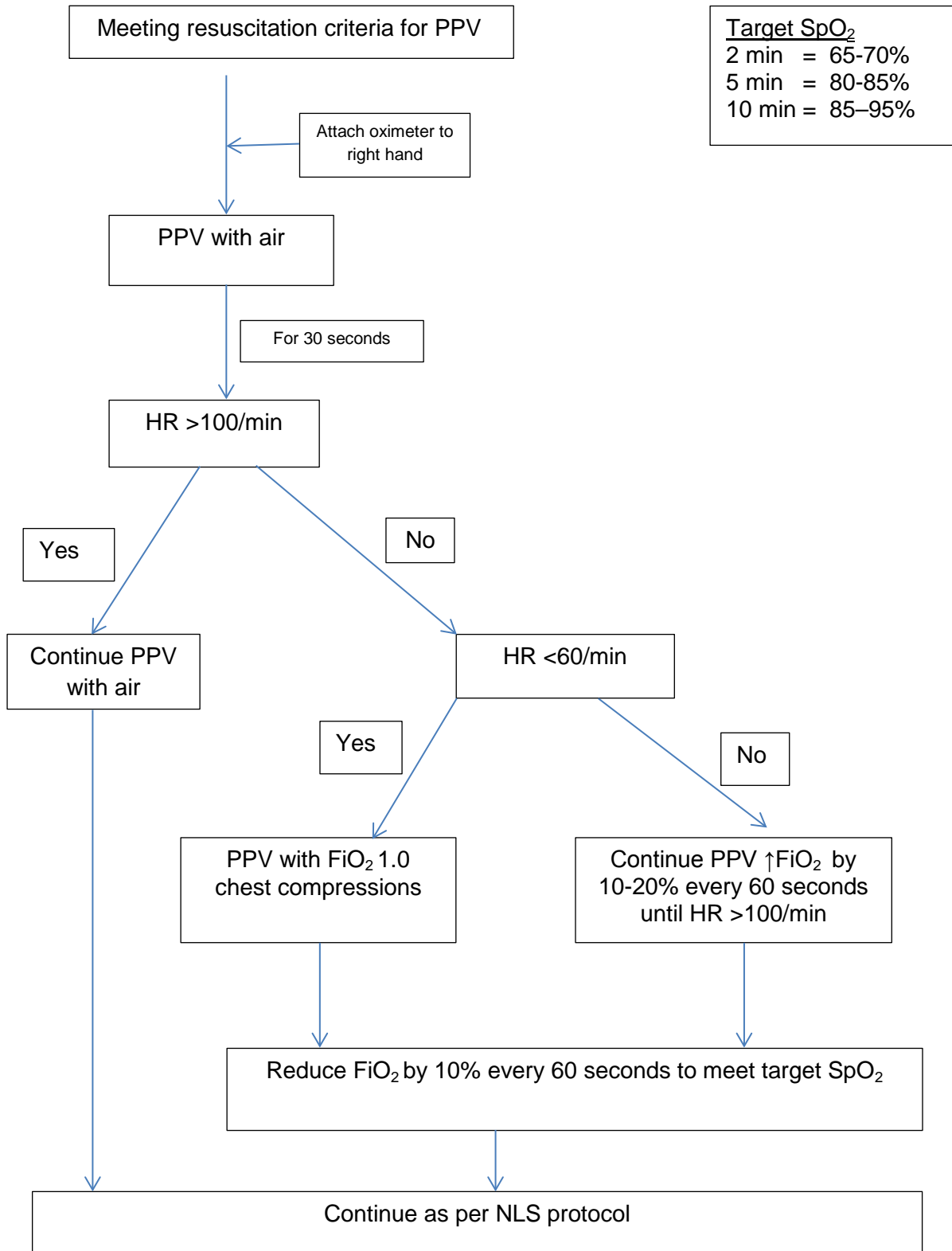
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3. Procedure

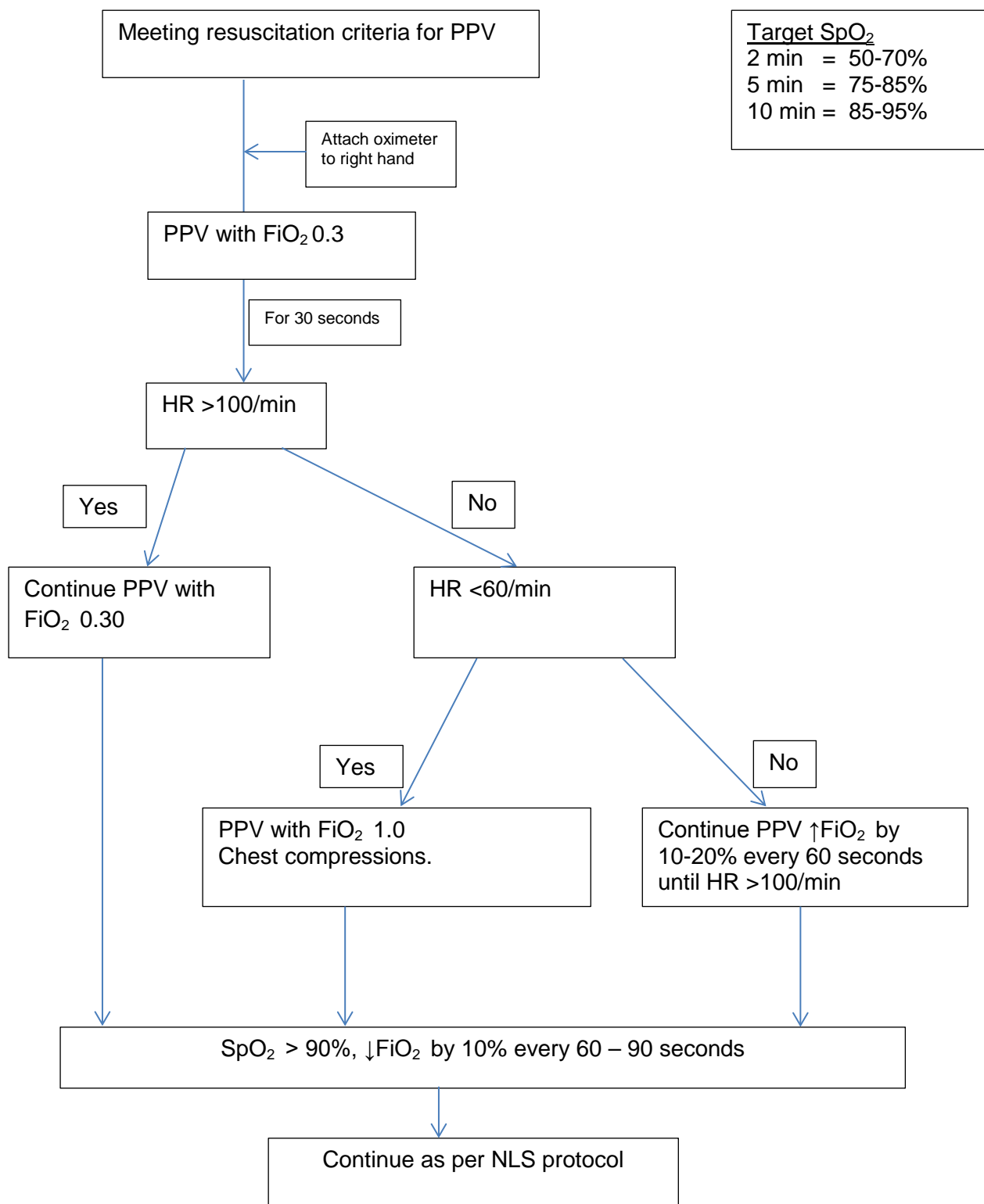
A. Infant \geq 32 weeks gestation

PPV = Positive Pressure Ventilation



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B. PRETERM INFANT (<32 weeks gestation)



Note Use the same algorithm for neonatal resuscitation beyond the immediate newborn period unless the infant is already receiving supplemental oxygen. In this situation, initiate resuscitation using the same FiO₂ as that being given as supplemental oxygen.

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4. References

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