



## NEONATAL RESUSCITATION – Instructions for faculty

Authored by ALSO® (UK) A. Ryall June 2006

Edited by D. Winslow and M. Pollock June 2008

Check that all your equipment is present and working before the start of the workstation

Assessment of newborn: remind group that they need to assess three things when assessing a newborn

- Color / warmth
- Heart rate
- Breathing

Avoid thermal stress. Place the infant under a radiant warmer and drying it well will minimize this

Practical skills to be demonstrated and practiced by the group

### **A-Airway**

- Positioning of the baby: the occiput flexes the head when the baby lies flat. Place a small towel or something similar behind the neck to maintain the neutral position if required or utilize a second assistant.
- Avoid overextension of the neck as this obstructs the airway.
- Tongue may flop back and obstruct the airway so use the jaw thrust. As the tongue is connected to the lower jaw this lifts the tongue forward.

### **B-Breathing**

- Positive pressure ventilation should be done with 90 to 100 percent oxygen with a pop off valve at 30 to 35 cm H<sub>2</sub>O.
- Holding the mask – Mask should cover mouth and nose snugly with jaw pulled forward
- Ventilation should be at 60 breaths per minute with volume at 20 to 30 cc.

### **C-Circulation: you need to get blood into the coronary arteries**

- In the unlikely event that after 30 seconds of effective ventilation the infant's heart rate is less than 60 per minute, cardiac compressions will be necessary to support circulation until effective oxygenation and pulmonary blood flow are established.
- The preferred method is placing two thumbs on the lower sternum adjacent to each other, with fingers encircling the chest to support the back. Three compressions are performed and a pause for ventilation left in place of the fourth compression. This gives an effective rate of 90 compressions and 30 ventilations per minute.

