~ Foundations of Neonatal Resuscitation ~

Key Points

- In utero, fetal pulmonary blood vessels are tightly constricted and the <u>alveoli are filled with fluid</u>.
- Newborn resuscitation is most commonly needed d/t respiratory failure.
- The most important and effective NRP step is ventilation.

Anatomy and Assessment

- Respirations before birth: determined by the placenta (carries O₂ and CO₂ between the fetus and mother) and breathing movements (increase lung growth)
 - Placental respiratory failure: insufficient oxygenation and CO₂ build up → hyperacidity; presents as decreased fetal activity, lack of FHR variability, decels, reflexive gasps, apnea, and bradycardia
- Respirations after birth: the lungs take over
 - Respiratory failure: d/t decreased gas exchange
- Fetal circulation: O₂ supplied by the mother's blood via the placenta → umbilical vein → foramen ovale and
 ductus arteriosus (L>R shunt that <u>bypasses the lungs</u> so most O₂ reaches the heart and brain)
- Transition after birth: deep breath/cry → fluid absorbed and air fills lungs → pulmonary vessels relax →
 blood reaches the lungs → adequate blood flow once cord is clamped → BP increases → less blood
 bypasses the lungs
 - Poor transition: poor oxygenation to organs, acid accumulation in tissues, vasoconstriction, organ damage; presents as irregular/absent/fast breathing, tachycardia or bradycardia, hypotonia, pallor or cyanosis, low SpO₂, HoTN

NRP Algorithm (See last page for NRP Algorithm Diagram)

- Rapid Evaluation: Is the baby stable enough to remain with mom, or should they be brought to the warmer?
- Airway: Open the airway and support spontaneous respirations
- Breathing: Start PPV to assist breathing if there is apnea or bradycardia. Start CPAP/O₂ if breathing is labored or the SpO₂ is low
- Circulation: Start chest compressions with PPV if severe bradycardia persists
- 5. Drug: Administer Epi with compressions and PPV if severe bradycardia persists

Key Skills for NRP

- · Know the environment: location of resuscitation equipment, how to get help
- Use available information: prenatal history such as maternal/fetal complications, meds, and risk factors
- Anticipate and plan: pre-brief, assign roles, form an action plan
- Identify a team leader: should clearly state goals, delegate tasks, monitor workloads, include others in planning, think out loud, have situational awareness, and hand over leadership if preoccupied
- Communicate: use names of team members, actively share information, clearly order meds, use concise and clear language, closed-loop communication, verify information, share changes with the whole team, include the family

Neonatal Resuscitation Study Guide

G Psacharopoulos

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