

~ Foundations of Neonatal Resuscitation ~

Key Points

- In utero, fetal pulmonary blood vessels are tightly constricted and the alveoli are filled with fluid.
- 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 bypasses the lungs 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)

1. **Rapid Evaluation:** Is the baby stable enough to remain with mom, or should they be brought to the **warmer**?
2. **Airway:** Open the **airway** and support spontaneous respirations
3. **Breathing:** Start **PPV** to assist breathing if there is apnea or bradycardia. Start **CPAP/O₂** if breathing is labored or the SpO₂ is low
4. **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 Program Test Study Guide 2011

**Marilyn J. Hockenberry, David
Wilson, Cheryl C Rodgers**

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Merenstein & Gardner's Handbook of Neonatal Intensive Care Sandra Lee Gardner,Brian S. Carter, MD, FAAP,Mary I Enzman-Hines,Jacinto A. Hernandez,2015-04-30 Merenstein maternal obesity hypotension and shock in premature infants pain and sedation dedicated feeding sets vs IVs for safety MRSA pediatric stroke autism screening discharge coordination and more NEW The latest AAP recommendations and guidelines for hypoglycemia jaundice herpes respiratory syncytial virus and neonatal transport team composition EXPANDED Revised Evidence Based Clinical Practice chapter focuses on evidence based practice and quality improvement and the role of qualitative research in EBP EXPANDED Updated Infection in the Neonate chapter features new GBS guidelines and CRP research

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