

~ 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

Merenstein & Gardner's Handbook of Neonatal Intensive Care - E-Book Mary I. Enzman-Hines, Brian S. Carter, Susan Niermeyer, 2025-09-16 Co edited by a team of physicians and nurses Merenstein a new Interprofessional Collaborative Practice chapter that provides a foundation for the team approach applied throughout the book an expanded focus on parent teaching that reflects today s diversity of family structures an enhanced focus on gender and racial ethnic inclusivity and much more

The Comprehensive Textbook of Healthcare Simulation Adam I. Levine, Samuel DeMaria Jr., Andrew D Schwartz, Alan J. Sim, 2013-06-18 The Comprehensive Textbook of Healthcare Simulation is a cohesive single source reference on all aspects of simulation in medical education and evaluation It covers the use of simulation in training in each specialty and is aimed at healthcare educators and administrators who are developing their own simulation centers or programs and professional organizations looking to incorporate the technology into their credentialing process For those already involved in simulation the book will serve as a state of the art reference that helps them increase their knowledge base expand their simulation program s capabilities and attract new additional target learners Features Written and edited by pioneers and experts in healthcare simulation Personal memoirs from simulation pioneers Each medical specialty covered Guidance on teaching in the simulated environment Up to date information on current techniques and technologies Tips from insiders on funding development accreditation and marketing of simulation centers Floor plans of simulation centers from across the United States Comprehensive glossary of terminology

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Comprehensive in scope and featuring a templated user friendly organization it remains a valuable reference Montana Code Annotated Montana,2011 *New York State Journal of Medicine* ,1951 *Rudolph's Pediatrics, 24th Edition* Mark W. Kline,Jordan S. Orange,Angelo P. Giardino,Mahesh M. Rathore,Z Leah Harris,Antonio Cabrera,2026-01-30 The landmark pediatrics reference updated with timely new content and more clinically relevant than ever Rudolph s Pediatrics has virtually defined the pediatric field for over a century becoming one of the most important and well respected pediatrics texts ever published Renowned for its balance of clinical features and treatment of disease with underlying biological principles this classic sourcebook has helped generations of pediatricians optimize their care of infants children and adolescents This twenty fourth edition of Rudolph s Pediatrics continues a long tradition of adapting its content to changes in our understanding of children s health and disease providing an up to date in depth survey of pediatric medicine unmatched by any other text With its algorithmic approach to pediatric systems the book facilitates the diagnosis and treatment of both common and uncommon pediatric illnesses and it reflects new technologies and advances in molecular medicine that continue to evolve with current thinking about normal childhood development and pediatric disease processes Rudolph s Pediatrics 24th Edition features New chapters on telemedicine and pandemics and expanded section on behavioral health The most cohesive and consistent approach to clinical management of diseases and disorders of infants children and adolescents Unmatched coverage of signs and symptoms Expanded treatment algorithms Expert coverage of general pediatrics and all the pediatric sub specialties Streamlined and consistent format for most chapters outlining Pathogenesis and Epidemiology Clinical Manifestations Diagnosis Treatment and Prevention Hundreds of full color illustrations and tables

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