

# ~ 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 O<sub>2</sub> and CO<sub>2</sub> between the fetus and mother) and breathing movements (increase lung growth)
  - **Placental respiratory failure:** insufficient oxygenation and CO<sub>2</sub> 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:** O<sub>2</sub> 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 O<sub>2</sub> 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 SpO<sub>2</sub>, 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/O<sub>2</sub>** if breathing is labored or the SpO<sub>2</sub> 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 Study Guide

**Tiller,Cecilia M. Tiller**

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