

PG08 Care of the Newly Born

Objectives:

- To provide appropriate resuscitation for the newly born

General Information:

- Vascular access is generally not needed in resuscitation of the newly born
- Resuscitation should focus on airway management and breathing
- Meconium aspiration
 - a) Without respiratory distress: normal oral and nasal suctioning
 - b) With respiratory distress or lack of vigor: aggressive suctioning of the mouth, nose and trachea
- Suctioning of meconium in a distressed newly born should not preclude oxygenation and ventilation
- Umbilical vein cannulation should not routinely be utilized in the newly born
- Utilization of the EZ IO may be indicated and may require less pressure during insertion than insertion in adult patients
- APGAR scoring should be documented at 1 minute and repeated at 5 minutes
- The depressed newly born or prematurely born infant is at risk for hypoglycemia
 - a) Check blood sugar
 - i) When a patient has a sudden change in responsiveness or perfusion
 - ii) Patient is cold stressed
 - iii) Patients large for gestational age
 - iv) Patients born to diabetic mothers
 - v) When transport time is greater than 30 minutes
 - b) Implement pediatric hypo/hyperglycemic protocol as needed



Warnings/Alerts:

- Avoiding hypothermia is an important part of newly born management. Before delivery, make the room or ambulance as warm as possible
- Narcan is contraindicated for neonates of narcotic-addicted or methadone-dependent mothers

OMD Notes:

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References:

- PEPP Provider Manual 2nd Edition, pgs 199-205
- Brady Essentials of Prehospital maternity care, pg238, 367

Performance Indicators:

APGAR Score Initial and Ongoing Vital Signs Meconium Aspiration Suctioning of Airway

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