



Obstetrical Newborn Care

Assessment

History:

- Due date and gestational age
- Multiple gestation (twins, etc.)
- Meconium
- Delivery difficulties
- Congenital disease
- Maternal medications
- Maternal risk factors:
 - Substance misuse
 - Smoking

Signs & Symptoms:

- Respiratory distress
- Normal peripheral cyanosis or mottling
- Abnormal central cyanosis
- Altered level of responsiveness
- Bradycardia

Differential:

- Airway failure
 - Secretions
 - Respiratory drive
- Infection
- Maternal medication effect
- Hypovolemia
- Hypoglycemia
- Congenital heart disease
- Hypothermia

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen, target SpO₂ to 92-96% • Wipe nose and mouth with sterile gauze • Suction if meconium or airway obstruction • Vigorously dry and stimulate infant • Keep warm. • APGAR Score @ 1 and 5 minutes • If stable allow to nurse and skin to skin contact for mother and baby • If just after birth pulse is < 100: BVM on "room air" for 30 seconds @ rate of 40-60 BPM • If after initial ventilations pulse continues at < 60 Begin CPR: Birth to 5 days 120 compressions with asynchronous ventilations at 30 per minute. Begin with room air and progress to Oxygen • If after initial ventilations pulse continues at 60 - 100: BVM only on "room air" add Oxygen as needed to increase SpO₂ if < 95% • If after initial ventilations pulse continues at > 100: Monitor and Reassess • BGL heel stick
L	L	L	L	L	L	
1	2	3	4	5	6	
						<ul style="list-style-type: none"> • Vascular access – IV or IO if cardiac arrest or critical condition • Naloxone if mother received narcotics just prior or during childbirth • Dextrose infusion if BGL < 50 • Isotonic Crystalloid titrated to perfusion
						<ul style="list-style-type: none"> • Advance airway maneuvers and management as needed

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Non vigorous infant: evidenced by poor muscle tone, poor/absent respiration and heart rate < 100 bpm
- **If power suction is used, negative pressure must not exceed 100mmHg.**
- It is extremely important to keep infant warm
- Maternal sedation or narcotics will sedate infant (Naloxone effective but may precipitate seizures if given because of mother's addiction during pregnancy but; not if medications were given by EMS just prior to childbirth).
- Consider hypoglycemia in infant and administer **Dextrose with BGL < 50, use volume control device (IV Burette) for Infusion.**