



# Newly Born

## History

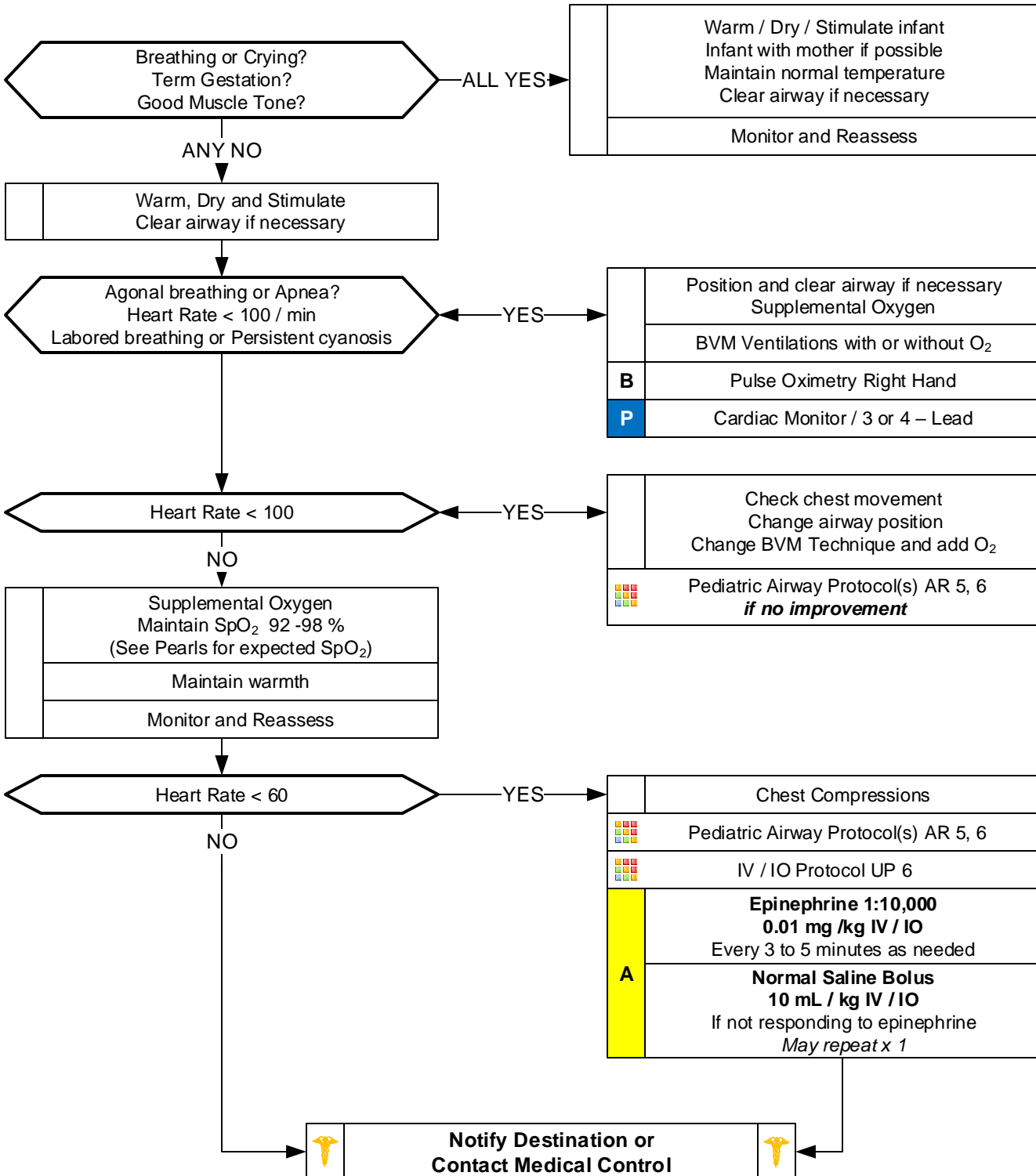
- Due date and gestational age
- Multiple gestation (twins etc.)
- Meconium / Delivery difficulties
- Congenital disease
- Medications (maternal)
- Maternal risk factors such as substance abuse or smoking

## Signs and Symptoms

- Respiratory distress
- Peripheral cyanosis or mottling (normal)
- Central cyanosis (abnormal)
- Altered level of responsiveness
- Bradycardia

## Differential

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





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## Pearls

- **Recommended Exam: Mental Status, Skin, HEENT, Neck, Chest, Heart, Abdomen, Extremities, Neuro**
- **Majority of newborns requiring resuscitation respond to ventilations with BVM to deliver positive pressure. If infant not responding to BVM, compressions, and/or epinephrine, consider hypovolemia, pneumothorax, and/or hypoglycemia (< 40 mg/dL).**
- **Document 1 and 5 minute Apgars in PCR**
- **Term gestation, strong cry / breathing and with good muscle tone generally will need no resuscitation.**
- **Routine suctioning is no longer recommended.**
- **Most important vital signs in the newly born are respirations, respiratory effort, and heart rate.**
- **Maintain warmth of infant following delivery; cap, plastic wrap, thermal mattress, radiant heat.**
- **If not resuscitation needed skin-to-skin contact with mother is best way to maintain warmth of infant.**
- **Meconium staining:**
  - **Infant born through meconium staining who is not vigorous: Positive pressure ventilation is recommended, direct endotracheal suctioning is no longer recommended.**
- **Expected Pulse Oximetry readings immediately following birth of infant NOT requiring resuscitation:**

1 minute	60 – 65%
2 minutes	65 – 70%
3 minutes	70 – 75%
4 minutes	75 – 80%
5 minutes	80 – 85%
10 minutes	85 – 95%
- **Heart rate is critical during the first few moments of life and is best assessed by 3 or 4-lead ECG.**
- **Increasing heart rate is most important indicator of response to resuscitation.**
- **Pulse oximetry should be applied to the right upper arm, wrist, or palm.**
- **Cord clamping:**
  - **Recommend to delay for 1 minute, unless infant requires resuscitation.**
- **CPR in infants:**
  - **90 compressions / minute with a 3:1 compression to ventilation ratio. This totals 120 events / minute.**
  - **2-thumbs encircling chest and supporting the back is recommended. Limit interruptions of chest compressions.**
- **Maternal sedation or narcotics will sedate infant (Naloxone NO LONGER recommended-supportive care only).**
- **D10 = D50 diluted (1 ml of D50 with 4 ml of Normal Saline) or D10 solution at 5 mL/kg IV / IO.**