

# 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 2<sup>nd</sup> 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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