begins immediately after birth. For an infant with the classic signs and symptoms of EA, the major concern is the establishment of a patent airway and prevention of further respiratory compromise. Cyanosis is usually a result of laryngeal spasm caused by overflow of saliva into the larynx from the proximal esophageal pouch or aspiration; it normally resolves after removal of the secretions from the oropharynx by suctioning. The passage of a small-gauge orogastric feeding tube via the mouth into the stomach during the initial nursing physical assessment is helpful to determine the presence of EA or other obstructive defects.

Nursing Alert

Any infant who has an excessive amount of frothy saliva in the mouth or difficulty with secretions and unexplained episodes of apnea, cyanosis, or oxygen desaturation should be suspected of having an esophageal atresia (EA) or tracheoesophageal fistula (TEF) and referred immediately for medical evaluation.

Preoperative Care

The nurse carefully suctions the mouth and nasopharynx and places the infant in an optimum position to facilitate drainage and avoid aspiration. The most desirable position for a newborn who is suspected of having the typical EA with a TEF (e.g., type C) is supine (or sometimes prone) with the head elevated on an inclined plane of at least 30 degrees. This positioning minimizes the reflux of gastric secretions at the distal esophagus into the trachea and bronchi, especially when intraabdominal pressure is elevated.

It is imperative to immediately remove any secretions that can be aspirated. Until surgery, the blind pouch is kept empty by intermittent or continuous suction through an indwelling double-lumen catheter passed orally or nasally to the end of the pouch. In some cases, a percutaneous gastrostomy tube is inserted and left open so that any air entering the stomach through the fistula can escape, thus minimizing the danger of gastric contents being regurgitated into the trachea. The gastrostomy tube is emptied by gravity drainage. Feedings through the gastrostomy tube and irrigations with fluid are contraindicated before surgery in the infant with a distal TEF.