


Section: BLS OB/GYN Emergencies  
Subject: BLS NEWBORN TREATMENT  
Section #: 322.03  
Issue Date: March 21, 2011  
Revision Date:  
Approved By: 

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1. Basic BLS treatments
2. If there is evidence of an obvious obstruction to spontaneous breathing or a need for positive-pressure ventilation, suction immediately; preferably before the delivery is completed.
  - a. Place the newborn in a slight Trendelenburg position with the head turned to the side to facilitate drainage
  - b. Suction the mouth and then the nose
  - c. Watch for bradycardia
3. Dry patient promptly and vigorously, especially the head
4. Wrap in approved swaddle garment
5. **Oxygen:** by mask if indicated
6. Record the time of delivery
7. Record 1 minute and 5 minute APGAR scores

CRITERIA	Score = 0	Score = 1	Score = 2	Score Total
<b>A</b> ppearance (Skin Color)	Blue all over	Blue extremities Pink body (acrocyanosis)	Body and extremities pink	
<b>P</b> ulse Rate	Absent	< 100 bpm	≥ 100 bpm	
<b>G</b> rimace (Reflex Irritability)	No response to stimulation	Grimace / feeble cry when stimulated	Sneeze, cough, pulls away when stimulated	
<b>A</b> ctivity (Muscle Tone)	None	Some Flexion	Active movement	
<b>R</b> espiration	Absent	Weak or irregular	Strong	
<b>Total</b>				

8. Delay the clamping of the umbilical cord for at least a minute in term and preterm infants not requiring resuscitation.
9. Record the name of the person cutting the cord and the time in which it was cut must be recorded in the medical treatment record.

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10. ALS transport criteria:

- a. All field deliveries by HCFR members will be transported via ALS.

11. QA Points:

- a. There is increasing evidence of benefit in delaying umbilical cord clamping for at least one minute in newborns not needing resuscitation. There is not enough evidence either for or against this practice in newborns needing resuscitation, so the recommendation is to proceed as in the past; clamp and cut the cord, and immediately proceed with resuscitation.
- b. Suctioning immediately after birth should be reserved for babies who have an obvious obstruction to spontaneous breathing or require positive-pressure ventilation.
- c. There is no evidence that active babies benefit from airway suctioning, even in the presence of meconium, and there is evidence of risk associated with suctioning (i.e. bradycardia).