5. Measuring the pulse oximetry on the right hand provides the most accurate oxygen saturation (SpO_2) in infants that are transitioning from fetal to normal circulation. At 60 seconds, 60% is the target with an increase of 5% every minute until 5 minutes of life when pulse oximetry is 80–85%

Table 2. Projected Pulse Oximetry in Infants Over Time	
Time Since Birth	**Projected Increase in Pulse Oximeter Over Time**
1 minute	60–65%
2 minutes	65–70%
3 minutes	70–75%
4 minutes	75–80%
5 minutes	80–85%
10 minutes	85–90%

6. Both hypoxia and excess oxygen administration can result in harm to the infant. If prolonged oxygen use is required, titrate to maintain an SPO_2 of 85–95%
7. While not ideal, a larger facemask than indicated for patient size may be used to provide BVM ventilation if an appropriately sized mask is not available. Avoid pressure over the eyes as this may result in bradycardia
8. Increase in heart rate is the most reliable indicator of effective resuscitative efforts
9. A multiple gestation delivery may require additional resources and/or clinicians
10. There is no evidence to support the routine practice of administering sodium bicarbonate for the resuscitation of newborns
11. **APGAR** scoring is not critical during the resuscitation, although it may be prognostic after 20 minutes if the **APGAR** Score remains "0" despite resuscitation

Table 3. APGAR Score			
Sign	**0**	**1**	**2**
Appearance:	Blue, Pale	Body pink, Extremities blue	Completely pink
Pulse:	Absent	Slow (less than l00)	≥ 100
Grimace:	No response	Grimace	Cough or Sneeze
Activity:	Limp	Some flexion	Active motion of extremities
Respirations:	Absent	Slow, Irregular	Good, Crying
Source: The Apgar Score. www.acog.org			

Pertinent Assessment Findings

1. It is difficult to determine gestational age in the field – if there is any doubt as to viability, resuscitation efforts should be initiated
2. Acrocyanosis, a blue discoloration of the distal extremities, is a common finding in the newly born infant transitioning to extrauterine life – this must be differentiated from central cyanosis