

# Newly Born

**History**

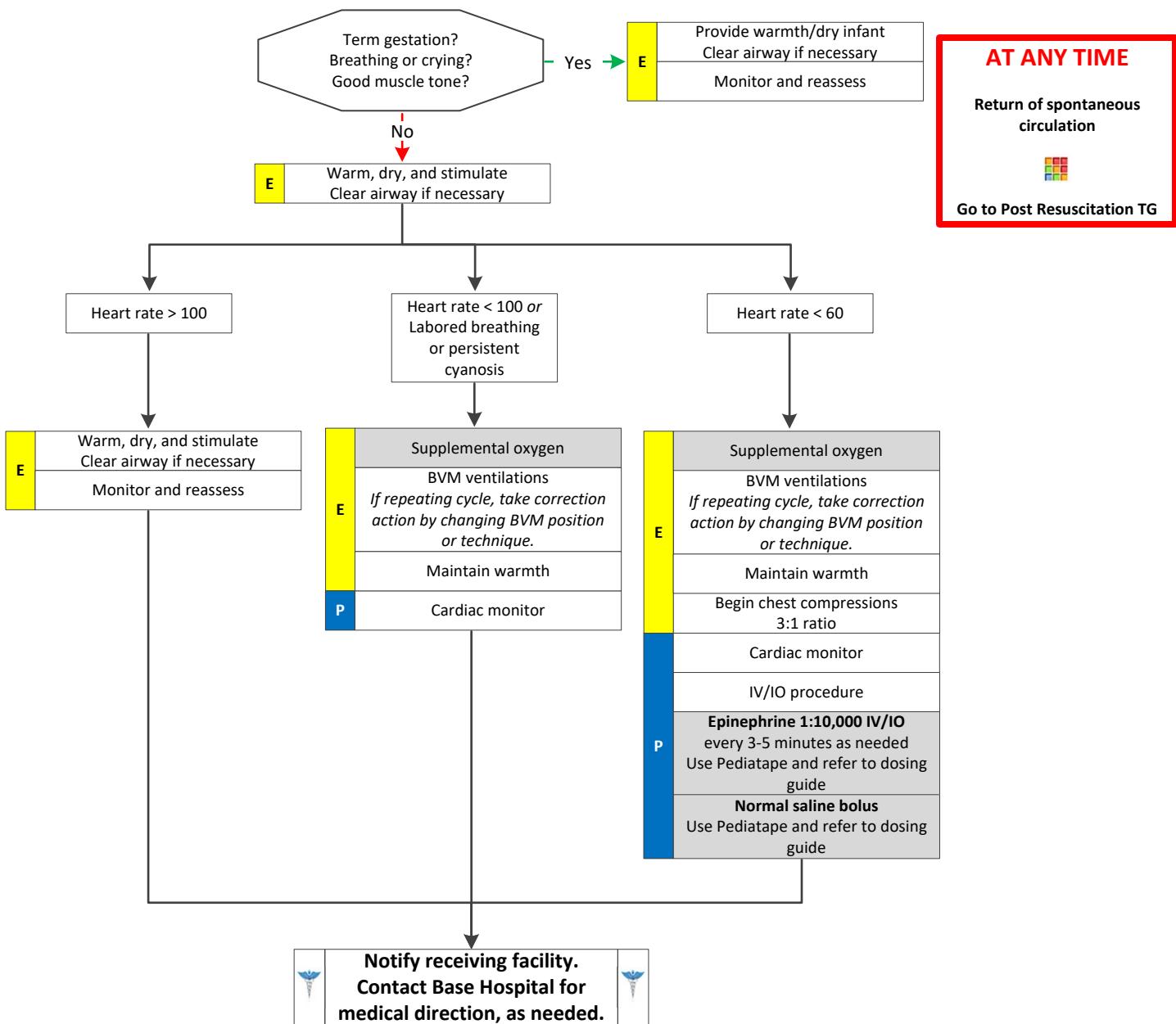
- Due date and gestational age
- Multiple gestation (twins, etc.)
- Meconium
- Delivery difficulties
- Congenital disease
- Medications (maternal)
- Maternal risk factors (substance abuse, smoking)

**Signs and Symptoms**

- Just born
- Uncut umbilical cord
- Respiratory distress
- Peripheral cyanosis or mottling (normal)
- Central cyanosis or mottling (abnormal)
- Altered level of responsiveness
- Bradycardia

**Differential**

- Airway failure (secretions, respiratory drive)
- Infection
- Maternal medication effect
- Hypovolemia
- Hypoglycemia
- Congenital heart disease
- Hypothermia



## Treatment Guideline P08

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## Pearls

- Most newborns requiring resuscitation will respond to ventilation/BVM, compressions, or Epinephrine. If not responding, consider hypovolemia, pneumothorax, or hypoglycemia (< 40mg/dl).
- Transport mother **WITH** infant whenever possible.
- **Do not place hot packs directly on baby's skin as it may cause severe burns.**
- Common pediatric terms used to describe children are defined as:
  - Newly born are ≤ 24 hours old
  - Neonates are ≤ 28 days old
  - Infants are ≤ 1 year old
- Term gestation, strong cry/breathing and with good muscle tone generally will need no resuscitation.
- Most important vital signs in the newly born are respirations/respiratory effort and heart rate.
- Place baby skin-to-skin on mother.
- It is extremely important to keep an infant warm.
- Maternal sedation or narcotics will sedate an infant.
- Naloxone is no longer recommended for use in the newly born who may be sedated from maternal medications.



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