

Chart 12. Neonatal resuscitation: Steps and process

There is no need to slap the infant; rubbing the back two or three times in addition to thorough drying is enough for stimulation.

A. Airway

- ▶ Keep the infant's head in a slightly extended position to open the airway.
- Do not suction routinely. Suction the airway if there is meconium-stained fluid and the infant is not crying and moving limbs. When the amniotic fluid is clear, suction only if the nose or mouth is full of secretions.
 - Suck the mouth, nose and oropharynx by direct vision; do not suck right down the throat, as this can cause apnoea or bradycardia.

B. Breathing

- Choose a mask size that fits over the nose and mouth (see below): size 1 for normal-weight infant, size 0 for small (< 2.5 kg) infants</p>
- Ventilate with bag and mask at 40–60 breaths/min.
- Make sure the chest moves up with each press on the bag; in a very small infant, make sure the chest does not move too much (danger of causing pneumothorax).

C. Circulation

- Give chest compressions if the heart rate is < 60/min after 30–60 s of ventilation with adequate chest movements: 90 compressions coordinated with 30 breaths/min (three compressions: one breath every 2 s).
- Place thumbs just below the line connecting the nipples on the sternum (see below).
- Compress one third the anterior-posterior diameter of the chest.



Correct head position to open up airway and for bag ventilation.

Do not hyperextend the neck.



Correct position of hands for cardiac massage of a neonate. The thumbs are used for compression over the sternum.

