

APPROACH TO RESUSCITATION IS UNCHANGED WITH SUSPECTED / CONFIRMED COVID-19

**Preterm
< 32 weeks**

Place undried in plastic wrap + radiant heat

Inspired oxygen
28–31 weeks 21–30%
< 28 weeks 30%

If giving inflations, start with 25 cm H₂O

Acceptable pre-ductal SpO ₂	
2 min	60%
5 min	85%
10 min	90%

TITRATE OXYGEN TO ACHIEVE TARGET SATURATIONS

(Antenatal counselling)
Team briefing and equipment check
Consider team member vaccination status/
COVID-19 risk profile. Consider PPE.

Birth
Delay cord clamping if possible

Start clock / note time
Dry / wrap, stimulate, keep warm

Assess
Colour, tone, breathing, heart rate

Ensure an open airway
Preterm: consider CPAP

If gasping / not breathing

- Give 5 inflations (30 cm H₂O) – start in air
- Apply PEEP 5–6 cm H₂O, if possible
- Apply SpO₂ +/- ECG

Reassess
If no increase in heart rate, look for chest movement

If the chest is not moving

- Check mask, head and jaw position
- 2 person support
- Consider suction, laryngeal mask/tracheal tube
- Repeat inflation breaths
- Consider increasing the inflation pressure

Reassess
If no increase in heart rate, look for chest movement

Once chest is moving continue ventilation breaths

If heart rate is not detectable or < 60 min⁻¹ after 30 seconds of ventilation

- Synchronise 3 chest compressions to 1 ventilation
- Increase oxygen to 100%
- Consider intubation if not already done or laryngeal mask if not possible

Reassess heart rate and chest movement every 30 seconds

If the heart rate remains not detectable or < 60 min⁻¹ Vascular access and drugs

- Consider other factors e.g. pneumothorax, hypovolaemia, congenital abnormality

Update parents and debrief team
Complete records

APPROX 60 SECONDS

MAINTAIN TEMPERATURE

AT ALL TIMES ASK "IS HELP NEEDED"