Out-of-hospital newborn life support

Information gathering, team briefing, equipment check, thermal adjuncts

Prioritise thermal care, avoid hypoxia, safe and timely conveyance to hospital

Preterm < 32 weeks

Place undried body in a plastic bag + radiant heat

If breathing consider:

• nasal prong oxygen

If not breathing:

- Gentle inflation/ ventilation breaths
- Start in oxygen

Birth

Start clock

Delay cord clamping. Stimulate. Thermal care.

Assess

Breathing, heart rate, tone

Ensure an open airway (neutral position)

Breathing inadequate

- Give 5 inflation breaths: 2–3 seconds each, in air
- Look for chest rise
- Saturation monitor if possible

Reassess heart rate and chest rise

Acceptable pre-ductal SpO₃

3 min	70–75%
5 min	80-85%
10 min	90-95%

Titrate O₂ to achieve target SpO₂

Chest moving

• Start ventilation breaths (30 min⁻¹)

Chest not moving

- Check mask, head and jaw position
- 2 person support
- Consider:
- SGA
- →Inflation pressures
- Suction
- Tracheal tube
- Repeat 5 inflation breaths

Reassess heart rate and chest rise

Once chest is moving continue ventilation breaths

If heart rate is $< 60 \text{ min}^{-1}$ after 30 seconds of ventilation breaths

15 cycles of 3 chest compressions : 1 ventilation

- Synchronise chest compressions and ventilation
- 100% Oxygen

- Consider SGA or intubation
- Reassess heart rate/chest rise every 30 seconds

If the heart rate remains < 60 min-1

- Consider IO accesses
- Consider drugs and intravascular volume
- · Check blood glucose

- Consider other factors hypovolaemia, pneumothorax, congenital abnormality
- Consider immediate conveyance to hospital

eep baby warm

Approx 60