

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
+ heat source

If breathing consider:

- Nasal prong oxygen

If not breathing:

- Gentle inflation/
ventilation breaths
- Start in oxygen

Acceptable pre-ductal SpO₂

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

Titrate O₂ to achieve
target SpO₂

Birth

Start clock

Delay cord clamping. Stimulate. Thermal care.

Assess

Breathing, heart rate

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

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 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

- Continue chest compressions
- Consider IO accesses
- Consider drugs and intravascular volume
- Check blood glucose
- Consider other factors – hypovolaemia,
pneumothorax, congenital abnormality
- Consider immediate conveyance to hospital

Update parents, complete records, debrief team, complete TABCDEF and pre-alert to hospital

Approx 60 s

Is help needed?
Keep baby warm