Resuscitation Council UK

GUIDELINES 2025

Newborn life support

(Antenatal counselling)
Team briefing and equipment check

Birth
Start clock

Delay cord clamping. Stimulate. Thermal care.

Assess
Breathing, heart rate

Ensure an open airway

Breathing inadequate
- Give 5 inflation breaths – 30 cm H_2O, air, look for chest rise
- PEEP 6 cm H_2O, if possible
- SpO_2 +/- ECG monitoring

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
- Vascular access
- Consider drugs and intravascular volume
- Check blood glucose
- Consider other factors – hypovolaemia, pneumothorax, congenital abnormality

Update parents, complete records and debrief team

Approx 60 s

Is help needed?
Keep baby warm

Preterm < 32 weeks

Place undried body in a plastic bag + radiant heat

If breathing consider:
- CPAP 5–8 cm H_2O
- ≥ 30% FiO_2

If not breathing:
- Initial PIP 25 cm H_2O
- PEEP 6 cm H_2O
- ≥ 30% FiO_2

Acceptable pre-ductal SpO_2	
3 min	70–75%
5 min	80–85%
10 min	85–95%
Titrate O_2 to achieve target SpO_2	

Updated March 2026