

Newborn Resuscitation

For all newborns:

- Practice delayed cord clamping to prevent infant anemia
- Clean the cord with 4% Chlorhexidine once the baby is stable then daily until cord separation
- Ensure HIV risk known and give TEO & Vitamin K

Prepare for delivery: equipment, warmth, get help

Initial steps in stabilization: dry & stimulate baby, cover with warm dry towel
Is baby crying or breathing? Does baby have good muscle tone?

NO to any

YES to all

AIRWAY

- Immediate cord cutting
- Transfer to radiant warmer
- Position and check airway
- Clear airway if required
- Assess breathing

- Place on mother's abdomen for skin to skin contact
- Initiate breastfeeding
- Delay cord cutting
- Essential Newborn care (Vit K, cord care, eye care)

BREATHING

Baby now active and taking breaths?

YES

Laboured

- Initiate O₂/CPAP

NO

SHOUT FOR HELP and Start Ventilation

- Ensure chest rise
- Perform at 40-60 breaths/minute
- Check heart rate at 1 min

REMEMBER THE GOLDEN MINUTE:
Breathing should be started within 60 seconds

CIRCULATION

Is heart rate > 60 bpm

YES

NO

- Continue with 40-60 breaths/minute
- Reassess ABC every 1-2 minutes
- Stop bagging when breathing and heart rate OK

- Give 1 effective breath for every 3 chest compressions for 1 minute
- Reassess ABC every minute
- Use 100% oxygen as you begin chest compressions

ABC OK

ABC OK

If heart rate very slow or undetectable, consider IV access and drugs:

- Adrenaline 0.1mL/kg at 5 minute intervals (up to 3 doses)

- Regular breathing/HR > 100bpm, give O₂ and titrate SpO₂ (90-95%)
 - IVF/EBM & blood sugars 2hr post birth
 - Keep warm at 36.5-37.5 degrees C
 - Essential newborn care
 - Treat infections if indicated
 - Family centered care