

*Basic Emergency Obstetric and Newborn Care in Humanitarian Settings: Select Signal Functions*

Newborn Resuscitation Checklist

*This unit was extracted from Unit 4, Practical Session C in the Assisted Vaginal Deliver via Vacuum Extraction clinical refresher training module by the IAWG Training Partnership Initative.*

Prepared by Jhpiego for the Ministry of Health in the Republic of the Union of Myanmar. (2012*). Improved Midwifery for Maternal, Newborn, and Child Health Services: Best Practices in Maternal and Newborn Care Facilitator’s Manual*. Used with permission.

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| **CHECKLIST FOR NEWBORN RESUSCITATION**(Many of the following steps/tasks should be performed simultaneously) |
| **STEP/TASK** | **REMARKS** |
| **GETTING READY (Prepare for a birth)** |
| 1. Ensure that the area for newborn resuscitation is prepared and that a mucus extractor, self-inflating bag, correct-sized masks for ventilation, and pediatric stethoscope are clean and ready to use for every delivery. Provider should have washed hands and put on sterile gloves. |  |
| 2. Tell the woman (and her support person) what is going to be done and encourage them to ask questions.  |  |
| 3. Provide continual emotional support and reassurance, as feasible. |  |
| **SKILL/ACTIVITY PERFORMED SATISFACTORILY?** | **INITIALS** |  | **DATE** |  |
| **IMMEDIATE NEWBORN CARE** |
| 1. When a baby is born, place immediately on mother’s abdomen and dry the baby quickly and thoroughly with a warm, dry cloth. |  |
| 2. Assess the baby’s crying and breath effort during the first 60 seconds after birth. If crying/breathing normally, continue with the next step. If not crying of breathing normally by 60 seconds after delivery, go to “Initial Resuscitation Step #1.” |  |
| 3. Remove wet cloth and place baby skin-to-skin on mother’s chest, covering with a warm, dry cloth. Cover head with cap or cloth.  |  |
| 4. Clamp and cut cord within 2-3 minutes or after pulsations have ceased. |  |
| 5. Continue to observe baby’s breathing/crying as you proceed with the other steps of the delivery.  |  |
| **SKILL/ACTIVITY PERFORMED SATISFACTORILY?** | **INITIALS** |  | **DATE** |  |
| **INITIAL RESUSCITATION STEPS (if the baby does not cry or not breathing normally)** |
| 1. Dry the baby quickly and thoroughly. Remove the wet cloth. |  |
| 2. Clear the airway; position head and suction mouth and nose only if secretions seen. (Do not suction mouth and nose routinely.)  |  |
| 3. Stimulate breathing by rubbing back 2-3 times.  |  |
| 4. If the baby cries or breathes normally, place the baby skin-to-skin on mother’s chest, covering with a warm, dry cloth. Cover head with cap or cloth.  |  |
| 5. If the baby does not breatheafter rubbing the back, clamp and cut the cord, place the baby on a clean, dry surface in the resuscitation area, and cover with a hat and dry cloth, leaving the chest exposed.  |  |
| 6. Proceed with ventilation using bag and mask within one minute after birth. |  |
| **SKILL/ACTIVITY PERFORMED SATISFACTORILY?** | **INITIALS** |  | **DATE** |  |
| **RESUCITATION USING BAG AND MASK**  |  |
| 1. Position the baby’s head in a slightly extended position to open the airway. |  |
| 2. Place the mask on the baby’s face so that it covers the chin, mouth and nose. Form a seal between the mask and face and begin ventilation. |  |
| 3. Ensure that the chest is rising with each ventilation. Ventilate at a rate of 40 breaths/minute for 1 minute.  |  |
| 4. If the baby is still not breathing, call for help and improve ventilation.* Head – reposition, reapply mask
* Mouth – clear secretions, open mouth slightly
* Bag – squeeze harder and continue ventilation
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| 5. If not breathing well, palpate the umbilical cord or listen to the heart rate with a stethoscope.* If heart rate is more than 100, continue ventilation. If the baby is breathing spontaneously and there is no in-drawing of the chest and no grunting, put the baby in skin-to-skin contact with the mother.
* Monitor with mother.
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| 6. If breathing is less than 30 breaths per minute, heart rate is less than 100 beats per minute or severe chest in-drawing is present continue ventilating (with oxygen is available) and arrange for immediate referral for advanced care. |  |
| 7. If the baby does not breath spontaneously and has no detectable heart rate after 10 minutes of ventilation, resuscitation should be stopped.  |  |
| 8. If the baby has a heart rate below 60 beats per minute and no spontaneous breathing after 20 minutes of ventilation, resuscitation should be stopped.  |  |
| **SKILL/ACTIVITY PERFORMED SATISFACTORILY?** | **INITIALS** |  | **DATE** |  |
| **POST-PROCEDURE TASKS** |  |
| 1. Place disposable suction catheters and mucus extractors in a leak-proof container or plastic bag. Place reusable catheters and mucus extractors in 0.5% chlorine solution for decontamination. Then clean and process.  |  |
| 2. Clean and decontaminate the valve and mask and check for damage. |  |
| 3. Wash hands thoroughly.  |  |
| 4. Ensure that the mother is aware of the outcome of the resuscitation and provide support as necessary.  |  |
| 5. Record pertinent information on the mother’s/newborn’s record. |  |
| **SKILL/ACTIVITY PERFORMED SATISFACTORILY?** | **INITIALS** |  | **DATE** |  |

Adapted from Jhpiego. 2015. *Emergency Obstetric Care for Midwives and Doctors* course.