ROUTINE DELIVERY ROOM CARE

1. **Position**: Place infant head downward immediately, to clear mouth, pharynx & nose of secretions

2. **Suction**: Gently suction nose and pharynx with bulb syringe or soft catheter, while stimulating to cry
   a. Non-high risk infant: head down
   b. High risk (e.g. CS delivery): crib level

3. **Assess APGAR score**

<table>
<thead>
<tr>
<th>Sign</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Blue, pale extremities &amp; trunk</td>
<td>Blue extremities Pink trunk</td>
<td>Completely pink</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>Absent</td>
<td>Below 100</td>
<td>Above 100</td>
</tr>
<tr>
<td><strong>G</strong></td>
<td>No response</td>
<td>Grimace</td>
<td>Cry, cough, sneeze</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Limp</td>
<td>Some flexion of extremities</td>
<td>Active motor</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Absent</td>
<td>Slow, irregular</td>
<td>Good strong cry</td>
</tr>
</tbody>
</table>

**Score:**
- 7-10 at 1 min = vigorous infant
- 4-6 = mild-moderate asphyxia → 100% O2 by face mask
- 0-3 = severe asphyxia → intubation

One-minute score: gives index of necessity for resuscitation
Five-minute score: more valuable in predicting mortality, success of resuscitation and neurologic deficit at 1 year of age

Resuscitation of the depressed infant

Score 4-6
- Vigorous stimulation and suctioning of secretions
- Assisted ventilation for the depressed baby may produce spontaneous respiration
- If still unresponsive, tracheal intubation and positive pressure

Score 0-3
- Vigorous stimulation and suctioning of secretions
- Immediate intubation and O2 inhalation
- Correction of acidosis

4. **Maintain body heat**
   a. Body surface of NB thrice that of adult
   b. Rate of heat loss 4x that of adult occurring by:
      i. Convection to cooler air
      ii. Conduction to cooler materials