

# Neonatal Resuscitation

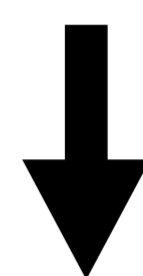
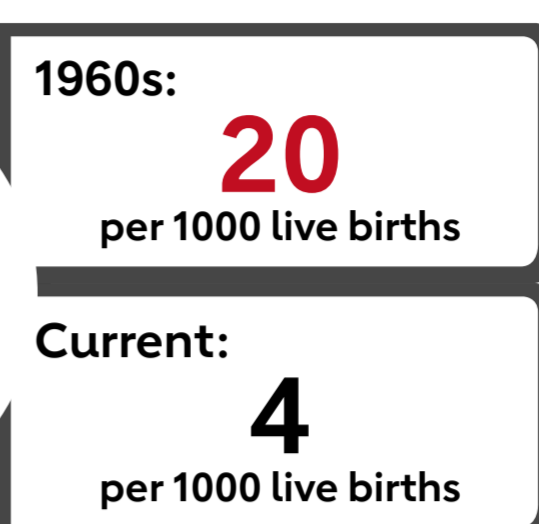


The 2020 neonatal resuscitation guidelines are based on extensive evidence evaluation performed in conjunction with the International Liaison Committee on Resuscitation and affiliated member councils.



The Neonatal Resuscitation Algorithm starts with the needs of every newly born baby and proceeds to steps that address the needs of at-risk newborns.

**Impact**  
on neonatal mortality rate in the United States and Canada:



## Anticipation and Preparation



Approximately **10%** of newborns need help **breathing**



Approximately **1%** of newborns need further **resuscitation**



## Umbilical Cord Management

Most newly born infants **do not require immediate cord clamping or resuscitation** and can be evaluated and monitored during skin-to-skin contact with their mothers after birth.



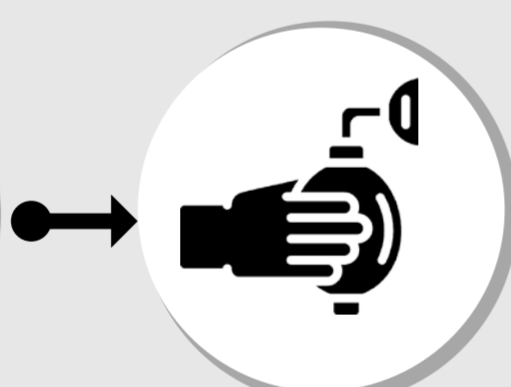
## Temperature Management

Placing healthy newborn infants **skin-to-skin after birth** can be effective in improving breastfeeding, temperature control, and blood glucose stability.

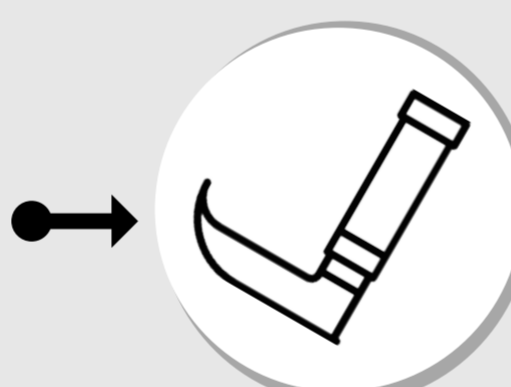
## Steps for Nonvigorous Newborns With Meconium-Stained Amniotic Fluid



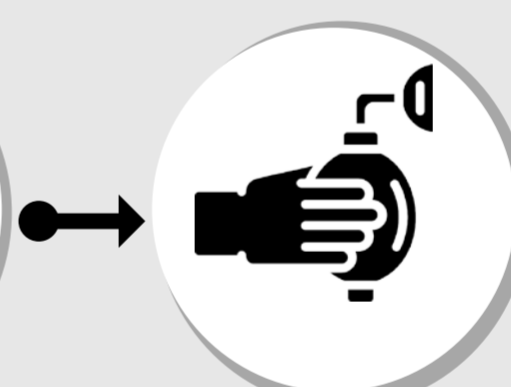
Initial steps: warm, position, clear secretions, dry, and stimulate



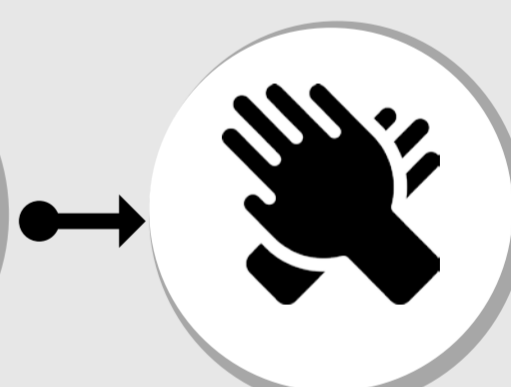
Respiratory support (PPV) and corrective steps if indicated



Direct laryngoscopy and ET suctioning only if obstruction is evident



Respiratory support (PPV) and corrective steps if indicated



Chest compressions if failure to respond to PPV



## IV/IO Access

**Umbilical venous catheterization** is the preferred technique in the delivery room for babies who require vascular access to infuse epinephrine or volume expanders. **IO access is an alternative.**



## Cessation of Resuscitation

Newborns after delivery who do not respond to **20 minutes of resuscitation** have a low likelihood of survival. At this point, **discussions should be initiated** with the family and care team regarding cessation of resuscitative efforts.

## Limitations



**Weak Evidence**  
Numerous questions and practices were identified to have weak, uncertain, or absent evidence during the review of recommendations.



**Knowledge Gaps**  
Significant knowledge gaps—including team composition and training, devices for resuscitation, and special newborn populations care—were also highlighted.

ET indicates endotracheal; IO, intraosseous; IV, intravenous; and PPV, positive pressure ventilation.