

NEONATAL GUIDELINES

SUMMARY OF CHANGES

The changes of note to Neonatal Resuscitation Guidelines are as follows:

1. As a result of ILCOR 2015 CoSTR, ANZCOR now suggests or recommends;
 - Greater emphasis on maintaining a normal body temperature during resuscitation of all newborns
 - Assessing temperature on admission for neonatal intensive or special care as an measure of quality of care
 - Consideration of deferred cord clamping in preterm infants who do not require resuscitation
 - Against cord milking, until more comprehensive evidence of safety and efficacy is available
 - That resuscitation instructors should be provided with structured feedback
 - That training requires regular reinforcement and some form of retraining should take place more often than once a year
 - ECG can be used as an adjunct to auscultation and saturation monitoring, to provide a more rapid and accurate measure of heart rate during resuscitation
 - That there is insufficient published human evidence to suggest routine use of endotracheal intubation to suction meconium from the trachea in meconium-exposed infants
 - Using between 21% and 30% oxygen at the commencement of resuscitation of preterm infants, (but with subsequent adjustments as needed), and against commencing in 65-100% oxygen

The strength of recommendation depends on level of evidence and other factors, including local and international values and preferences.

2. Various other sections, including those that describe physiology and some areas of practice have been updated, where applicable, in line with current evidence or evolution in expert opinion.
 - One such change is to suggest a greater focus on commencing insertion of an umbilical venous catheter as soon as it is determined that chest compressions are required. Early intravenous administration of adrenaline is suggested over endotracheal administration.

- The box recommending intravenous dose on the algorithm has been updated to include a table by gestation – to simplify drawing up, checking and administering IV adrenaline in emergencies.
3. Material that was previously included that described details such as how to set up a T piece resuscitator, and how to perform intubation, have been removed as they are considered more appropriate content for a training manual, which is in preparation.
 4. Paragraphs from various sections of the guidelines that were specific to preterm infants have been grouped in Guideline 13.8. This guideline (on Special Circumstances) now also includes new sections on several types of major congenital anomalies that can affect resuscitation.