

NEONATAL RESUSCITATION

Case Presentation

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History

Baby of S.A, born on 9/12/2022.

#BW: 3.0kg

#A.S: 2,4,6

#Sex: Girl

#Admission vitals (T-34.9°C, HR-135BPM, R.R-60, H.C- 34.9cm, R S- 6.6mmol/L, SPO2- 80%)

History cont...

- S.A, 32/F, G6P4+1, term, came to the facility nearly 4hours after onset of labor, with complaints of increased LLP, drainage of clear liquor and blood stained PV discharge (show). She reported normal fetal kicks prior to worsening of the LLP, but she wasn't sure anymore.
- No other systemic concerns

Examination

- O/E: Fair general condition, not pale, jaundiced or dehydrated
- P/A: F/H-37/40, longitudinal, breech, FHR- 90-94bpm
- V/E: Cervix fully dilated, well effaced, presenting part(feet),along with a non pulsatile cord in the vaginal cavity.

- Dx: G6P4+1, Term, breech, in Second stage of labor with Overt Umbilical cord prolapse
- Mgt:
- Vaginal delivery in labor suite
- Assemble and prepare for neonatal resuscitation
- Informing NICU

- Outcome:
- Baby was breech extracted within 15mins from diagnosis
- Peripherally cyanosed, HR~60 bpm, floppy, absent respiration, absent activity (A.S: 2/10 in the first minute)

Intervention

- Pre-delivery: We alerted team about the anticipated need for resuscitation, and had one midwife assigned to prepare and be in charge of the process
- On delivery: We immediately cut the non-pulsatile cord as we were offering tactile stimulation and drying.
- And rushed the baby to the resuscitation area, with radiant warmer already turned on and a dry baby cloth waiting.

- Suctioning of the minimal secretions done with penguin sucker, and bagging started within the first minute from cord separation.
- With pulse rate of around 60bpm, we did 15 cycles of chest compressions with BVM ventilation at ratio of 3:1. Heart rate rose to an average of 130-138bpm but still no spontaneous breathing. Started having about 20 gasps per minute, by the 10th minute. APGAR Score 6/10 (A 2, P 2, G 1, A 0, R 1)

- Bagging thus continued to a total of 26minutes before baby started breathing spontaneously at 68bpm, and was put on 1L/min of free flow oxygen as we transferred her to NICU

- In NICU, baby was initially put on CPAP and started on iv antibiotics, anticonvulsants (convulsed shortly after admission).
- Is still on ward on free flow oxygen and maintenance doses of anticonvulsants, being managed for HIE

Summary

- Term female neonate, born vaginally by breech extraction, with an overtly prolapsed and non pulsatile cord, bwt 3kg, A.S 2,4,6, required BVM ventilation and chest compressions for 26minutes before established spontaneous respirations.