

Editorial Note on Neonatal Resuscitation

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EDITORIAL NOTE

Neonatal resuscitation, often known as newborn resuscitation, is an emergency treatment aimed at helping the 10% of newborns who do not start breathing on their own, placing them at risk of permanent organ damage and death. Depending on how quickly and successfully the infant is resuscitated, hypoxic damage can occur to most of the infant's organs (heart, lungs, liver, gut, kidneys), although brain injury known as neonatal hypoxic-ischemic encephalopathy is of most concern.

Traditionally, newborn children have been resuscitated using artificial ventilation with 100% oxygen, but there has been growing controversy since the 1980s over whether newborn babies with asphyxia should be resuscitated with 100% oxygen or normal air, with Ola Didrik Saugstad being a major proponent of using normal air. Evidence from clinical trials shows that resuscitation with air decreases the risk of death, and the 2010 ILCOR recommendations recommend using normal air rather than 100% oxygen. The course format has changed dramatically since the release of the seventh edition of NRP, which reflects the 2016 American Academy of Pediatrics resuscitation guidelines. The spectrum of practise of providers who participate in NRP is broad. The course outline is adaptable, allowing providers to focus on specific modules that are relevant to their practise. At 38 weeks gestation, a young, first-time

mother gives birth to a boy. Her pregnancy was uneventful, she tested negative for Group B Strep, and her amniotic fluid was clear with no signs of meconium. The baby's oxygen saturation is also within the age-appropriate range. Following stabilisation, the baby is handed over to his mother for skin-to-skin touch, while a nurse continues to track the baby's vitals according to protocol. The first step in any resuscitation is always evaluation.

"Does the baby seem to be of term gestation?" are some critical issues to ask. Is he in good physical condition? Is he moaning or breathing?" This is the start of your evaluation. If you answered no to any of these questions, you should keep assessing and intervening as required. Attach a pulse oximeter to the baby's right wrist when he's on the warmer, as this is the safest way to measure oxygen saturation in a newborn. We'll be able to keep an eye on the baby's heart rate as well. The oxygen saturation should fall within certain limits depending on the number of minutes after birth.

It's crucial to know when to interfere after assessing the newborn. A heart rate of less than 100 beats per minute, on average, necessitates respiratory assistance.

A heart rate of less than 100 beats per minute is a sign that PPV should be started. If the newborn's heart rate is less than 60 beats per minute, PPV should be started immediately. If PPV fails to raise the heart rate, you can use the acronym MR SOPA to troubleshoot.

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