



Targeted right upper extremity SpO ₂ after birth	
1 min:	60-70%
2 min:	65-85%
3 min:	70-90%
4 min:	75-90%
5 min:	80-90%
10 min:	85-90%



Education/Pearls

- Wait at least 30-60 seconds post delivery before clamping and cutting the umbilical cord.
- Warm, dry, and stimulate baby for 30 seconds.
- Wrap infant in a dry towel and keep as warm as possible during the resuscitation. Keep the head covered if possible. If gestational age < 32 weeks, additional warming measures are recommended (plastic wrap or bag).
- If strong cry, regular respiratory effort and good tone are present and the infant is term gestation, place infant skin to skin with mother.
- If weak cry, signs of respiratory distress, or poor tone are present, or the infant is preterm gestation, then position airway (sniffing position) and clear airway as needed. If thick meconium, signs of respiratory distress, or secretions are present then suction mouth and nose.
- Consider checking blood glucose for ongoing resuscitation, maternal history of diabetes, if the infant is ill-appearing, or if the infant is unable to feed. Refer to **Hypoglycemia/Hyperglycemia AG** as needed.

First 30-60 seconds:

If heart rate > 100 beats per minute:

- Monitor for signs of respiratory distress. If apneic or in significant respiratory distress, initiate BVM with room air at 10 breaths per minute.

If heart rate < 100 beats per minute:

- Initiate BVM ventilations with room air at 10 breaths per minute while monitoring heart rate closely.
- If no improvement after 90 seconds, begin augmenting O₂ delivery at 3L, increasing every 30 seconds until HR > 100 bpm.

If heart rate < 60 beats per minute:

- Ensure effective ventilations with supplementary oxygenation.
- If no improvement after 30 seconds, initiate chest compressions.
- Initiate BVM ventilations at 10 breaths per minute.

Epinephrine is indicated if the newborn's heart rate remains less than 60 beats per minute after at least 30 seconds of positive pressure ventilation, and another 60 seconds of chest compressions with positive pressure ventilation administered with 100% FiO₂.

Neonatal transportation destinations:

- BUMC-T
- TMC