

# Newborn resuscitation

This information sheet aims to answer some commonly asked questions about newborn resuscitation

**IMPORTANT:** This is general information only. Ask your doctor, midwife or nurse about what care is right

## What is newborn resuscitation?

Newborn resuscitation is when emergency care is given to help a baby who is not breathing or who is making a lot of effort with their breathing.

Some babies have trouble starting to breathe when they are born. Very rarely a baby may become unwell in the hours or days after they are born and need resuscitation.

## Why did your baby need resuscitation?

There are many reasons why your baby may have needed resuscitation.

At birth *some* of these are:

- being born too early (preterm/premature) or late (after the end of the 41st week of pregnancy)
- getting an infection during pregnancy or birth
- problems with the placenta
- having a very long or very short labour
- a maternal health condition such as high blood pressure or diabetes
- unexpected problems during labour (e.g. abnormal bleeding or changes in baby's heart rate before birth)
- abnormalities with how the lungs or other body organs developed during pregnancy

In the early days after birth *some* of the reasons a baby may need resuscitation are:

- becoming very unwell from an infection
- having a rare heart problem
- breathing in some of their feed, vomit or saliva

Sometimes there is no obvious reason. Your healthcare provider will explain the reasons your baby needed to be resuscitated.

## When was your baby's cord cut?

At birth your baby's cord may not be cut for up to a minute or more. If your baby needs resuscitation they may need to be moved to a resuscitation cot which means the cord may have to be cut sooner. Ask your healthcare providers when your baby's cord was cut.

## What happens during resuscitation?

Your midwife or doctor may press an emergency bell to get extra help. There are usually more healthcare providers (such as a paediatrician or extra nurses/midwives) that come to help with the resuscitation.

Your baby may be placed on a resuscitation cot, or it may be possible to start resuscitating your baby at your bedside.

The most important thing is to make sure your baby is breathing. The brain and other organs need oxygen to work. Your baby's mouth and nose are checked and cleared to make sure there is nothing that will stop air going to their lungs.

A mask goes over their face to gently push air and oxygen into their lungs. Sometimes a feeding tube is needed to remove air from their stomach. Your baby may also need to have a tube put in their mouth to give the oxygen.

It is also very important to keep your baby warm. The resuscitation cot has a heater on the top. Warm blankets or towels are used to gently dry and warm your baby. This can also help your baby to start breathing. If your baby is born very early, a plastic bag or plastic wrap put around their body at birth can help keep moisture from being lost from baby's skin. This also helps keep them warm.

## What else happens?

If your baby's heart rate is too slow, even when they have had help with breathing, chest compressions may be needed to pump blood around the body. Chest compressions are when the doctor or nurse gently presses on the baby's chest over their heart to send blood around the body.

Sometimes a baby needs a drip (intravenous line) to give fluids and medicine. The drip can be put into the baby's umbilical cord (at birth) or into a vein in an arm or leg.



## What care does your baby need after resuscitation?

You will be told about how baby is or if there is any changes in their condition. The care your baby needs will depend on what has happened including:

- the reason for the resuscitation
- your baby's response to the resuscitation
- how they are coping now
- what care they may need after the resuscitation

If your baby stays with you, the midwife or nurse looking after you both will watch your baby closely. If you are worried about anything you should tell the staff straight away.

If your baby needs special observation (monitoring) or help with breathing, they will go to a special care or an intensive care nursery. They may need to be transferred to another hospital.

The doctors and nurses will monitor your baby's breathing, heart rate, oxygen levels in the blood, colour and general condition. Your baby may need blood tests, an x-ray and a drip to give them fluid and glucose (sugar), antibiotics or other medicines.

Sometimes your baby may not be well enough to suck and swallow milk. A feeding tube may be put down their nose or mouth down into the stomach. Breastmilk or formula can be put down the tube to feed them until they are stronger.

Other information sheets about the care and treatment your baby may need are available at [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg) or ask your health care provider.

## Will my baby be fed?

Sometimes your baby may not be well enough to suck and swallow milk. A feeding tube may be put in their nose or mouth down into the stomach. Breastmilk or formula can be put down the tube to feed them until they are strong enough to breastfeed or have bottles.

## How can you help your baby?

The staff will help you to visit, see and care for your baby. You may wish to cuddle, sit with, talk to, touch, and/or care (e.g. feed and change nappies) for your baby. This may depend on how sick your baby is. Very sick babies often need a lot of rest.

If you plan to breastfeed and your baby is not well enough to suckle at the breast, your nurse or midwife will help you express milk for your baby.

## Will your baby be affected in the future?

Every baby and every situation is different. While a few babies are very sick after resuscitation and can have long term problems, quite a few babies make a complete recovery.

Your baby's healthcare providers will talk to you about what has happened and what it might mean for your baby's future. They will also talk to you about any follow up treatment or monitoring your baby may need.

## What support is available for your family?

Your healthcare provider will explain the reasons your baby needed to be resuscitated. You will be told about how your baby is or if there are any changes in their condition.

This can be a very upsetting and stressful time for the parents and family. Talk to your healthcare team about the support available to you such as social worker, Indigenous health worker, support groups and perinatal mental health services.

If you are planning on breastfeeding, help and advice to express your milk may also be available from lactation consultants.

If your baby is going to another hospital your healthcare providers will talk to you about the supports to help you be with your baby as soon as possible.

Ask about other parent information sheets available or visit [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

## Support & Information

Queensland Clinical Guidelines parent information [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

**13HEALTH** (13 432584) is a phone line that provides health information, referral and services to the public. <https://www.qld.gov.au/health/contacts/advice/13health>

**Preterm Infants Parent Association (PIPA)** (1300 773 672) offers practical and emotional support to the families of infants born premature <http://www.pipa.org.au>

**Australian Breastfeeding Association** (1800 686268) (breastfeeding helpline). Community based self-help group that offers information, counselling and support services on breastfeeding issues. [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

**Pregnancy, Birth & Baby Helpline** (1800 882 436) (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. [www.health.gov.au/pregnancyhelpline](http://www.health.gov.au/pregnancyhelpline)

**MumSpace** Digital resources supporting mental and emotional wellbeing during and beyond pregnancy. <https://www.mumspace.com.au>

**Lifeline** 13 11 14 Lifeline offers a telephone crisis support service to anyone. [www.lifeline.org.au](http://www.lifeline.org.au)

**The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH)** aims to support parents, caregivers and communities to have the confidence, knowledge, skills and resources to support their own wellbeing and raise emotionally healthy and resilient children. <https://www.childrens.health.qld.gov.au>

**Inform my care** is a website to compare information about public and private hospitals in Queensland [www.informmycare.qld.gov.au](http://www.informmycare.qld.gov.au)

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