

# Newborn resuscitation

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

**IMPORTANT:** This is general information only. It is not intended as advice for your individual circumstances. Ask your health care provider for more information.

## What is newborn resuscitation?

Some babies may have trouble starting to breathe when they are born. Newborn resuscitation is when emergency care is given to help a baby who is not breathing or having difficulties with breathing at birth.

## Why did your baby need resuscitation?

There are many reasons why a baby may need to be resuscitated at birth. Some of these are:

- being born too early (preterm/premature) or too late (after the end of the 41st week of pregnancy)
- getting an infection during birth
- problems with the placenta
- having a very long or very quick labour
- the mother having a 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 in how the lungs develop

Sometimes there is no obvious reason. Your health care provider will explain the reasons your baby needed to be resuscitated at birth.



*Baby with small tubes in their nostrils, to assist with breathing. The small tubes are connected to larger tubes attached to the baby's hat.*



*Parent's hands and arms circling small baby's head and upper body*

## What happens during the resuscitation?

First your baby is placed on a warm resuscitation cot.

Making sure your baby is breathing is the most important thing. A mask is placed over the baby's face or a breathing tube is placed in their mouth and down the back of the throat. This is so air or oxygen can be gently pushed into the lungs to help oxygen get to the brain and other organs in the body.

It is also very important to keep your baby warm. The resuscitation cot has a heater on the top and warm blankets or towels are used to dry and warm your baby.

If your baby is born very early, a plastic bag or plastic wrap around their body can help keep moisture from being lost from baby's skin. This also helps keep them warm.

If your baby's heart rate is too slow, even with help breathing, chest compressions may be needed to help pump blood around the body. Chest compressions are when the doctor or nurse press on your baby's chest near their heart.

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

## What care does your baby need after resuscitation?

You will be told about how your 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

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. The doctors and nurses will monitor your baby's breathing, heart rate, oxygen saturations (colour) and general condition.

Your baby may need blood tests, an x-ray and a drip to give them fluid and glucose (sugar) or antibiotics or other medicines.

Sometimes your baby may not be well enough to suck and swallow milk. A feeding tube may be put through their nose down into the stomach. Milk 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.

## What can help if your baby is admitted to the nursery?

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.



*Mother cuddling baby*

## Will your baby be affected in the future?

Every baby and every situation is different. Your baby's health care 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.

## Support & Information

**13HEALTH** (13 432584) provides non urgent medical help and health information 24 hours a day, 7 days a week.

**Pregnancy, Birth & Baby** 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.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au)

**Preterm Infants' Parents' Association (PIPA)** 1300 773 672 <http://www.pipa.org.au>