

SCOPE DEFINITION

Guideline Title: *Neonatal resuscitation*

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <p>Newborn baby</p>
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to :</p> <ul style="list-style-type: none"> • Identification and management of a newborn baby requiring resuscitation
Outcome	<p><i>What will be achieved if the guideline is followed?</i> <i>(This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> • Early identification of antenatal and peripartum risk factors • Accurate assessment of the newborn baby • Best practice management in neonatal resuscitation
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Care considered standard or usual as specified in the Queensland Clinical Guideline: <i>Standard care</i> • On-going care and management of the baby • Stabilisation of the baby prior to transfer • Respiratory distress • Hypoxic-ischaemic encephalopathy

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	<ul style="list-style-type: none"> • Clinical standards • Parental considerations
1. What are the risk factors for neonatal resuscitation?	<ul style="list-style-type: none"> • Maternal, fetal and intrapartum
2. What preparation is required?	<ul style="list-style-type: none"> • Staff • Equipment • Medications • Environment • Communication and information sharing
3. How is the baby assessed and managed?	<ul style="list-style-type: none"> • Initial assessment and management • Subsequent assessment and management • Oxygen saturation monitoring • Care of baby—skin, temperature, delayed cord clamping
4. What interventions are required to support perinatal transition to extra-uterine life?	<ul style="list-style-type: none"> • Airway and breathing <ul style="list-style-type: none"> ○ Management ○ Delivery devices ○ Supplemental oxygen ○ Positive pressure ventilation ○ Intubation • Chest compressions • Medication and fluids
5. What special circumstances and their management are there to consider?	<ul style="list-style-type: none"> • Preterm baby • Other, e.g. multiple birth, lung pathology (pneumothorax, pleural effusion), fetal haemorrhage • Congenital anomalies
6. What after care is required?	<ul style="list-style-type: none"> • Cord blood sampling • Continuing clinical care • Monitoring and management
7. What are the ethical considerations in neonatal resuscitation?	<ul style="list-style-type: none"> • Initiating and discontinuing resuscitation

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- What proportion of babies have their oxygen saturation monitored during resuscitation at birth?
- What proportion of term babies achieve normal oxygen saturation by 10 minutes of age?
- What proportion of babies maintain a temperature of 36.5–37.5 °C during resuscitation?
- What proportion of preterm babies have resuscitation commenced with 21–30% oxygen
- What proportion of term babies have resuscitation commenced in air (21% oxygen)?
- What percent of babies requiring intubation with endotracheal tube and IPPV have their end tidal CO₂ measured to ensure correct tube placement?
- What proportion of resuscitated babies have an arterial cord blood measurement?
- What percentage of babies have their temperature recorded within one hour of resuscitation and/or on admission to the postnatal ward or neonatal unit?