RATIONAL

The first minutes of life may determine the quality of that life. Prompt, organized, and skilled response to emergencies in this period requires that institutions delivering maternal-infant care have written policies delineating responsibility for immediate newborn care, resuscitation, selection and maintenance of necessary equipment, and training of personnel in proper techniques. These policies should be approved by the medical staff of the hospital. Each institution should develop a list of maternal and fetal complications that require the presence in the delivery room of an individual qualified in newborn resuscitation.

The individual who delivers the baby is responsible for the immediate postdelivery care of the newborn unless another person assumes this duty. Commonly, routine care of the healthy newborn may be delegated to appropriately trained nurses.

Recognition and immediate resuscitation of the distressed infant require an organized plan of action and immediate availability of qualified personnel and equipment. In general, the individual who resuscitates the newborn should be the one who is best qualified to do so.1

Planning for the provision of such services and equipment should be carried out jointly by the directors of obstetrics, anesthesia, and pediatrics with the approval of the medical staff. A physician must be designated to assume primary responsibility for the establishment of standards of care, review of practices, maintenance of appropriate drugs, and training and evaluation of personnel. Planning must include specific identification and immediate in-house availability of qualified personnel 24 hours a day.

RESPONSIBILITY

Responsibility for identification and resuscitation of the distressed infant may rest with a physician or may be delegated to appropriately trained nurse anesthetists, labor and delivery room nurses, nurse midwives, nursery nurses, or respiratory therapists.

To qualify for performance of infant resuscitation, an individual must: (1) demonstrate knowledge of intrapartum fetal physiology and adaptations to extrapartum life; (2) demonstrate knowledge of the physiology and pharmacology of resuscitation; and (3) demonstrate skills in evaluation of the newborn including Apgar scoring, airway management, laryngoscopy, endotracheal intubation, artificial ventilation, suctioning of airways, cardiac massage, and maintenance of thermal stability.

EQUIPMENT AND DRUGS

The designated physician, with the approval of the medical staff, must assume responsibility for the provision and maintenance of appropriate infant resuscitation equipment and drugs in the obstetric suite.2,4

COMMITTEE ON FETUS AND NEWBORN
Alfred W. Brann, MD, Chairman
and
Committee on Obstetrics: Maternal and Fetal Medicine, American College of Obstetricians and Gynecologists
Robert C. Cefalo, Capt, MC, USN, Chairman

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