

2. The use of hypothermia in resuscitation of newborns is currently under study. Until those results are available and have been tested in the prehospital setting, keep the baby warm during transport.
 - a. Have a small knit cap available to cover the infant's head.
 - b. Turn the heat on in the ambulance, even at the risk of discomfort to the mother and crew.
 - c. Place the stable baby on the mother's bare chest (skin-to-skin contact), and cover both of them to maintain the infant's temperature.

Case Conclusion

En Route: Because of persistent poor perfusion, you place an IO line and give the newly born baby 10 mL/kg of normal saline. You check a serum glucose value, which is 60 mg/dL, and thus, no dextrose is administered.

In the Emergency Department: An IV line is placed, and cultures of the blood, urine, and cerebrospinal fluid are obtained. Broad-spectrum antibiotics are administered. The baby is admitted to the neonatal intensive care unit.

Diagnosis: The diagnosis is premature delivery and Group B strep sepsis.

Outcome: The baby's blood culture grows Group B strep. She has a rocky course, but is extubated after 2 weeks and then remains in the intermediate care unit as a "gainer and grower." She is discharged after a 5-week hospital stay with follow-up in the neonatal follow-up clinic of the regional pediatric hospital.

FACULTY NOTES: Read Out Loud

Discuss answers with students.

What Is Really Important?

Most newly born infants do not require vigorous resuscitation at birth. A premature infant is more likely to require some resuscitation. The primary treatment of the depressed newly born involves reversal of hypoxia with immediate bag-mask ventilation. If the child does not improve, begin chest compressions, and consider tracheal intubation on scene before transport. Shock is rare and is most commonly the result of asphyxia. Hypovolemia is an uncommon cause of shock in the newly born. If hypovolemic shock is suspected, transport immediately and initiate volume resuscitation via IV or IO line on the way to the hospital. Do not prolong the scene time to establish vascular access, which may be difficult to obtain and maintain in a depressed newborn. If vascular access is essential, an intraosseous line can often be established quickly. A vigorous infant who is meconium stained, requires suctioning of the mouth and nose. An infant who is meconium stained and not vigorous should have endotracheal suctioning of meconium, followed by bag-mask ventilation if the heart rate is <100 or the infant is apneic.