GENERAL ARTICLE

RECENT UPDATES IN DELIVERY ROOM PRACTICES

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Abstract: *Neonatal resuscitation programme has continuously been updated for our country, incorporating guidelines from American Heart Association and the European Resuscitation Council. Delayed cord clamping is now recommended for stable term and preterm newborns who do not require immediate resuscitation, as it improves hemodynamic stability and survival. It reduces the need for blood transfusions and also reduces intra-ventricular hemorrhage in preterm infants. Umbilical cord milking is an alternative option to delayed cord clamping, only in situations where delayed cord clamping cannot be performed (both term and preterm infants). Umbilical cord milking is contraindicated in preterm infants less than 28 weeks gestation. A physiological approach to cord clamping involves clamping when the respiration has started and lung aeration and pulmonary blood flow are established. This approach presents technical challenges for resuscitating the neonates near the introitus or maternal incision site, using specially designed trolleys currently undergoing validation. T-piece resuscitators are the recommended devices and supra-glottic airways may also be considered as the primary interface to administer positive pressure ventilation instead of a face mask for newborn infants.*

Keywords: *Delayed cord clamping, Umbilical cord milking, Positive pressure ventilation, T-piece resuscitator, Supraglottic airway.*

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Points to Remember

- ***Delayed Cord Clamping (DCC) for at least 120 seconds is the choice in vigorous neonates (34-42 weeks) and gives the maximum benefit even in preterm infants.***
- ***Milking intact umblical cord may be beneficial in 34-28weeks non-vigorous neonates and also in vigorous neonates when DCC is not possible.***
- ***Umbilical cord milking is contraindicated in infants less than 28 weeks.***
- ***T-Piece resuscitator is the preferred device for administering PPV at birth and self-inflating bags should always be available for backup.***
- ***Supra glottic airways are better than face masks for PPV delivery and nasal interfaces are comparable alternatives to face masks for respiratory support in DR.***

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