Resuscitation anxiety

The adverse outcome of oxygen insufficiency during childbirth is usually thought to be cerebral palsy, but discussed much less openly in the medical literature than in legal journals [1-6]. Problems such as cord around the neck, breech birth, shoulder dystocia, and other kinds of mal-presentation are clearly recognized, and that prompt resuscitation must be started to prevent brain damage for infants who suffer a difficult birth [7, 8]. The following guidelines from the American Heart Association and American Academy of Pediatrics were published in 2006:

“Those newly born infants who do not require resuscitation can generally be identified by a rapid assessment of the following 4 characteristics:

- Was the infant born after a full-term gestation?
- Is the amniotic fluid clear of meconium and evidence of infection?
- Is the infant breathing or crying?
- Does the infant have good muscle tone?

If the answer to all 4 of these questions is “yes,” the infant does not need resuscitation and should not be separated from the mother.” [1, p. e1029]

Separation from the mother for resuscitation is the standard protocol – for ventilation, which is not done beside the delivery table, because oxygen is supplied from the wall. The guideline provides several procedures; one is to infuse a volume expander “when blood loss is suspected or the infant appears to be in shock (pale skin, poor perfusion, weak pulse) and has not responded adequately to other resuscitative measures” [7, p. e1034].

Hutchon and Thakur in Darlington England (as mentioned above, 3-2) have developed a procedure for bringing a “Resuscitare” version of a Drager Babytherm to the delivery table so that ventilation, intubation, and other standard procedures can be carried out with the umbilical cord and ongoing circulation to and from the placenta intact [2, 3]. See figure 12 (above 3-2).

Figure 12 should be compared with figure 14 below, a picture I took from Wikipedia for my poster presentation at the 2006 Fetal and Neonatal Physiological Society (FNPS) meeting [11]. The picture two years later had been replaced on Wikipedia, along with several entries on the wisdom of not using a clamp. Looking around on the internet, new clamps continue to be advertised – many with features to minimize blood-splash. Banking of umbilical cord blood is also widely advertised.

The clamp when it was introduced over 100 years ago was not intended to be used to cut off postnatal placental circulation, but that is its current use, and many have tried to point out the dangers of not waiting at least for the onset of pulmonary respiration [12-28].

© Eileen Nicole Simon, 2008
Cerebral palsy is the most dreaded outcome of complications during pregnancy and birth, but many in the obstetric profession refuse to consider asphyxia during birth as a cause, or whether standard protocols are safe [29, 30].

References

13. Windle WF (1941) Round table discussion on anemias of infancy.
15. Duckman S et al. (1953) The importance of gravity in delayed ligation of the umbilical cord.

© Eileen Nicole Simon, 2008
29. Hankins GD et al. (2006) Obstetric litigation is asphyxiating our maternity services.
Figure 14: Information from Wikipedia in 2006 was, “In humans the cord is clamped or cut after birth.” This was illustrated by the above picture with caption, “A newborn at 45 seconds. Preparation to cut the baby’s umbilical cord by affixing the second of two clamps.” This picture 2 years later was no longer posted at http://en.wikipedia.org/wiki/Umbilical_cord.