

BASIC RESUSCITATION OF THE NEWBORN

Observe interventions to help a newborn breathe at birth.

Name of observer:..... Date:.....

	Yes	No
Called out time of birth	<input type="checkbox"/>	<input type="checkbox"/>
Dried the baby thoroughly	<input type="checkbox"/>	<input type="checkbox"/>
Removed the wet cloth	<input type="checkbox"/>	<input type="checkbox"/>
Placed baby in direct skin-to-skin contact with mother	<input type="checkbox"/>	<input type="checkbox"/>
Recognized not crying/not breathing well	<input type="checkbox"/>	<input type="checkbox"/>
Covered baby's body and head	<input type="checkbox"/>	<input type="checkbox"/>
Stimulated to breathe	<input type="checkbox"/>	<input type="checkbox"/>
Cleared airway only if needed	<input type="checkbox"/>	<input type="checkbox"/>
Recognized not breathing	<input type="checkbox"/>	<input type="checkbox"/>
Called for help	<input type="checkbox"/>	<input type="checkbox"/>
Clamped or tied and cut the umbilical cord	<input type="checkbox"/>	<input type="checkbox"/>
Communicated with mother ("I am going to help your baby breathe.")	<input type="checkbox"/>	<input type="checkbox"/>
Moved baby to ventilation area and quickly covered	<input type="checkbox"/>	<input type="checkbox"/>
Positioned baby's head slightly extended and confirmed mask size.....	<input type="checkbox"/>	<input type="checkbox"/>
Ventilated (by 1 minute)	<input type="checkbox"/>	<input type="checkbox"/>
- Positioned mask to cover chin, mouth and nose	<input type="checkbox"/>	<input type="checkbox"/>
- Achieved good mask seal	<input type="checkbox"/>	<input type="checkbox"/>
- Gave ventilations at 40 breaths/min (30-50)	<input type="checkbox"/>	<input type="checkbox"/>
- Maintained good chest movement with each breath.....	<input type="checkbox"/>	<input type="checkbox"/>
- Recognized if chest not moving and took steps to improve ventilation	<input type="checkbox"/>	<input type="checkbox"/>
- Reapplied mask, repositioned head	<input type="checkbox"/>	<input type="checkbox"/>
- Cleared the airway and opened the mouth slightly	<input type="checkbox"/>	<input type="checkbox"/>
- Squeezed the bag harder.....	<input type="checkbox"/>	<input type="checkbox"/>
Recognized breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Recognized breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Assessed breathing rate and adequacy.....	<input type="checkbox"/>	<input type="checkbox"/>
- Stopped ventilation if more than 30 breaths per minute and no severe chest in-drawing.....	<input type="checkbox"/>	<input type="checkbox"/>
- Monitored breathing, colour, temperature with mother skin-to-skin	<input type="checkbox"/>	<input type="checkbox"/>
Recognized NOT breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Checked heart rate after 1 minute of ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>
- Continued or improved ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>
Communicated with mother and family	<input type="checkbox"/>	<input type="checkbox"/>
Decided on advanced care (if needed)	<input type="checkbox"/>	<input type="checkbox"/>
Placed identity label.....	<input type="checkbox"/>	<input type="checkbox"/>
If baby did not survive gave culturally appropriate compassionate care	<input type="checkbox"/>	<input type="checkbox"/>
Completed appropriate registers and forms.....	<input type="checkbox"/>	<input type="checkbox"/>

* In situations away from a health facility you may need to kneel at newborn's head.

Discuss together

What did you observe?
 What was done well?
 Problems identified?
 Change needed?

Complete QI template