

Resuscitation of Asphyxiated Newborn

The recent article entitled "Changing profile of birth asphyxia"⁽¹⁾ brings out the improvement in the outcome of this condition with the institution of bag and mask ventilation, which has become widespread as a result of the Neonatal Advanced Life Support (NALS) programme in the country.

However, I would like to point out scope for further improvement. All articles on this topic in our journal, group asphyxia of all grades of severity together, and obviously with the institution of a planned approach to resuscitation there has been marked improvement when the group is taken as a whole. I wonder if this would be discernable when severe asphyxia with an Apgar score of less than two at birth, is taken as a separate group. These babies are already in a stage of secondary apnea. They would have a much better chance of survival without damage, if assisted ventilation after endotracheal intubation is instituted more urgently, say within 30 seconds of bag and mask ventilation, if no response is forthcoming within this time. A five minute period of bag and mask ventilation in this group, if there has been no response is probably too long.

This is the reason why, as mentioned in the article, "majority of neonatal textbooks are liberal in advocating intubation and IPPR". The quotation in the article about incorrect intubation, and intubation causing delay, is dated 1971 and this would not be accepted in any modern Western country. At least in our premier institutions, the set up and personnel available should be such that intubation is possible without delay.

At the present stage of development of our expertise, the current recommendation of bag and mask ventilation for nation

wide use is justified. It may be appropriate if multicentric trials are instituted in babies born with an Apgar score below 2 at birth comparing: (i) cases where intubation and ventilation is instituted immediately or after 30 seconds of bag and mask ventilation when improvement is not seen as is the usual practice in the West^(2, 3); and (ii) cases where bag and mask ventilation has been the only method of resuscitation used with an Apgar below 2 at birth.

It may be necessary to scientifically establish this practice in our setting and then start a second stage of the NALS programme to widely disseminate the technique of intubation which has been shown to be quite within the reach of even medical auxiliaries in the West, though our medical establishment is fighting shy of this. Rather than avoiding intubation from fear of wrong technique and delay, it is necessary to start disseminating the idea that intubation can be done quickly and correctly by all levels of staff in labor rooms. We should not rest satisfied with the undoubted success of the NALS programme.

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