

Summary and Conclusion

This study done to observe practice of neonatal resuscitation technique done by the neonatal staff or other personnel in Benha university hospital aiming to evaluate if the resuscitation done in hospital is following the basic steps in guidelines.

Patient & method:

It is an observational study as I watch the resuscitation of 100 case of newly born infants at delivery room in Benha university hospital from 1-6 2010 to 30-12 2010 without informing any member of obstetric or neonatal resuscitation team , comparing this with Mega code assessment chick list for year 2005.

Results:

- This study was done on 100 pregnant female with mean age 25.69 ± 5.16 years (mean \pm SD) and ranged between 17 and 40 years. To evaluate neonatal resuscitation technique done by personnel attending the delivery (neonatal staff or other personnel) according to 2005 American Heart Association guidelines. 57% was delivered by caesarian section & 43% was delivered by normal delivery. High risk pregnancy represents 69% of these cases (57 of cases delivered by C.S & 12 cases was delivered by normal delivery) .the rest of cases 31% were low risk pregnancy.
- The mean time to arrive to delivery place is 10.5 ± 2.14 minutes (SD) ranging from 7 to 15 minutes.

- 94.6% of cases of high risk pregnancy were attended by 2 persons or at least one person of neonatal staff. The rest of high risk cases were attended by anesthesiologists & obstetric nurses.
- 16.1% of cases of low risk pregnancy were handled by workers responsible for cleaning of the theater. 19.4% by obstetric nurse & 64.5% by house officers.
- There were significant defects in practice of above personnel in comparison to neonatal staff practice.

Recommendations:

- Training of (obestitreions, nurses, neonatal staff, midwives, pediatricians, anesthesiologists and general practitioners) on neonatal resuscitation technique to deal with any case.
- Periodic reassessment by senior staff for evaluation of each step of neonatal resuscitation as Subsequent resuscitation plans are based on these findings.
- Preparation of resuscitation equipment as they should be immediately available and in working order.
- Card listing the doses of the drugs should be kept with the delivery room supplies or displayed on the delivery room wall. Since drugs are so rarely needed.