Delivery room management for infants born < 29 weeks gestation: general guidelines

These recommendations are in addition to the steps of the Neonatal Resuscitation Program (NRP)

- Provide CPAP for spontaneously breathing preterm infants. Provide gentle positive pressure ventilation (PPV) for apnea or bradycardia
- Reserve intubation for babies who have not responded to optimized CPAP
- If intubation and FiO2 > 0.21 required for stabilization, surfactant should be given (early selective surfactant)

Delivery room management for infant born less than 24 weeks gestation1. Initially provide CPAP or positive pressure ventilation as required• Intubation and surfactant is recommended as local data
demonstrates that almost all infants born < 24 weeks gestation</td>2. Establish vascular access if infant stable• Intubate. Consider short-acting opiate, muscle relaxant and atropine for intubation3. Intubate. Consider short-acting opiate, muscle relaxant and atropine for intubation• Occasionally CPAP can be considered for vigorous infants < 24
weeks. Frequent monitoring is required with a low threshold for

For brain protection continue invasive ventilation for 72 hours unless persistent hypocapnia

Delivery room management for infants born 24 weeks gestation (≥ 24 weeks) to < 30 weeks



Ventilation Corrective Steps ("MR. SOPA")			
М	Mask adjustment	Reapply the mask. Consider 2 hand technique.	
R	Reposition airway	Place head neutral or slightly extended	
Try PPV and reassess chest movement			
S	Suction mouth and nose	Use a bulb syringe or suction catheter	
0	Open mouth	Open the mouth and lift the jaw forward	
Try PPV and reassess chest movement			
Р	Pressure increase	Increase pressure in 5 to 10 cm H_2O increments. Max 30 cm H_2O	
Α	Alternate airway	Place an endotracheal tube	

Pre-ductal SpO ₂ Target		
1 min	60% - 65%	
2 min	65% - 70%	
3 min	70% - 75%	
4 min	75% - 80%	
5 min	80% - 85%	
10 min	85% - 95%	

intubation and surfactant administration.

*perinatal centres may use higher CPAP levels