

**MANAGEMENT OF MECONIUM AT DELIVERY**

- Start clock
- Dry and cover without too much stimulation
- Keep warm
- Assess condition of the baby
- Management depends on your assessment

**All babies born through meconium stained liquor have not aspirated meconium**

**Assessment – Crying and vigorous**

- No suction – Suctioning of nose and mouth of unborn baby, while head is still on perineum, is **not recommended**.
- Routine newborn care
- Give to parents
- Skin to skin contact
- Keep warm

**Screaming babies have an open airway: leave them alone**

**Assessment – No breathing, Poor tone****Floppy babies :-HAVE A LOOK**

- **Floppy baby with heart rate >60/min**
  - Endotracheal suctioning via suction catheter or ET tube (if connector available)
- **Direct laryngoscopy**
  - Introduce suction catheter into trachea
  - Switch on the suction
  - Withdraw the catheter
- **Direct laryngoscopy**
  - ETT intubation
  - Apply suction catheter onto ETT
  - Switch on the suction
  - Withdraw the ETT
- **Floppy baby with heart rate <60/min**
  - **Rapidly inspect oropharynx to clear potential obstructions (NOT tracheal suctioning)**
  - **Bag and mask ventilation in neutral position with jaw thrust**
  - **Low threshold for intubation if skilled person available and baby not improving**

**DO NOT PERFORM NORMAL SALINE STOMACH WASHOUTS ROUTINELY**