

AHA/AAP FOCUSED UPDATE

2023 American Heart Association and American Academy of Pediatrics Focused Update on Neonatal Resuscitation: An Update to the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care

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ABSTRACT: This 2023 focused update to the neonatal resuscitation guidelines is based on 4 systematic reviews recently completed under the direction of the International Liaison Committee on Resuscitation Neonatal Life Support Task Force. Systematic reviewers and content experts from this task force performed comprehensive reviews of the scientific literature on umbilical cord management in preterm, late preterm, and term newborn infants, and the optimal devices and interfaces used for administering positive-pressure ventilation during resuscitation of newborn infants. These recommendations provide new guidance on the use of intact umbilical cord milking, device selection for administering positive-pressure ventilation, and an additional primary interface for administering positive-pressure ventilation.

Key Words: AHA Scientific Statements ■ infant ■ infant, newborn ■ intermittent positive-pressure ventilation ■ laryngeal masks ■ respiration, artificial ■ umbilical cord clamping ■ umbilical cord milking

TOP 10 TAKE-HOME MESSAGES FOR NEONATAL RESUSCITATION

1. For term and late preterm newborn infants ≥ 34 weeks' gestation who do not require resuscitation, delayed cord clamping (≥ 30 seconds) can be beneficial compared with early cord clamping (< 30 seconds).
2. For term and late preterm newborn infants ≥ 34 weeks' gestation who do not require resuscitation, intact cord milking is not known to be beneficial compared with delayed cord clamping (≥ 30 seconds).
3. For nonvigorous term and late preterm newborn infants (35–42 weeks' gestation), intact cord milking may be reasonable compared with early cord clamping (< 30 seconds).
4. For preterm newborn infants < 34 weeks' gestation who do not require resuscitation, delaying cord clamping (≥ 30 seconds) can be beneficial compared with early cord clamping (< 30 seconds).
5. For preterm newborn infants between 28 and 34 weeks' gestation who do not require resuscitation and in whom delayed cord clamping cannot be performed, intact cord milking may be reasonable.
6. For preterm newborn infants < 28 weeks' gestation, intact cord milking is not recommended.
7. Effective positive-pressure ventilation is the priority in newborn infants who need support after birth.