

 Perinatal asphyxia is an insult to the foetus or new born due to a lack of oxygen and or lack of perfusion to various organs

- it is often associated with tissue lactic acidosis and hypercarbia
- there is no definite definition for perinatal asphyxia
- the american academy of pediatric committee on fetus and new born has suggested essential criteria for defining perinatal asphyxia

### **Essential criteria for perinatal asphyxia**

- Prolonged metabolic or mixed acidemia (pH <7.0) on an umbilical arterial blood sample
- Persistence of Apgar score of 0-3 for >5 min
- Neurological manifestations, e.g. seizures, coma, hypotonia or hypoxic ischemic encephalopathy (HIE) in the immediate neonatal period
- Evidence of multiorgan dysfunction in the immediate neonatal period

National neonatology forum of india and WHO use an apgar of 0-3 and 4-7 at 1 min to define severe and moderate birth asphyxia

- for the community setting NNF defines asphyxia as absence of cry at 1 min and severe asphyxia as absent or inadequate breathing at 5 minutes

- PRIMARY APNEA-when an infant is deprived of oxygen an initial brief period of rapid breathing occurs .if the asphyxia continues the respiratory movement cease and infant enters into a period of apnea called primary apnea
- during this period heart rate will fall,neuromuscular tone diminishes,blood pressure normal
- usually tactile stimulation -reinitiate respiration
- SECONDARY APNEA-if the asphyxia continues infant develops deep gasping respiration ,blood pressure will fall ,infant become flaccid
- infant is unresponsive to stimulation
- the primary and secondary apnoea clinically indistinguishable indistinguishable hence when faced with an apneic infant at birth one should assume-secondary apnea

# 1. LUNG INFLATION

- during intrauterine life lungs do not take part in gas exchange which is taken care of by placenta
- lungs are filled with fluid secreted by type 2 alveolar cells
- fluid is reabsorbed into the perivascular space then into blood and lymphatics
- removal is slowed in when the labour is absent -elective cs
- removal of fluid from the alveoli is facilitated respiration soon after birth
- problem in clearing of fluid can occur in any condition which causes inadequate dilatation of alveoli like in prematurity or sedation

- during intra uterine life there is little blood flow to the pulmonary circulation due to pulmonary vasoconstriction but after birth pulmonary vasodilatation take place and resistance will fall down
- in an asphyxiated infant due to hypoxia and acidosis the pulmonary arterioles remain constricted and ductus arteriosus remains open
- it will lead to poor oxygenation of tissues due to inadequate uptake of oxygen
- in mildly asphyxiated children whose oxygen and ph are slightly lowered can be corrected by quickly restoring the circulation
- but in infants with severe asphyxia ventilation alone is not useful they require combination of oxygenation and correction of metabolic acidosis

## CIRCULATION

- in asphyxia there is redistribution of blood flow to preserve the blood supply to vital organ like heart and brain
- so there will be vasoconstriction in bowel, kidney, skin, muscle
- if the asphyxia is prolonged the cardiac function and cardiac output too deteriorate and blood flow to all organ is further reduced
- it will lead to progressive organ damage
- at this stage it is necessary to give cardiac stimulant and volume expander to support heart and circulation

these differs according to gestation

➤ **TERM**

- selective neuronal necrosis- involves cerebral cortex ,hippocampus,basal ganglia,cerebellum,and anterior horn cells of spinal cord depending on site it manifest as diminished conciousness,seizures,and abnormalities of feeding,breathing
- parasagittal cerebral injury-it is vulnarable to ishcemia resulting in proximal limb weakness that may devolop quadriparesis
- status marmoratus of basal ganglia and thalamus-longterm sequale such as choreoathetosis,quadriparesis and retardation
- focal and multifocal ischemic cerebral necrosis

➤ **PRETERM**

- selective neuronal necrosis-it is rare in preterm diencephalic neuronal necrosis restricted to thalamus and brainstem with or wthout hypothalamus and lateral geniculate body is seen

periventricular leukomalacia-it results from hypoxic ischemic leading to coagulative necrosis and infarction of periventricular white matter

- cerebral cortex is spared due to rich supply of arteries

## levene classification of hypoxic ischemic encephalopathy

feature	mild	moderate	severe
consciousness	irritability	lethargy	comatose
tone	hypotonia	marked hypotonia	severe hypotonia
seizure	no	yes	prolonged
sucking/respiration	poor suck	unable to suck	unable to sustain spontaneous respiration

# PREPERATION FOR RESUSCITATION

- ❖ each delivery should be viewed as an emergency and basic readiness must be ensured to manage hypoxia
  - I. a radiant heat source must be ready for use
  - II. all resuscitation equipment immediately and should be working
  - III. atleast one skilled person in neonatal resuscitation

- it is based primarily on three signs-respiration, heart rate, and color
- **LOW HEART RATE** is the most important sign

### ➤ ROLE OF APGAR SCORE

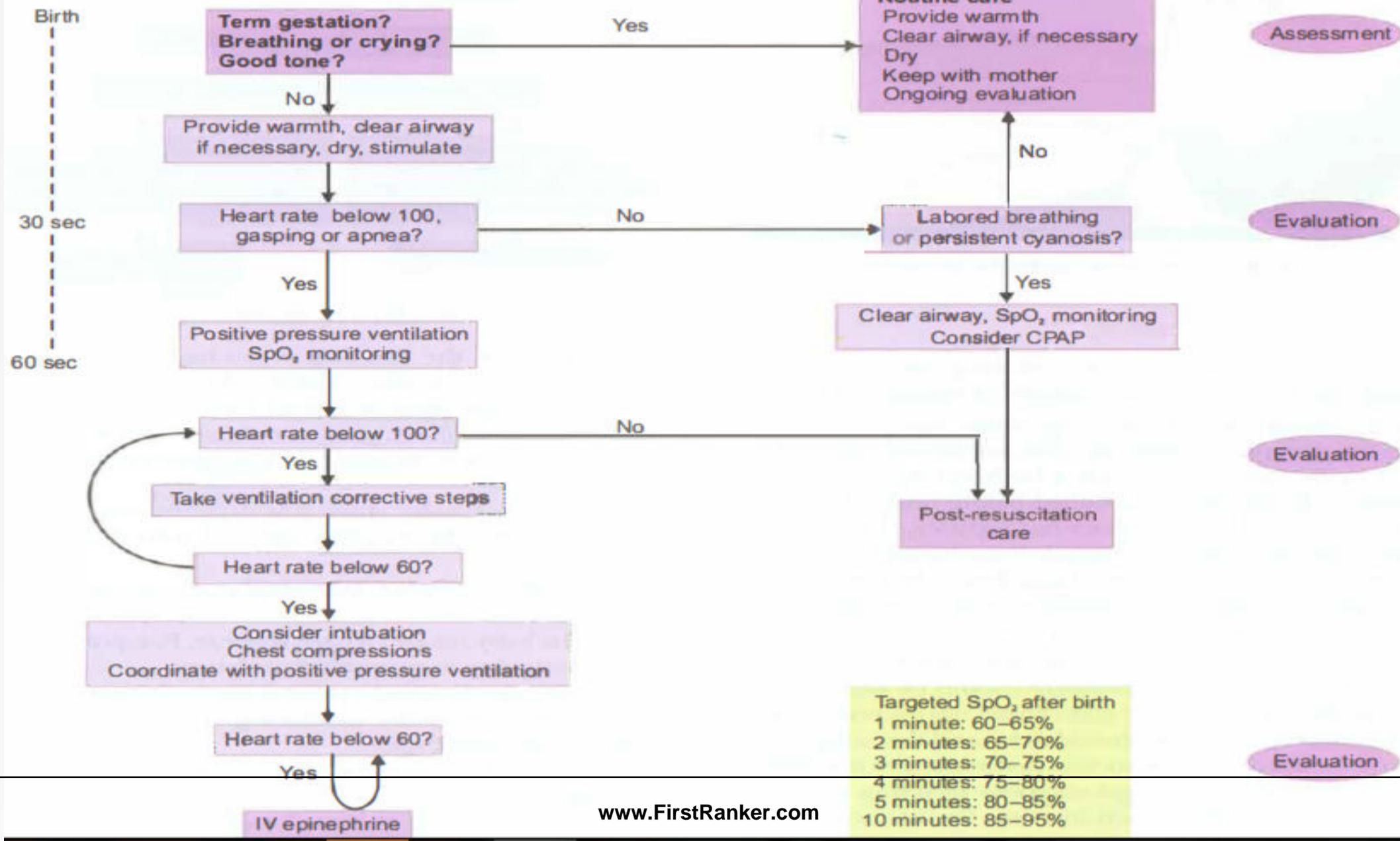
- it is an objective method for evaluating the newborn condition
- it is generally performed at 1 minute and again at 5 minutes after birth
- but resuscitation should be initiated before the 1 minute score so **APGAR SCORE IS NOT USED TO GUIDE THE RESUSCITATION**
- but it can be used to assess how the baby is responding to resuscitation
- apgar score should be obtained every 5 minutes for up to 20 minutes if the 5 minute apgar score is less than 7

Sign	0	1	2
Heart rate	Absent	Slow (<100 beats/min)	normal
Respiration	Absent	Weak cry	good strong cry
Muscle tone	Limp	Some flexion	active movement
Reflex irritability	No response	Grimace	cough or sneeze
Color	Blue or pale	Body pink, extremities blue	completely pink

# ➤ **TABC OF RESUSCITATION**

- **T-TEMPERATURE**-provide warmth dry the baby and remove the wet linen
- **A-AIRWAY**-position the infant clear the airway(wipe baby mouth and nose or suction the mouth and nose some instance the trachea .insert an endotracheal tube if necessary to ensure an open airway
- **B-BREATHING**-tactile stimulation to initiate respiration,positive pressure breaths canbe given either with bag and mask or bag and ET tube when necessary
- **C-CIRCULATION**-maintain the circulation with chest compression and medication

- at the time of birth three questions about new born should be asked
  1. TERM GESTATION
  2. BREATHING OR CRYING
  3. GOOD MUSCLE TONE(flexed posture and active movement by the baby)



## ➤ INITIAL STEPS

- warmth-baby should be placed under a heat source preferably under radiant warmer. the baby should not be covered with blankets or towels to ensure the full visualization and to permit the radiant heat to reach the baby
- positioning-the baby should be placed on her back or side with the neck slightly extended. this brings the posterior pharynx, larynx, and trachea in line facilitates breathing. to help maintain the correct position place rolled blanket or towel under the shoulder elevating them 3/4 or 1 inch off the mattress

