KEY DRIVERS

INTERVENTIONS

* 2 doses of Prenatal steroids
* Additional rescue steroid dose when indicated
* MgSO4 for neuroprotection
* Outreach education and initiating appropriate therapy during transfer
* Adequate communication between OB and Neos

Appropriate obstetrical management of high-risk pregnancies

**Delay cord clamping for at least 60 secs**

**Optimal resuscitation-**

* Use T-piece resuscitators for PPV
* Follow strict NRP guidelines with regards to use of PIP and FO2
* Avoid hyper/hypoventilation during resuscitation
* Intubations when indicated to be performed by the most experienced team member

**Prevention of hypothermia-**

* DR temperature to be set at 75
* Plastic wraps, pre-warmed blankets, heating pads or mattresses, caps to be used as appropriate.
* Place infant in incubator as soon as possible.
* Close top of incubator within 1 hour of admission

**Early surfactant administration when indicated- Develop unite specific guidelines**

Minimize sound, light and pain exposure

Appropriate pharmacologic as well as non-pharmacologic measures to reduce procedural pain.

Appropriate developmental position.

Kangaroo care within 1-week

Optimal management at birth

**Head positioning-** midline and HOB elevated to 30 degrees x 72 hours

**Avoid rapid fluctuations in systemic BP**-

* Avoid rapid blood draws
* Avoid Rapid fluid boluses
* Cautious use of vasopressors

**Avoid Hyper/hypoventilation**

* Maintain PaCO2 within pre-determined range

**Maintain normal pH**

**Avoid Rapid fluctuations in osmolarity**

* Avoid hyperglycemia, hypernatremia
* Avoid NaHCO3 bolus

**Minimize noxious stimuli-**

* Unnecessary suctioning, frequent heel sticks, frequent cuff BP monitoring

**Minimize handling-**

* Specific touch times- Q 6 hrs cares
* Clustering of cares, exam, procedures, lab draws and X-rays

**Others-**

Ppx Indomethacin- single dose at 12 hrs under in special circumstances

Avoid Fluctuations in cerebral perfusion

Neuro developmentally appropriate care