Guide de mise à jour de la 2e édition d'*Aider les bébés à respirer*

Pour les facilitateurs et les dispensateurs de soins qui ont utilisé la 1re édition d'Aider les bébés à respirer

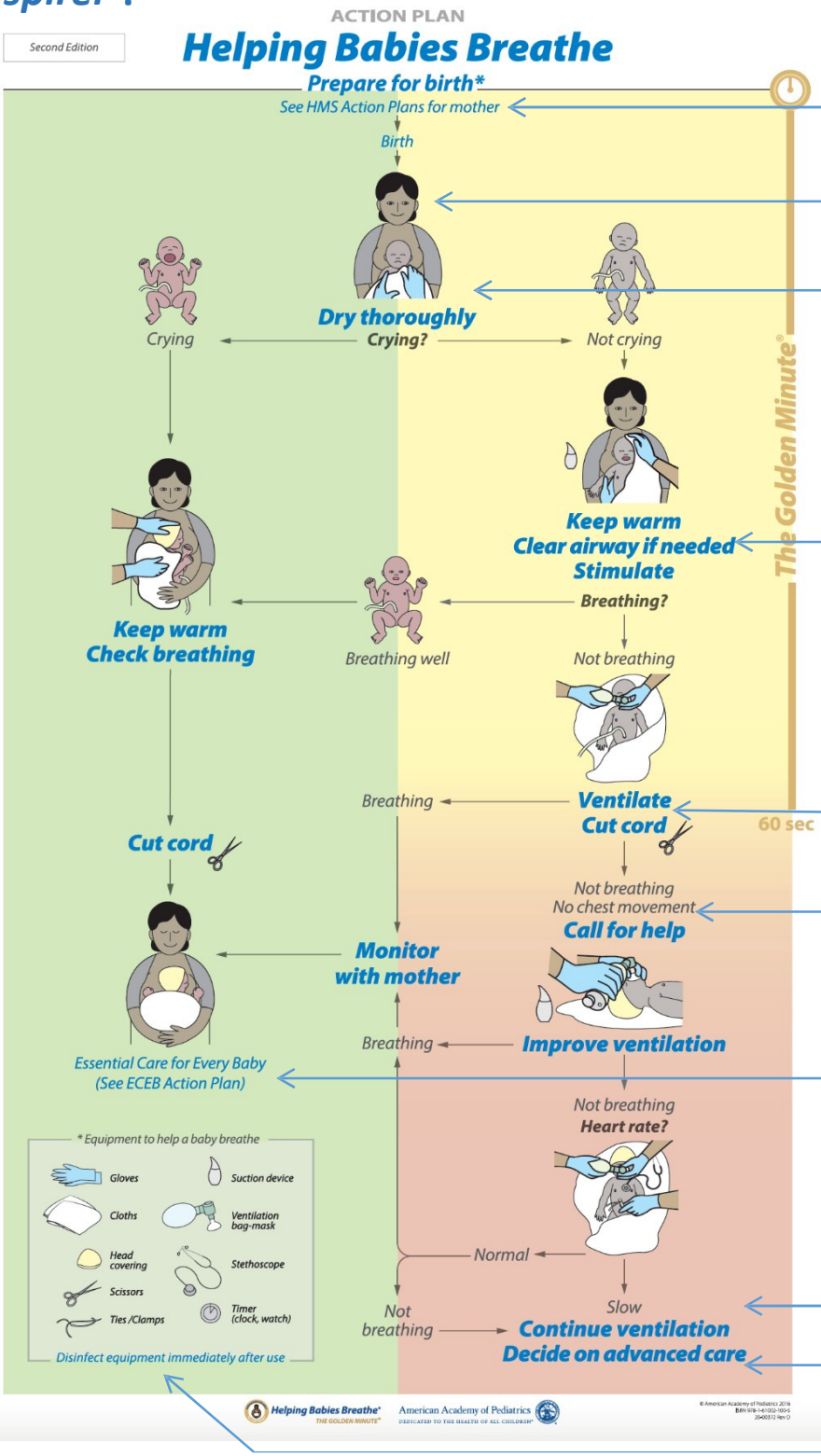
La 2e édition d'Aider les bébés à respirer inclut des mises à jour scientifiques pour s'harmoniser avec le « Consensus on Science with Treatment Recommendations » de 2015 de l'International Liaison Committee on Resuscitation et les lignes directrices sur la réanimation de base des nouveau-nés de l'OMS de 2012.

Depuis son lancement en 2010, Aider les bébés à respirer a été mis en œuvre dans 80 pays partout dans le monde. La 2e édition d'Aider les bébés à respirer s'appuie maintenant sur ce succès avec des conseils améliorés sur les méthodes pédagogiques, la mise en œuvre du programme et les manières d'améliorer les soins dans les établissements de santé.

La 2e édition d'Aider les bébés à respirer donne l'occasion de renouveler la formation des dispensateurs de soins et leur engagement à améliorer la santé des nouveau-nés. Tous les dispensateurs qui prennent soin des bébés à leur naissance devraient être formés, mais la formation suivie dans le cadre d'un atelier ne devrait être que la première étape de l'amélioration des soins.

Utilisez le résumé suivant des mises à jour et des changements pour comprendre comment la 2e édition d'Aider les bébés à respirer met un nouvel accent sur les actions pour aider les bébés à respirer à la naissance et pour améliorer les soins dans les établissements de santé.

Quoi de neuf dans le plan d'action de la 2e édition d'*Aider les bébés à respirer* ?



Lien vers *Aider les mères à survivre*

Illustration des soins au bébé

Retrait de « en présence de méconium, désobstruer les voies respiratoires »

Désobstruer les voies respiratoires en plaçant la tête pour tous les bébés

Aspirer si nécessaire seulement

Décision de commencer la ventilation avant ou après avoir coupé le cordon

Accent mis sur le soulèvement du thorax lors de la ventilation

Lien vers les *Soins essentiels pour tous les bébés*

Accent mis sur la ventilation continue jusqu'à ce que le bébé respire

Décision concernant les soins avancés

Désinfection et entreposage du matériel

Quoi de neuf dans le *Tableau de conférence du facilitateur* de la 2e édition d'*Aider les bébés à respirer* ?

Lien vers le plan d'action à chaque étape

Engagement émotionnel du participant

Exposé plus exhaustif de ce qu'il faut expliquer et démontrer

Plus de conseils pédagogiques et de conseils d'enseignement pour les compétences particulières.

Ask a participant to point out
The Golden Minute

Explain and demonstrate

Begin The Golden Minute with a breath-holding exercise.
Ask participants to stand and breathe deeply. Then ask them to hold their breath for 1 minute. Call out the time every 15 seconds. Ask participants to be seated if they need to take a breath before one minute.
"By one minute a baby should be breathing or receiving ventilation."

If the baby is not crying, help the baby breathe in The Golden Minute.

Keep warm
- Keep the baby skin-to-skin
- Cover the head (helper may assist)

Clear the airway if needed
- Position the head slightly extended
- Remove secretions from the airway if they are blocking the mouth or nose OR if there is meconium in the amniotic fluid

Suctioning too long, too vigorously, too deeply, or too often can cause injury, slow heart rate and prevent breathing.

Stimulate breathing
- Rub the back 2 or 3 times

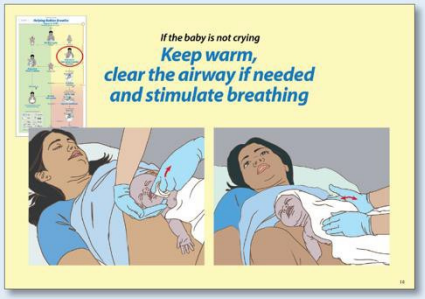
Facilitate practice

Ask the participants to practice in pairs
- Keep warm
- Clear the airway - position the head, remove secretions if needed
- Stimulate breathing

Check yourself (page 23)

Which babies need clearing of the airway with a suction device?
- [x] *Babies who have secretions blocking the mouth or nose*
- [ ] *All babies who are not crying*

Suctioning several times or suctioning deeply can
- [ ] *Stimulate a baby's breathing*
- [x] *Keep a baby from breathing*



Background

Clearing the airway can cause harm if done unnecessarily or not done gently. Suction only if there are secretions blocking the nose or mouth or if there is meconium in the amniotic fluid. Suctioning too deeply can bruise or tear the back of the throat. Suctioning or wiping too hard can injure the lining of the mouth. In both cases, the baby may not breastfeed well. Suctioning repeatedly or too long can keep a baby from breathing or cause a baby to have difficulty breathing.

The device used to clear the airway differs from one area to another. Each device has advantages and disadvantages. Any device can introduce infection if it is not disinfected before re-use. Otherwise, the device must be discarded (page 26b).

Some forms of stimulation can harm babies and should never be used. Harmful methods include slapping the back, squeezing the ribs, forcing the thighs onto the abdomen, dilating the anus, using hot/cold water, and shaking or holding the baby upside down. Help participants evaluate other methods of stimulation that may be in use.

Stimulation can help a baby begin to breathe, even after drying. Prolonged suctioning or stimulation are unlikely to be effective, may cause harm, and will delay ventilation. If a baby is not breathing well or crying after clearing the airway and brief stimulation, the baby needs ventilation with bag and mask. More stimulation alone is unlikely to be effective. Prolonged stimulation only wastes time while the baby is becoming sicker. Stimulation can be given to improve and sustain spontaneous breathing during and after ventilation with bag and mask.

Educational advice

Emphasize that there are two ways to clear the airway- first by positioning the head and second by removing secretions that are blocking the airway. Stimulation by rubbing the back is a separate step from drying.

Use suction devices available locally to demonstrate the skill. Discuss their advantages and disadvantages. Help participants use the bulb suction device correctly by transferring water from one container to another.

10b

Zone rouge simplifiée – un seul exercice

Communication avec la mère et les autres dispensateurs de soins

Exercise: Continued ventilation with normal or slow heart rate *(pages 44-45)*

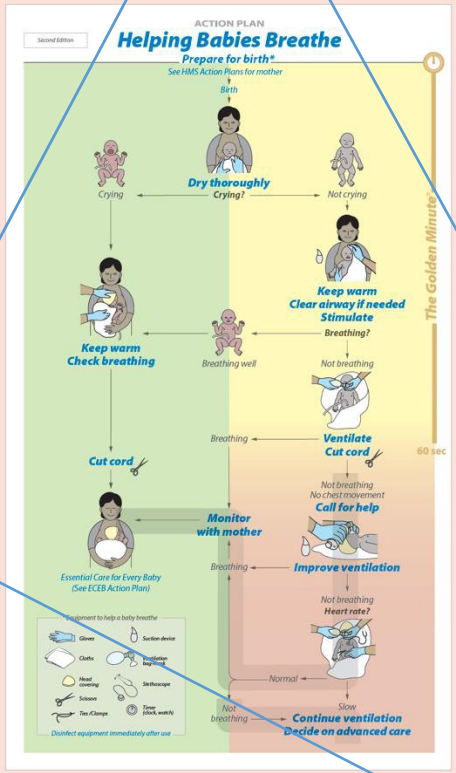
The facilitators will demonstrate continued ventilation with normal or slow heart rate.

Participants will work in pairs with the mannequin to practice the checklist. One person takes the role of the birth attendant. The other person gives the response of the baby and acts as the mother and a helper when needed. The birth attendant communicates with the helper and the mother.

Participants review their actions, give one another feedback, switch roles and repeat the exercise.

Participants should be prepared to care for a baby who

- *has no chest movement*
- *has a normal OR slow heart rate and breathes OR does not breathe*



Checklist

- ☐ *Recognize not breathing and chest not moving*
- ☐ *Call for help*
  Cut the cord if not already done
- ☐ *Continue and improve ventilation*
- ☐ *Recognize not breathing*
- ☐ *Recognize normal OR slow heart rate*
- ☐ *Recognize breathing OR not breathing*
- ☐ *If breathing and normal heart rate, monitor with mother*
  OR
  if not breathing or slow heart rate continue ventilation and decide on advanced care
- ☐ *Communicate with mother and family*
- ☐ *Continue with essential newborn care, identify the baby, complete the birth record, and review your actions*
- ☐ *Disinfect equipment*

Background and educational advice

In a small group of participants (no more than 6 persons with 1 facilitator)

- Demonstrate continued ventilation with normal or slow heart rate and communication with mother and a helper.
  Show four different scenarios:
  - Heart rate normal, baby begins to breathe-close monitoring
  - Heart rate normal, baby not breathing-continue ventilation, seek consultation to decide on advanced care
  - Heart rate slow, baby not breathing- improve and continue ventilation, seek consultation to decide on advanced care, consider stopping ventilation after 20 minutes
  - No heart rate, no breathing after 10 minutes of ventilation-stop ventilation
- Answer questions and encourage correct actions during the exercise.
- Have participants practice the checklist in pairs, give one another feed back and review their actions (debrief).

  - **What happened at the birth?**
  - **Did you follow the Action Plan?**
  - **What went well and what could have gone better?**
  - **What did you learn ?**
  - **What will you do differently next time?**

- Share feedback with the whole group after the exercise.
- Review the group discussion questions.

Group discussion

At the end of the exercise, ask participants to answer these questions in the small group. Encourage them to think about how they will put the skills learned into practice. Make note of other questions that participants ask and their answers.

1. How can you give ventilation and evaluate the baby if there is not a second skilled person at a delivery?
2. If a baby needs continued ventilation for longer than several minutes, where will that baby receive care?
3. What are the reasons you would transfer a baby?
4. What are the challenges of communicating with the family of a baby who is ill or who died?

21b

Introspection, rétroaction en groupe de deux et révision des actions pour aider un bébé à respirer (retour sur l'intervention)

Mise en œuvre – mettre en application les nouvelles connaissances et compétences après l'atelier

Explain an

Improving care saves lives. Knowing the right care to give is not always enough to save babies' lives - that knowledge must be put into practice.

Completing a workshop in *Helping Babies Breathe* is just the first step in improving the quality of care you give.

After the course, commit to making a difference by:
(1) Identifying areas that need improvement
(2) Creating a system for ongoing practice and review of cases
(3) Making changes that will improve care

1. What are you going to do differently?
2. What will you no longer do?
3. How are you going to make these changes happen?

Ask the participants to
1. Review the Action Plan as a guide to the best care at birth.
2. Review the *Questions to improve care* and *What to monitor* in the Provider Guide.
3. Determine differences in what is recommended and what is currently done at their facility.
4. Identify some areas for further practice and improvement of care.

Explain and demonstrate

Providers with the skills to help every baby breathe improve the health of babies and the quality of care.

A provider who has mastered the Action Plan will perform the necessary actions for every baby and maintain those skills.

A provider will master the Action Plan by:
(1) Participating in ongoing practice
(2) Reviewing the steps taken after helping a baby breathe
(3) Using case reviews and audits to identify areas that need improvement

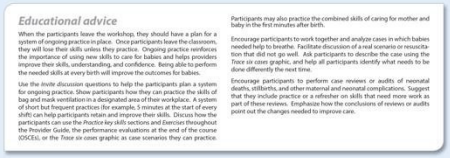
Invite discussion

Ask the participants to answer the following questions to organize a system for ongoing practice and case review:

1. What skills need continuing practice? How will frequent skills practice become a routine?
2. How and when will providers review a resuscitation after helping a baby breathe?
3. How will routine case reviews or audits be organized to improve care?

Facilitate practice

Ask participants to
- Recall a real case where the care at birth did not go well
- Describe the case from their experience and trace the corresponding path through the Action Plan
- Discuss how they can improve the care if a similar situation should occur again



3 questions pour améliorer les soins

Activités d'équipe pour l'amélioration des soins

Explain and demonstrate

A plan for improving care builds support and commitment for ongoing change.

Participants can use a plan to improve care to take action when they return to work at their facility.

Invite discussion

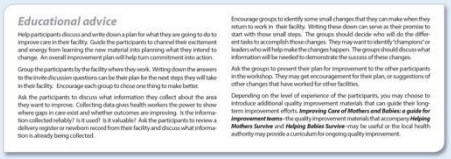
Assemble small groups from a single facility, or a group of similar facilities.

Ask each group write their answers to the following questions to plan for next steps on an area that needs improvement.

1. What do we want to make better?
2. Why haven't we done it until now?
3. What are we going to change?
4. How are we going to make the change?
5. How will we know the change is improving care?

Facilitate practice

Ask participants to:
- Write down the answers to the *Invite discussion* questions.
- Review the information they record on each baby in their facility (delivery register, birth record, other records) and where they can find data on what they want to improve.
- Plan steps to make changes that can improve care.
- Plan how they would demonstrate the success of these changes.
- Present their plan to other workers in the facility or participants in the workshop.

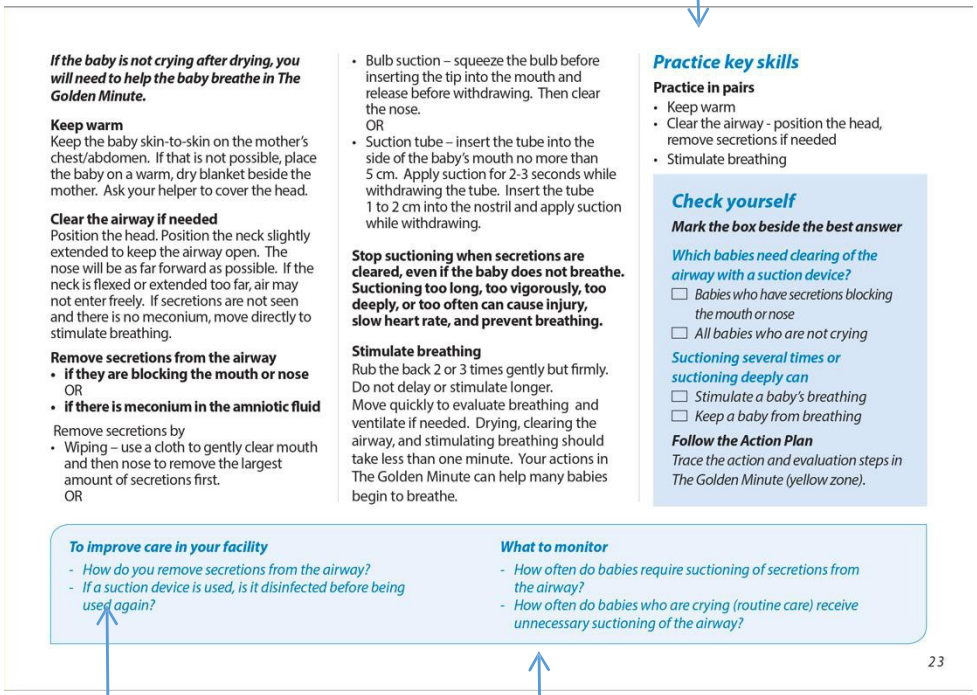


Systèmes pour pratiquer et cibler les domaines à améliorer

Quoi de neuf dans le *Manuel du dispensateur* de la 2e édition d'*Aider les bébés à respirer* ?

Le nom!

Pratique des compétences à faire après l'atelier



If the baby is not crying after drying, you will need to help the baby breathe in The Golden Minute.

Keep warm
Keep the baby skin-to-skin on the mother's chest/abdomen. If that is not possible, place the baby on a warm, dry blanket beside the mother. Ask your helper to cover the head.

Clear the airway if needed
Position the head. Position the neck slightly extended to keep the airway open. The nose will be as far forward as possible. If the neck is flexed or extended too far, air may not enter freely. If secretions are not seen and there is no meconium, move directly to stimulate breathing.

Remove secretions from the airway
- **if they are blocking the mouth or nose**
  OR
- **if there is meconium in the amniotic fluid**

Remove secretions by
- Wiping – use a cloth to gently clear mouth and then nose to remove the largest amount of secretions first.
  OR
- Bulb suction – squeeze the bulb before inserting the tip into the mouth and release before withdrawing. Then clear the nose.
  OR
- Suction tube – insert the tube into the side of the baby's mouth no more than 5 cm. Apply suction for 2-3 seconds while withdrawing the tube. Insert the tube 1 to 2 cm into the nostril and apply suction while withdrawing.

Stop suctioning when secretions are cleared, even if the baby does not breathe. Suctioning too long, too vigorously, too deeply, or too often can cause injury, slow heart rate, and prevent breathing.

Stimulate breathing
Rub the back 2 or 3 times gently but firmly. Do not delay or stimulate longer.
Move quickly to evaluate breathing and ventilate if needed. Drying, clearing the airway, and stimulating breathing should take less than one minute. Your actions in The Golden Minute can help many babies begin to breathe.

Practice key skills

Practice in pairs
- Keep warm
- Clear the airway - position the head, remove secretions if needed
- Stimulate breathing

Check yourself

Mark the box beside the best answer

Which babies need clearing of the airway with a suction device?
- ☐ *Babies who have secretions blocking the mouth or nose*
- ☐ *All babies who are not crying*

Suctioning several times or suctioning deeply can
- ☐ *Stimulate a baby's breathing*
- ☐ *Keep a baby from breathing*

Follow the Action Plan
Trace the action and evaluation steps in The Golden Minute (yellow zone).

To improve care in your facility
- *How do you remove secretions from the airway?*
- *If a suction device is used, is it disinfected before being used again?*

What to monitor
- *How often do babies require suctioning of secretions from the airway?*
- *How often do babies who are crying (routine care) receive unnecessary suctioning of the airway?*

23

Illustrations plus grandes en format horizontal

Questions pour améliorer les soins dans l'établissement de santé

Ce qu'il faut surveiller
(suggestions pour la collecte des données)

Commit to making a difference

Prepare for birth

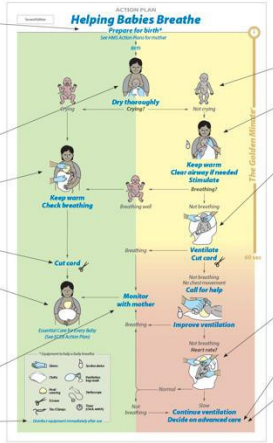
- Have all birth attendants in the facility been trained to help babies breathe?
- Is equipment to help a baby breathe available at all births?

Routine care

- Are all babies dried thoroughly at birth?
- Do all babies receive skin-to-skin care at birth?
- Do all babies have cord clamping delayed for 1-3 minutes?
- Do all babies initiate breastfeeding in the first hour after birth?

After the birth

- Do all babies have a record of the care received at birth?
- Is all equipment disinfected promptly after birth?



The Golden Minute

- How often are babies not crying after thorough drying?
- How often do babies not crying after thorough drying begin to breathe after clearing of the airway if needed and stimulation?
- How often do babies not crying or breathing well after stimulation begin to breathe with bag and mask ventilation?

Continued ventilation

- How often do babies who require ventilation with bag and mask need advanced care?
- How often are babies classified as fresh stillbirths?
- How often are babies classified as macerated stillbirths?

Providing the best care at birth

Improving care saves lives. Knowing the right care to give is not always enough to save babies' lives—that knowledge must be put into practice.

Completing a workshop in ***Helping Babies Breathe*** is just the first step in improving the care that you give.

After the course, **commit to making a difference** by:

(1) Identify areas that need improvement
Identify differences between what is recommended and what is done at your facility. Use the *Action Plan*, the *Questions to improve care* and *What to monitor*.

(2) Create a system for ongoing practice and review of cases
Master the *Action Plan* by participating in ongoing practice, reviewing your actions every time you help a baby breathe, and using case reviews and audits to identify areas that need improvement.

(3) Make changes that will improve care
Work with others on a plan to improve care and take action in your facility.

48

Recording information and using it to improve care

Complete a birth record for every baby to help plan ongoing care. A simple birth record also can help identify areas that need improvement and measure change as a result of improvement activities.

For example, every baby should receive

- Thorough drying
- Immediate skin-to-skin contact
- Delayed cord clamping

If these actions do not occur, reviewing and talking with other providers will help you understand why. Once problems and barriers are identified, changes can be made to overcome them.

Review the actions taken if a baby

- Does not cry at birth
- Receives clearing of the airway, stimulation to breathe, or ventilation with bag and mask
- Needs special care after birth
- Dies in the delivery area
- Is stillborn

The care may be appropriate and complete, or there may be steps in care that can be improved. When improvement activities are in progress, the birth record can help measure change.

Sample birth record for newborn

1. IDENTIFICATION

Baby's name _____ ID No. _____ Birth date _____ Time _____

Mother's Name _____ ID No. _____

Mother's/Father's physical address _____ Contact _____

2. BIRTH

Complications during pregnancy/delivery _____

Gestational age _____ Method of delivery _____ Maternal anaesthesia _____

Care at birth — *Check if yes*

Was the baby dried thoroughly? ☐

Did the baby cry? yes ☐ no ☐

Did the baby receive

- Clearing of the airway? ☐
- Stimulation to breathe? ☐
- Ventilation with bag and mask? ☐
- Immediate skin-to-skin contact? ☐
- Delayed cord clamping? ☐

Apgar score

	1 min	5 min	10 min
Breathing			
Heart rate			
Color			
Tone			
Reflex			
Total			

Status at birth

Sex: Weight: _____

Male ☐

Female ☐

Check one

☐ Alive - routine care

☐ Alive - special care

☐ Death in delivery area

☐ Fresh stillbirth

☐ Macerated stillbirth

Birth Provider _____ Date _____ Time _____

49

Ressources pour la pratique et l'amélioration des soins

Liste de contrôle
Mettre à jour les documents de la 1re édition d'*Aider les bébés à respirer*

- ☐ Télécharger le plan d'action, le *Tableau de conférence du facilitateur*, le *Manuel du dispensateur* et le Rappel clinique de la 2e édition d'*Aider les bébés à respirer*
- ☐ Comparer les plans d'action
  - _ Rayer « en présence de méconium, désobstruer les voies respiratoires »
  - _ Ajouter « si nécessaire » à Désobstruer les voies respiratoires
  - ____ Noter l'accent sur le soulèvement du thorax après le début de la ventilation
  - ____ Prendre une décision et suivre les procédures de l'établissement pour commencer la ventilation avant ou après la coupe du cordon
  - ____ Décider du moment et de l'endroit où les soins avancés seront donnés
  - _ Ajouter « Désinfecter le matériel après usage » sous la boîte dans le coin inférieur gauche
- ☐ Annoter le *Tableau de conférence du facilitateur* – penser à rassembler un groupe de facilitateurs pour discuter des changements et annoter les documents
  - ____ Réviser *Ce que le facilitateur doit savoir et faire*; explorer les ressources additionnelles
  - ____ Lire le *Conseil pédagogique* sur chaque page pour obtenir des conseils d'enseignement
  - ____ Mettre l'accent sur la communication avec la mère et sur l'introspection, la rétroaction en groupe de deux et la révision des actions (retour sur l'intervention) durant les exercices
  - ____ Insérer l'exercice de retenue de la respiration au début de *La minute d'or*
  - ____ Télécharger les fichiers PDF : Vérification des connaissances, Vérification des compétences de la ventilation au ballon et au masque, ECOS A et ECOS B de la 2e édition d'*Aider les bébés à respirer*
  - ____ Télécharger les fichiers PDF et insérer les pages : S'engager à faire une différence, Maîtriser le Plan d'action et Apporter des changements pour améliorer les soins. Se pratiquer à utiliser ces pages
- ☐ Mettre à jour les compétences et les connaissances avec le *Manuel du dispensateur* – penser à rassembler tous les dispensateurs de soins pour une mise à jour afin de discuter des changements majeurs et de pratiquer les compétences
  - ____ Présenter et démontrer les changements sur les pages suivantes et pratiquer les compétences :
  - ____ Sécher complètement – ne pas désobstruer automatiquement les voies respiratoires

avant le séchage en présence de méconium

____ Garder au chaud, désobstruer les voies respiratoires si nécessaire et stimuler la respiration – aspirer seulement si des sécrétions bloquent le nez ou la bouche ou s'il y a du méconium dans le liquide amniotique (et si le bébé ne pleure pas)

____ Ventiler au ballon et au masque – pratiquer la ventilation avec le soulèvement du thorax pendant une minute complète

____ Est-ce que le thorax se soulève ou est-ce que le bébé respire bien – Mettre l'accent sur les 2 étapes à suivre immédiatement si le thorax ne se soulève pas avec la ventilation (réappliquer le masque, replacer la tête)

____ Demander de l'aide, améliorer la ventilation – Mettre l'accent sur les 5 étapes pour améliorer la ventilation

____ Continuer la ventilation, évaluer la fréquence cardiaque et la respiration pour décider si des soins avancés sont nécessaires – Mettre l'accent sur l'importance de la respiration spontanée avant d'arrêter la ventilation ; discuter du « quand », du « où » et du « comment » du transfert

____ Surveiller le bébé auprès de sa mère – Mettre l'accent sur la communication avec la famille; désassembler le ballon et le masque de ventilation pour les désinfecter

____ S'engager à faire une différence – Reconnaître ce qu'il faut changer

____ Maîtriser le plan d'action – créer des procédures dans l'établissement pour la pratique à faible dose et à haute fréquence, utiliser l'introspection, la rétroaction, la révision des actions après avoir aidé un bébé à respirer et la révision de scénarios

____ Apporter des changements pour améliorer les soins – Cibler un changement et suivre les étapes pour apporter ce changement ; discuter de la collecte et de l'utilisation des données

Ressources additionnelles disponibles au hbs.aap.org

- Résumé des changements
- FAQ
- Guide de mise à jour pour les utilisateurs de la 1re édition d'*Aider les bébés à respirer*
- Présentations générales
- Lignes directrices pour le retraitement et documents associés
- Webinaire sur la 2e édition d'Aider les bébés à respirer – À venir **BIENTÔT**