Yukon-Kuskokwim HEALTH CORPORATION

Clinical Resource

Village Deliveries (Pediatrics)

Preparation in the Village for the Health Aides

• Turn the heat up until everyone is sweating. May need extra space heaters.
• In the warmest part of the clinic, prepare a table with clean blankets, towels, saran wrap, etc.
• If the clinic has a dryer, instruct the health aides to warm the blankets there prior to birth.
• Ensure the following are prepared and functional: suction, oxygen tanks and tubing, BVM with smallest available mask, bulb suction.
• If available, set up desk lamps with old-style bulbs (not the spiral energy-efficient bulbs) to generate more heat.
• Seek out extra health aides or former health aides to help.

Preparation for Medevac

• Review prenatal history and note risk factors for the baby.
• Coordinate with family medicine hospitalist activating the medevac and LifeMed crew about when to meet at the hangar. The LifeMed hangar is located at 3600 Tower Road.
• Turn over the Tiger Connect role for "Peds Wards on Duty" to another pediatrician or the family medicine hospitalist staying behind.
• Establish roles with LifeMed crew. Discuss doses and equipment based on estimated GA.

What to Bring

• Curosurf if GA <32 weeks or unknown: located in the OB medication refrigerator. Place in pink thermal case.
• OB & Pediatric Village Delivery Backpack containing OB and pediatric supplies located in the nursery.
• Resources: **Neonatal Resuscitation Summary**, **Surfactant Administration**, **Neopuff Set Up Guide**, **Pneumothorax Evacuation**, **Neonatal Glucose Screening Guideline**.
• Warm clothing. (There is extra warm gear under the bed in the peds call room)
• Snacks, drinks, money, motion sickness medication.

Delivery is Imminent

• Set up monitor, Neopuff, and intubation equipment (all carried by LifeMed), using sizes recommended by **Neonatal Resuscitation Summary**.
• Activate chemical mattress just prior to delivery. Cover with single baby blanket.

For High Risk Deliveries, including GA <32 weeks:
• Discuss with neonatologist early – call (907) 212-3614.
• Activate medevac to Anchorage. Consider direct transfer from village, ramp transfer in Bethel, or further stabilization with NICU team in Bethel, as appropriate.
• Prepare polyurethane bag.

Delivery is not Imminent

• Hospitalist assesses mother, does vaginal exam, obtains cultures, etc.
• LifeMed crew cares for mother.
• Pediatrician should help however possible and otherwise stay out of the way.
• Occasionally a mother will be transported to Bethel dilated and in labor. This decision is made if the benefit of being at a higher level of care outweighs the risks of potential delivery en route.

Resuscitation

• Resuscitate per NRP algorithm. Remember that CPAP is a great tool for non-invasive respiratory support for transport.

For infants <32 weeks:
• Place infant directly into polyurethane bag without drying. If intubated, bag may cover face/head.
• Attempt IV or UVC access early.
• See **Surfactant Protocol**, if indicated.

Prior to Transport

• Communicate with OB staff so they are prepared.
• Ensure an Anchorage team has been activated, if needed.

Medications

• Give erythromycin to eyes and vitamin K IM if infant is stable.
• Hepatitis B and HBIg can wait until arrival in Bethel.
• Give ampicillin per Neonatal Resuscitation Summary for all preterm and high risk infants.
• Gentamicin should not be given in the village, as it is high-risk.

Temperature

• Hypothermia in newborns is defined as temp <97.7°F.
• Cold babies do very poorly.
It is better to over-prepare (use a polyurethane bag in term babies, etc.) rather than under-prepare.
• The baby pod carried by LifeMed does not have a heat source. It will not generate heat. Avoid placing the baby into it until it has warmed from being outside.
• Check axillary temperature at 5 minutes of life and then Q30 minutes.
• Place a hat and/or saran wrap on the baby as soon as possible.
• Do not remove hat, chemical mattress, or polyurethane bag until arrived at YKHC.
• You may tear holes in the bag to gain access to the baby for procedures.
• Avoid weighing premature babies, as this frequently contributes to heat loss in the village.

Procedures

Intubation
• Prepare equipment.
• Wipe upper lip and rest of face.
• If need for sedation is anticipated, use morphine 0.05 mg/kg.
• Intubate and confirm placement with auscultation and $ETCO_2$ detector.
• Tape tube with Benzoin and tape.
• Consider using Neopuff to ventilate en route rather than ventilator.

UVC *(Always attempt PIV placement first unless infant is very unstable.)*
• Use sterile technique.
• Flush catheter and stopcock with sterile saline. NOTE: the syringes for premade saline flushes are not sterile. You will have to use a sterile syringe to draw up flushes from a NS bag.
• If baby is in polyurethane bag, tear a small opening in the plastic.
• Place the UVC just far enough to get blood return.
• Cover skin around umbilicus with Tegaderm. Tape the UVC to the Tegaderm to secure it.

See **Surfactant Administration** and **Pneumothorax Evacuation** Resources.

Glucose

• Check glucose as soon as possible.
• See **Neonatal Glucose Screening Guideline**. Goal glucose is >35 in first four hours of life.
• On babies <32 weeks, start D10 maintenance as soon as IV access has been established.
• If unable to get a glucose, have a low threshold to give sugar in preterm or high risk infants.
• If oral dextrose gel unavailable, may give Sweetease, oral glucose, colostrum, formula, or homemade sugar paste. May smear on gums for buccal absorption.

Approved by Clinical Guidelines Committee 11/27/22.
Click **here** to see the supplemental resources for this resource.
If comments about this resource, please contact Leslie_Herrmann@ykhc.org.