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MEMO

To: Provincial NRP Instructors, Obstetricians, Family Physicians, Midwives, Nurse Practitioners, Obstetrical Nurses, Prenatal Instructors

From: *Dr. Khalid Aziz*, NRP Medical Director; *Clare Bessell*, NRP Subcommittee Chair, Heart and Stroke Foundation on NL

Re: **Practice Changes for Meconium Suctioning on the Perineum**

Date: April 15, 2006

The International Liaison Committee on Resuscitation (ILCOR) Consensus on Science and Treatment Recommendations, as well as the American Heart Association's Guidelines for Emergency Cardiac Care were recently published in the journal *Circulation* (*Circulation* 2005;112:III-91 – III-99). One of the guideline changes comes from a large randomized controlled study which assessed the effectiveness of intrapartum oropharyngeal and nasopharyngeal suctioning for the prevention of meconium aspiration syndrome (MAS). The findings, published in the *Lancet* (Vol.364, August 24, 2004) conclude that this practice does not prevent MAS and has no clinical benefit.

The ILCOR Consensus statement reflects this evidence, and recommends that the practice be abandoned. This recommendation will be reflected in the revised Neonatal Resuscitation Program (NRP) manual, which will be available June 2006. However, given the strength of the evidence, we support an immediate change in learner instruction and practice in this province.

“Routine intrapartum oropharyngeal and nasopharyngeal suctioning for infants born with meconium-stained amniotic fluid is no longer recommended.” (ILCOR 2005)

Other recommendations regarding post-delivery assessment and management of the baby born through meconium-stained amniotic fluid remains unchanged for now.

It may be appropriate to wait until the new NRP textbook is released this summer to interpret or implement other resuscitation practice changes. In the meanwhile, to review the ILCOR recommendations go to:

http://circ.ahajournals.org/cgi/reprint/112/22_suppl/III-91.pdf

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