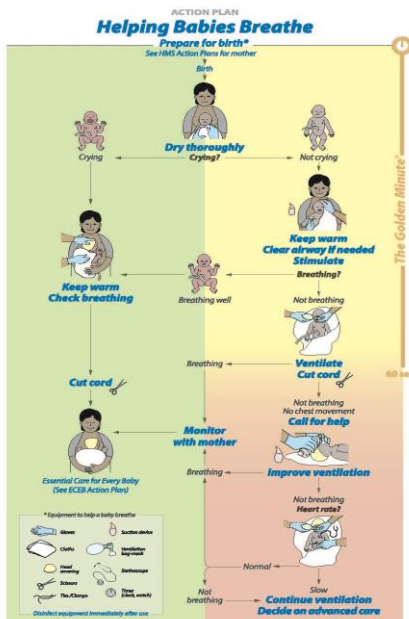


Helping Babies Breathe 2nd Edition

Summary of Changes



Helping Babies Breathe (HBB) 2nd Edition includes scientific updates to harmonize with 2015 ILCOR Consensus on Science with Treatment Recommendations, and 2012 WHO Guidelines on Basic Newborn Resuscitation. It also features strengthened educational advice and new guidance on program implementation and quality improvement, based on feedback and lessons learned from the global community of HBB users.

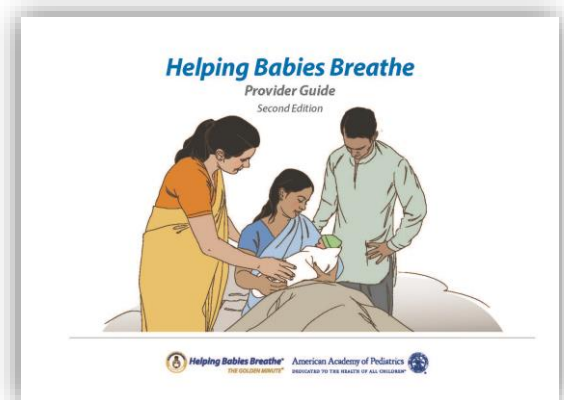


Updates to the HBB Action Plan

- Added link with *Helping Mothers Survive*
 - Text – “See HMS Action Plan for mother”
 - Illustration of baby on mother’s chest
- Eliminated “if meconium, clear the airway” before the action step, “Dry thoroughly”
- Changed indications for suctioning to be performed if airway is obstructed, or if meconium in amniotic fluid and baby is not crying after thorough drying
- Added option for initiating ventilation
 - Decision to begin ventilation with cord intact or after clamping and cutting the cord
- Added link with *Essential Care for Every Baby*

The Learner Workbook becomes the new Provider Guide

- Clear de-emphasis of suctioning
 - Removal of recommendation for suctioning before thorough drying if meconium in amniotic fluid
 - Articulation of two elements of airway clearing - positioning and suctioning (only if indicated)
 - Emphasis on hazards of prolonged or overly vigorous suctioning
- Added option for delayed cord clamping after initiation of ventilation
- Emphasis on rapid evaluation of chest movement and quick corrective steps after initiation of ventilation
- Emphasis on uninterrupted ventilation until the baby is breathing spontaneously (simplified red zone – continued ventilation with normal or slow heart rate)



The HBB Facilitator Flip Chart now contains more detailed educational advice and additional resources for implementation and quality improvement

Updates to the HBB Facilitator Flip Chart

- A checklist to guide facilitator before, during, and after the workshop
- More specific educational advice to accompany skills
 - Additional segment on implementation
 - Commit to making a difference
 - In-facility routines for practice and mentoring
 - Introduction to quality improvement
- Emphasis on implementation of resuscitation in a facility
- Low-dose, high frequency practice; self-reflection, debriefing, and case reviews; quality improvement
- Annotated Action Plan with suggested quality measures
- Revised advice on disinfection of equipment to follow *Reprocessing Guidelines for Basic Neonatal Resuscitation Equipment in Resource-limited Settings*

What the facilitator needs to know and do BEFORE - DURING - AFTER the workshop

Use this action plan to prepare yourself as a facilitator and guide the development of a Helping Babies Breathe program before, during, and after the workshop. As a facilitator, you are committed to achieving the goal of having at least one person skilled and equipped to help babies breathe at every birth. This workshop is for the training session. Improving care for mothers and babies.

BEFORE

Begin planning for a Helping Babies Breathe course with local teachers and to enhance

- Ask the teachers for their feedback on what you will be doing, including, when, where, equipment, personnel, and financial needs resources.

Prepare yourself as a facilitator

- Review the Facilitator Guide.
- Read the background and know where you will be working so that you can answer questions and get needed things.
- Plan how you will be using your own skills.
- Review the agenda of the day.
- Arrange for space for the trainees to practice.
- Prepare for every possibility.

Resources:
Workshop planning, check list, facilitator checklist, equipment, facilitator notes on equipment.

DURING

Evaluate knowledge and skills

- Evaluate the participants in a way that encourages further learning.
- Use the knowledge check to assess and guide.
- Ask participants to show how you would help a baby breathe with a bag, mask, or cup.
- Encourage them to practice and demonstrate their learning.
- Use the feedback to improve your teaching.

Engage every participant in discussion and practice in pairs

- In your Hospital or community, make arrangements for asking questions (ask if they do).
- Spend time on the practice of how to ask questions and use the equipment in an emergency of skills. Helping Babies Breathe is a hands-on and active training.
- Encourage you to ask encourage all activities, feedback, and review of activities to improve performance and learning.
- Always encourage someone who has been successful and give feedback between partners.
- Use the feedback to improve your teaching and practice.
- Review how to do it, but, and use equipment.

Make changes to improve care

Commit to making a difference

Prepare for birth

- How will birth attendants in the facility prepare to help babies breathe?
- Are all babies resuscitated at all births?

Routine care

- Do all babies receive oral care (sugar water)?
- Do all babies receive oral care (sugar water)?
- Do all babies receive oral care (sugar water)?

After the birth

- Do all babies receive oral care (sugar water) at all births?
- Is all equipment disinfected properly after birth?

The Golden Minute

- How often are babies not crying after the first minute?
- How often are babies not crying after the first minute?
- How often are babies not crying after the first minute?

Continued ventilation

- How often are babies not crying after the first minute?
- How often are babies not crying after the first minute?

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Reprocessing Neonatal Resuscitation Equipment

- 1. Preparation**

Follow detailed instructions in the *Reprocessing Guidelines for Basic Neonatal Resuscitation Equipment in Resource-Limited Settings* (<http://www.path.org/publications/details.php?i=2603>).

 - Wear complete personal protective equipment (gloves, cap, mask, eye protection, apron, boots)
 - Clean the reprocessing area
 - Prepare the reprocessing materials
 - Label containers for reprocessing with name, date, and time of solution prepared

Clean utility/exam gloves

Sterile/high level disinfected gloves
- 2. Pre-disinfection**

Pre-clean	Disassemble	Clean	Rinse	Remove limescale (only if needed)	Dry (before sterilization or chemical disinfection)
<p>Wipe equipment with clean gauze soaked in chlorine solution 0.5%.</p>	<p>Disassemble equipment completely.</p>	<p>Wash all parts with clean water and mild soap. Use a brush to remove any debris.</p>	<p>Rinse all parts in clean water.</p>	<p>Soak equipment in equal parts of water and white vinegar (3-5%) for 10 minutes then rinse. Repeat if necessary.</p>	<p>Wipe dry with clean gauze or cloth.</p>
- 3. Disinfection**

Disinfect by one of the methods	Remove	Dry
<p>Sterilization: Autoclaving</p> <p>Follow device manufacturer's instructions or time/temperature table in guidelines.</p>	<p>Remove</p> <p>Remove parts using aseptic technique.</p>	<p>Dry</p> <p>Wipe dry with sterile gauze or air dry in a protected space.</p>
<p>High-Level Disinfection: Boiling or Steaming</p> <p>Boil or steam with clean water for 20 minutes.</p>		
<p>High-Level Disinfection: Chemical</p> <p>Chlorine solution 0.5%: soak 20 min; or glutaraldehyde solution 2.0%: follow chemical manufacturer's instructions. Rinse in 3 separate containers of boiled water for 1 minute each.</p>		
- 4. Post-disinfection**

Inspect	Reassemble	Test function*	Store
<p>Visually inspect each part for damage, cleanliness, and mineral deposits. Repeat reprocessing if not clean. Remove damaged parts from service.</p>	<p>Reassemble equipment completely.</p>	<p>Squeeze the bag and watch for the valve to open. Seal the mask and squeeze hard enough to hear air escaping from the pressure release valve.</p>	<p>Maintain the seal and check that the bag reinflates after each squeeze. Squeeze the suction device, block the tip, and release. The device should not expand until the tip is unblocked. Place equipment in a high-level disinfected plastic or metal container with tight-fitting lid or wrap in autoclaved liners.</p>

*If any of the tests fail, disassemble and reassemble resuscitator and repeat all tests. If a test still fails, remove the device from service.

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