Supplemental Questions

Successful completion of this activity is achieved by individually reflecting on, or discussing as a group, the following questions and their implications.

1. In your practice, how do you manage resuscitation in babies less than 28-weeks’ gestation?

   See subheading ‘Extremely Preterm Infants Are Unique’ page 3 of the transcript.

2. In your practice, what oxygen level is used to initiate resuscitation in babies less than 28-weeks’ gestation?

   See subheading ‘Extremely Preterm Infants Are Unique’ page 4 of the transcript.

3. In your practice, what benefits do you find with delayed or immediate cord clamping and why?

   See subheading ‘Placental Transfusion’ pages 4 & 5 of the transcript.

4. In your practice, what are the protocols in place to avoid and decrease the risk of intraventricular hemorrhage (IVH)?

   See subheading ‘Decreasing Risk of IVH’ page 6 of the transcript.

5. In your practice, how do you manage meconium aspiration syndrome?

   See subhead ‘Meconium-Stained Amniotic Fluid’ pages 7–9 of the transcript.

6. Are you confident with epinephrine dosing in your preterm babies and if so, what dosing and flush protocol are implemented in your practice?

   See subhead ‘Epinephrine Dosing’ pages 13–15 of the transcript.

Suggested Reading and References


Neonatal Resuscitation: Scientific Basis


