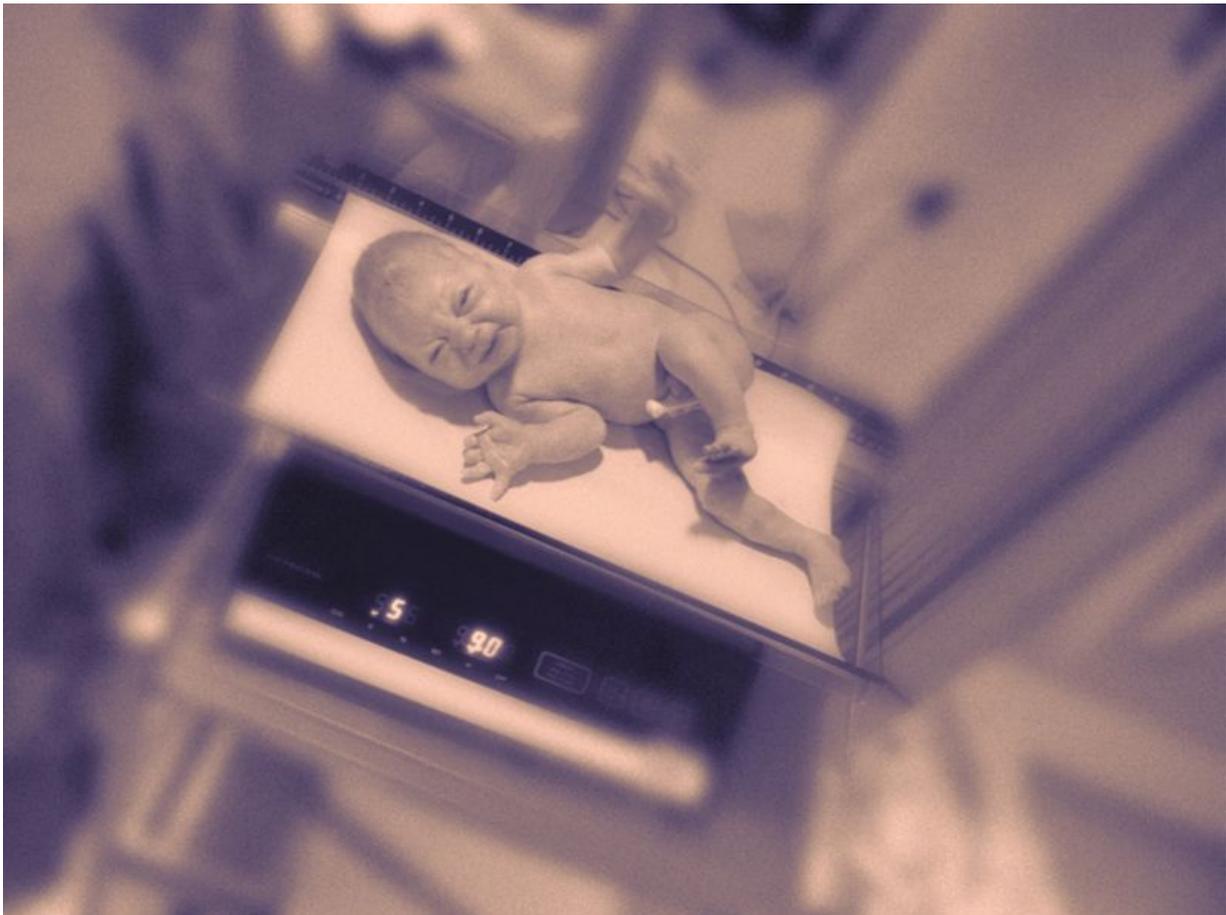


Care update for newborn with meconium-stained amniotic fluid

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(HealthDay)—In a Committee Opinion published in the March issue of

Obstetrics & Gynecology, guidelines are updated for the management of delivery of newborns with meconium-stained amniotic fluid.

Michael D. Moxley, M.D., and colleagues from the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, updated the 2005 guidelines on management of newborns with meconium-stained [amniotic fluid](#).

The authors note that according to the new guidelines, routine intubation and tracheal suctioning are no longer required for newborns with meconium-stained amniotic fluid. The infant may stay with the mother to receive the initial steps of newborn care if the infant is vigorous with good respiratory effort and muscle tone. The initial steps of resuscitation should be completed under the radiant warmer if the infant born through meconium-stained amniotic fluid presents with poor [muscle tone](#) and inadequate breathing efforts. For each infant, appropriate intervention to support ventilation and oxygenation should be initiated as indicated. Routine intrapartum suctioning should not be given to [infants](#) with meconium-stained amniotic fluid, whether or not the infants are vigorous.

"Meconium-stained amniotic fluid is a condition that requires the notification and availability of an appropriately credentialed team with full resuscitation skills, including endotracheal intubation," the authors write. "Resuscitation should follow the same principles for infants with meconium-stained fluid as for those with clear fluid."

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