

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.
- · Seek out extra health aides or former health aides to help.

See Labor Patient In Village guideline for OB recommendations.

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 going to an SRC and 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, 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.

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 and in SRC.

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.

<u>Delivery is not Imminent</u>

- 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.

Prior to Transport

- Inform OB of baby's status and request they call ER Registration to get chart made should be Peds FIN with baby going to OB unit on Family Medicine service.
- · Activate Anchorage team if needed.

Term or Late Preterm Infants

- Admit to YKHC OB for 48 hours.
- Do not obtain blood cultures unless sick or otherwise indicated.

Medications

- Give erythromycin to eyes and vitamin K IM if infant is stable.
- · Hepatitis B and HBlg can wait until arrival in Bethel.

Procedures

- · 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
- 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 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.

Intubation

- Prepare equipment.
- Wipe upper lip and rest of face.
- See Neonatal Resuscitation Summary, especially if considering RSI.
- Intubate and confirm placement with auscultation and ETCO₂ detector.
- Tape tube with Benzoin and tape.
- · Consider using Neopuff to ventilate en route rather than ventilator.

<u>UVC</u> (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

See Surfactant Administration resource if in SRC.

Glucose

- Check glucose as soon as possible and then Q30-60 minutes until stable.
- 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.

This resource is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by Clinical Guidelines Committee 7/23/25.

Click here to see the supplemental resources for this resource.

If comments about this resource, please contact Amy_Carson-Strnad@ykhc.org.