

## AN INFANT RESUSCITATION COT

LESLIE A. ALLEN, M.B., CH.B., M.R.C.O.G., *Obstetrician and Gynaecologist, Springs, Transvaal*

The management of the asphyxiated newborn infant has received considerable attention in the past and has been the subject of much discussion in the literature.

The importance of providing adequate facilities for infant resuscitation has, however, not been sufficiently stressed. In many maternity units today, not even the basic essentials are at hand should emergency resuscitation be necessary.

Ian Donald, in his book *Practical Obstetric Problems* (appendix C),<sup>1</sup> has listed the resuscitation equipment to be kept in readiness in the labour room. This includes: mucus suction catheters, nasal catheters, infant mask,

double gastric catheter, resuscitube, endotracheal catheters and adaptors, infant laryngoscope, various infant resuscitation apparatus, syringes, 'lethidrone' and vitamin K<sub>1</sub> ('konakion' ampoules).

More recently, Johnson<sup>2</sup> has developed an infant resuscitation trolley, a commercial model of which is being made by the Medical and Industrial Equipment Co. Ltd., Leicester, and should now be available. This model has an attached oxygen 'rotameter' unit, and also a suction apparatus. This resuscitation trolley incorporates a cot at an inclined plane, the front end of which may be let

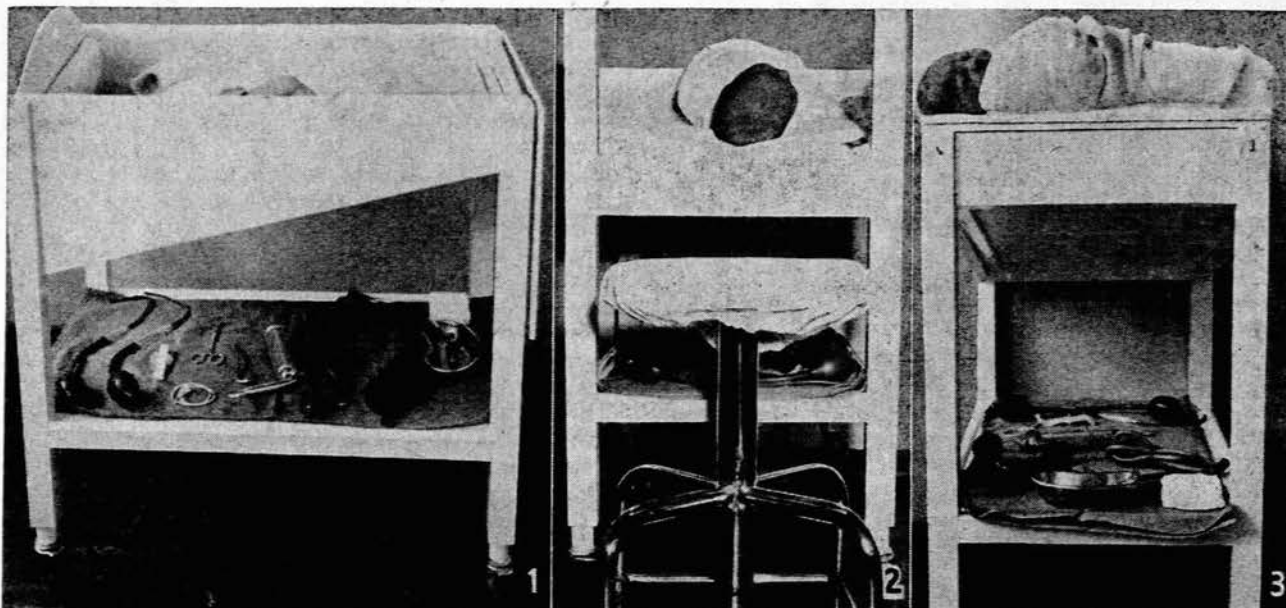


Fig. 1. Infant resuscitation cot with equipment.

Fig. 2. Cot with head-piece removed.

Fig. 3. Tail-piece in use above cot.

down, so as to give easy access to the head of the baby should intratracheal intubation be necessary.

The usual type of cot is not satisfactory because the side at the head-end gets in the way if a laryngoscope has to be used. This difficulty has been overcome in the model which is now in use at St. Mary's Hospital, Springs, by the provision of a sliding head-piece. At the foot of the cot is an additional tail-piece on which, as an alternative, the infant can be resuscitated. This trolley does not include an attached oxygen cylinder or suction apparatus, but these will usually be present in the labour ward. The cot does, however, incorporate a shelf on which the resuscitation equipment is laid out in readiness for use in the same way as a forceps tray is prepared. Ideally, this trolley should be constantly available in the labour ward, because the cases in which it may become necessary cannot always be anticipated.

The photographs (Figs. 1-3) illustrate not only the sliding head-piece and tail-piece, but also the resuscitation equipment laid out ready for use.

This paper is written solely to emphasize the necessity of 'being prepared' — because, as Lewis<sup>3</sup> stated: 'the death of an otherwise healthy baby from asphyxia neonatorum is a disaster. And to this occasional case must be added those who die later, generally within the first week of life, from severe anoxia at birth, and those who survive with cerebral damage due to anoxia'.

#### REFERENCES

1. Donald, I. (1955): *Practical Obstetric Problems*, appendix C. London: Lloyd-Luke.
2. Johnson, B. L. D. (1959): *J. Obstet. Gynaec. Brit. Emp.*, **66**, 492.
3. Lewis, T. L. T. (1956): *Progress in Clinical Obstetrics and Gynaecology*, p. 268. London: J. & A. Churchill.