

**Subject** : RE: NLS guidelines  
**Date** : Fri, 22 May 2009 08:17:00 +0100  
**Linked to** : Sam Richmond  
**From** : "Sam Richmond" <[sam.richmond@talk21.com](mailto:sam.richmond@talk21.com)> (By way of [helen.lamb@viamed.co.uk](mailto:helen.lamb@viamed.co.uk))  
**To** : SHARD (Steve Hardaker) <GoldMine User>

Dear Steve,

Guidelines for neonatal resuscitation , as well as resuscitation at other times of life, are under regular review by a body known as the International Liaison Committee on Resuscitation (ILCOR). I attach an article I wrote for the Archives of Disease in Childhood in 2007 which explains what ILCOR is and does. This article (pdf) also quotes the ILCOR recommendations from the 2005 round that pertain to the use of 100% oxygen or air in resuscitation of babies at birth with references to the complete document from which this extract is taken.

ILCOR is now in the process of reviewing the evidence on a number of questions in relation to all aspects of resuscitation including the use of air or oxygen in resuscitation at birth for the next round of recommendations due for publication in the winter of 2010. There is now reasonable evidence that, in the short term, the use of 100% oxygen for resuscitation at birth has no advantage over the use of air. Furthermore use of 100% oxygen for resuscitation at birth, particularly in preterm infants, rapidly induces hyperoxia which is known, from a large variety of animal experiments, to be potentially damaging at the cellular level. As you will see the evidence available in 2005 was sufficient to persuade ILCOR to suggest that it was no longer mandatory to use 100% oxygen (when available) to resuscitate babies at birth and that resuscitation with air was perfectly acceptable. I also attach a review article (pdf) on the issue published in 2008 should you wish to look in more detail at the literature on the subject.

Finally, I attach a Word article giving my views on a recent NICE document which commented on air, oxygen and Apgar scores – I feel they are wrong on both counts.

Speaking personally, I would not buy new resuscitation equipment which did not include facilities for blending air and oxygen.

I hope this is helpful,

Sam

**From:** Steve Hardaker [mailto:[steve.hardaker@viamed.co.uk](mailto:steve.hardaker@viamed.co.uk)]  
**Sent:** 21 May 2009 09:39  
**To:** Sam Richmond  
**Subject:** NLS guidelines

Hi Sam,

I hope you are well. I was just wondering if a revision of the NLS guidelines is pending to include an update on the use of oxygen?

The reason I ask is that a number of Tom Thumb users recently have told me that they have been advised by

consultants that neonatal resuscitation should not be performed with 100% oxygen.

I have re-checked the latest NLS guidelines, and whilst it does state "Ventilatory resuscitation may be started with air. However, where

possible, additional oxygen should be available if there is not a rapid improvement in the infant's condition", I would not read that as implying that 100% oxygen should not be used from the outset.

Are you aware of any imminent changes, or do you think perhaps consultants are erring on the side of caution by recommending that a method of delivering air and blended gases is available?

I look forward to any input you may have, and thank you in advance for your assistance.

Regards,

Steve Hardaker  
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