

Conflicts of interest

- I am a consultant to:
- Fisher and Paykel Healthcare,
- Laerdal Global Health
- Acutronic Medical
- I have received honoraria for lectures from Dräger and Chiesi.

Mask ventilation

- · Is the mainstay of neonatal resuscitation
- Myth this is easy and can be done by anybody after a short training session
- Reality its difficult and even experienced operators frequently get it wrong

AND

• This may lead to ineffective resuscitation.

We studied mask holding techniques & mask leak using a modified leak free manikin

- Participants:
 - Neonatal medical, nurses & midwives.
 - All trained in resuscitation.
- Participants gave PPV to manikin.
- Neopuff infant resuscitator :
 - Pressure $30/5 \text{ cm H}_2\text{O}$.
 - Gas flow 8 L/min.
- Florian respiratory monitor.
- Spectra software.







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Mask leak during "ventilation" of leak free manikin				
Mask leak	mean (SD)			
Consultants	62 (34)%			
Fellows	59 (35)%			
Registrars	81 (23)%			
Nurses	59 (34)%			
Mask leak is a big and unrecognised problem				



















"I don't worry about mask leak, tidal volume, or pressure because I can see chest wall rise."

High tidal volumes: damage the lungs and cause hypocarbia.

Low tidal volume lead to inadequate ventilation and atelectrauma.

Can people accurately assess chest rise?

Expired tidal volume (V_{Te}) measured during 20 resuscitations.

After 60s PPV, resuscitators at infants' head and side asked to assess chest rise and estimate $V_{\mbox{Te}}.$

Their assessment compared with V_{Te}.

	Resuscitator's assessment				
ml/kg	No chest rise	Not sure	Appropriate chest rise	Too much chest rise	
V _{Te} estimated at head	3.5 (2.3-6.8)	3.7 (3.0-5.6)	3.0 (1.2-8.2)	5.4 (4-13)	
V _{Te} estimated at side	4.4 (3.0-7.0)	3.7 (3.0-5.6)	5.2 (2.9-8.9)	7.8 (3.6-10.3)	
Requesitators contrately second sheet well meyomente					









