



## Service Priorities and Programmes Electronic Presentations

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**Transfer evidence into practice: Evaluate the infant outcomes after withdrawal of routine intrapartum suctioning among meconium stained neonates.**

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**Introduction**

Intrapartum suctioning is a routine practice in the delivery room to remove lung fluid, meconium or other secretions from the airway in order to improve oxygenation and prevent aspiration. However, there are potential risks for intrapartum suctioning, e.g. vagal stimulation, apnea and bradycardia etc. Additionally, prominent organizations such as the International Liaison Committee on Resuscitation, the American Academy of Pediatrics, the World Health Organization and the American Heart Association no longer recommend this procedure. Therefore, a change of practice was proposed in labour ward.

**Objectives**

To evaluate the risk of MAS in newly born infants without routine oropharyngeal/nasopharyngeal suction after practice change.

**Methodology**

A prospective cohort study took place in labour ward. Subjects were :  birth through MSAF of any consistency  gestational age of 37 weeks or longer  cephalic presentation  Vaginal delivery Exclusion criteria were :  major congenital malformations  cases with paediatricians standby and refusal by staff

**Result**

98 cases were recruited to suction group (n=49) and no-suction group (n=49) from Oct 2014 to May 2016. None of the infant in no-suction group has MAS and one was recorded in suction group with 15 days hospital length of stay. There was no significant differences in:  1-min (p=1) and 5-min (p=0.32) Apgar scores  cord blood pH (p= 0.62)  The need for positive-pressure ventilation (2 [4%] vs 1 [2%]; 0.49, 0.05- 5.23) Conclusions Routine intrapartum oropharyngeal and nasopharyngeal suctioning of term-gestation infants born through MSAF does not

prevent MAS. The present practice of no intrapartum suctioning should be continued.