Subject: Meconium Suctioning At Delivery

Purpose: A mechanical suction is used to clear moderate to thick meconium stained amniotic fluid from the neonate's airway prior to first breath.

Policy: If moderate to thick meconium is present in the amniotic fluid, the physician may suction the mouth and hypo-pharynx with a mechanical device prior to the delivery of the shoulders. The RN circulator and scrub nurse will assist.

Additional Information:
1. Meconium - especially thick meconium stained fluid - if aspirated to lungs can cause severe respiratory distress.
2. Presence of meconium in amniotic fluid must be communicated to scrub nurse by labor nurse.
3. If thick meconium present, have supplies ready to intubate and suction trachea under direct visualization.

Equipment: Meconium suction device trap
Connecting suction tubing
Warmer with O2/suction equipment in place. (O2 source, suction gauge and collection container, suction tubing with a 5 way connector)
2.5, 3.0, 3.5 endotracheal tubes with stylettes
Meconium aspirator
Laryngoscope handle and blade

Content:

<table>
<thead>
<tr>
<th>Procedure Steps</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suction tubing and meconium suction device/mucus trap will be placed on sterile table with delivery instruments when table made ready for delivery or passed by RN to LPN after scrubbed in.</td>
<td>1. Always maintain sterility when opening packages and taking care not to contaminate sterile field.</td>
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<td>2. Turn on O2 tank and any applicable on/off switches.</td>
<td>2. Flow meter need not be turned on.</td>
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<td>3. Occlude end of suction tubing and increase suction until reaches no more than 80-100 mm Hg.</td>
<td>3. Higher suction may cause damage to neonates tissues.</td>
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<td>4. LPN (scrub nurse) will connect meconium suction device/mucus trap to suction tubing and pass other end of tubing to RN.</td>
<td>4. Tubing may be secured to leg draped with towel clip to prevent falling to floor.</td>
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<td>5. RN will connect suction tubing to suction tubing and suction machine.</td>
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Meconium Suctioning at Delivery – Page 2

6. When fetal head is delivered, doctor will suction mouth and nose. To clear meconium and mucus.
7. LPN will hand meconium suction device/mucus trap to doctor who will pass catheter through mouth to pharynx, trachea. The suction port must be occluded to activate the vacuum while gradually withdrawing the catheter.
8. Procedure repeated until free of meconium. Assure meconium is removed.
9. Doctor may pass catheter through nares to assure meconium is removed.
10. Note amount of secretions removed (collected in suction trap).
11. If meconium suctioning through an endotracheal tube is required, refer to NRP guidelines. Found in Lesson 2 - Initial Steps in Textbook of Neonatal Resuscitation.

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