Management of Delivery of a Newborn With Meconium-Stained Amniotic Fluid

ABSTRACT: In accordance with the new guidelines from the American Academy of Pediatrics and the American Heart Association, all infants with meconium-stained amniotic fluid should no longer routinely receive intrapartum suctioning. If meconium is present and the newborn is depressed, the clinician should intubate the trachea and suction meconium and other aspirated material from beneath the glottis.

In 2006, the American Academy of Pediatrics and the American Heart Association published new guidelines on neonatal resuscitation (1). The most significant impact these new guidelines have on obstetricians relates to the management of delivery of a newborn with meconium-stained amniotic fluid. Previously, management of a newborn with meconium-stained amniotic fluid included suctioning of the oropharynx and nasopharynx on the perineum after the delivery of the head but before the delivery of the shoulders (intrapartum suctioning). Current evidence does not support this practice because routine intrapartum suctioning does not prevent or alter the course of meconium aspiration syndrome (1).

The Committee on Obstetric Practice agrees with the recommendation of the American Academy of Pediatrics and the American Heart Association that all infants with meconium-stained amniotic fluid should no longer routinely receive intrapartum suctioning. If meconium is present and the newborn is depressed, the clinician should intubate the trachea and suction meconium or other aspirated material from beneath the glottis. If the newborn is vigorous, defined as having strong respiratory efforts, good muscle tone, and a heart rate greater than 100 beats per minute, there is no evidence that tracheal suctioning is necessary. Injury to the vocal cords is more likely to occur when attempting to intubate a vigorous newborn.

Reference