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POST ASPHYXIAL MANAGEMENT IN LEVEL I AND II NEONATAL INTENSIVE CARE UNITS

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Abstract: *Perinatal asphyxia remains a major challenge in developing countries, contributing significantly to neonatal morbidity and mortality. Level I and level II neonatal care units often serve as the first point of contact for affected newborns. It is essential that these units are equipped appropriately with gadgets and personnel to promptly recognize the signs of hypoxic ischemic encephalopathy, stabilize affected neonates and facilitate timely referral to higher centers when necessary. This article focuses on the clinical presentation of neonatal encephalopathy, interventions available and the immediate management protocols for hypoxic-ischemic injury.*

Keywords: *Perinatal asphyxia, Therapeutic hypothermia, Neonatal seizures.*

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Points to Remember

- ***Cord arterial blood gas or any blood gas should be undertaken within one hour of birth in cases of suspected perinatal asphyxia to enable early identification of babies with hypoxic ischemic encephalopathy.***
- ***Neonatal units providing only Level I or II care should avoid using uncontrolled or unmonitored cooling methods, as therapeutic hypothermia requires specialized equipment and trained personnel available in tertiary centers.***
- ***Early referral within 4 hours of birth to a tertiary care centre with facilities for therapeutic hypothermia is advised if baby has moderate or severe asphyxia, ensuring initiation of cooling therapy within the critical 6-hour window.***
- ***In neonates with mild encephalopathy or with suspected perinatal asphyxia, periodic assessment using modified Sarnat and Sarnat staging should be done to monitor progression to moderate encephalopathy.***

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