Southern Illinois Regional EMS System

FF-9 MECONIUM STAINED AMNIOTIC FLUID

ALS/ILS/BLS

Meconium can be aspirated by newborns causing significant morbidity and mortality. Meconium aspiration is less common in the premature infant and most common in the infant over 42 weeks.

1. Characteristics/Description:
   - 1.1. Thin, watery meconium stained amniotic fluid:
     - 1.1.1. The meconium is essentially dissolved in the amniotic fluid.
     - 1.1.2. The fluid has a greenish hue without visible pieces of meconium.
   - 1.2. Thick, particulate meconium:
     - 1.2.1. Particles of meconium in the amniotic fluid.
     - 1.2.2. Fluid has appearance of "pea soup".

2. Management:
   - 2.1. Establish a patent airway.
   - 2.2. Infants born with meconium staining require thorough suctioning immediately upon delivery of the head (suction mouth first then nose) and BEFORE stimulation or initiation of artificial ventilations.
   - 2.3. Remove thin meconium:
     - 2.3.1. If the newborn with thin meconium was orally and nasally suctioned before onset of breathing and is vigorously active, intubation is not indicated. Proceed per Newborn and Postpartum Care (FF-4) or Neonatal Resuscitation (FF-6) SOP as indicated.
   - 2.4. Thick particulate meconium:
     - 2.4.1. Immediately after delivery, place the newborn in a warm area and cover with a warm blanket.
     - 2.4.2. Before drying or other stimulation, the newborn should be intubated and the trachea suctioned for meconium:
       - 2.4.2.1. Adjust the suction to 80-90 mmHg.
     - 2.4.3. In depressed infants, it may not be possible to clear the trachea of all meconium before needing to initiate positive pressure ventilation with 100% oxygen.
       - 2.4.3.1. Refer to Braselow Tape for ET size/weight.
     - 2.4.4. Follow Neonatal Resuscitation (FF-6) and Postpartum Care (FF-4) SOP as indicated.
   - 2.5. Accurately document description of meconium and treatment given.
   - 2.6. Contact medical control and/or receiving hospital.