



Medical care & clinical practice

Management of Respiratory Distress Syndrome

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Statement of the standard

Newborn infants at risk of Respiratory Distress Syndrome (RDS) receive appropriate perinatal care including place of delivery, antenatal corticosteroids, guidance around optimal strategies for delivery room stabilisation, and ongoing respiratory support.



For parents and family

- Parents are informed by healthcare professionals about Respiratory Distress Syndrome (RDS), survival rates/morbidity, treatment, and short- and long-term care.



For neonatal unit

- A unit guideline to ensure a standardised approach to initial stabilisation after birth for newborn infants at risk of RDS is available and regularly updated, including
 - access to blended oxygen
 - access to CPAP from birth
 - access to manual ventilation with devices that control pressures
 - access to pulse oximetry from birth
- A unit guideline is available and regularly updated including surfactant administration, criteria for intubation, and ventilation strategies with optimal lung protection.



For health service

- Women at risk for very preterm birth are referred in a timely fashion for expert care during pregnancy and delivery.

Benefits

Short-term benefits:

- Reduced mortality
- Reduced pulmonary air leaks (pulmonary interstitial emphysema and pneumothorax)
- Reduced need for invasive ventilation

Long-term benefits:

- Improved long-term neurodevelopment
- Reduced healthcare costs
- Reduced bronchopulmonary dysplasia (BPD) diagnoses



For healthcare professionals

- A unit guideline on management of RDS is adhered to by all healthcare professionals.
- Training on detection and treatment of RDS in the neonatal intensive care unit (NICU) is attended by all healthcare professionals.
- A unit guideline to determine which pregnant women have to be transferred for care to a perinatal centre is adhered to by all healthcare professionals.



For hospitals

- Training on management of RDS is ensured.
- Access to radiology, biochemistry, and blood gas analysis is provided throughout the 24 hours.
- A unit guideline and evidence of quality improvement initiatives are available within the obstetric service to optimise the use of prenatal corticosteroid therapy.

