

## The Forgotten of Neonatal Resuscitation

**Salvatori Laetitia\***

*France 91 Essonne, France*

**\*Corresponding Author:** Salvatori Laetitia, France 91 Essonne, France.

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In my experience as a nurse in this department, I have observed that a lot of things are done for premature babies in connection with associations. Like notebooks, photos for the first kilo, the first bath etc... People have a representation of this service that is not realistic since they think that there are only premature babies but there are still many full-term babies. During these years, I have been in contact with many families who were affected by therapeutic hypothermia. I wondered about the support of these families and how we could improve their living conditions. I want to do some research to be able to offer parent-baby hugs so that it creates a deeper contact. In Canada they started a similar project that did not happen in France.

Thanks to anaesthetist resuscitators, the sedations that are used in the baby in hypothermia are not suitable and harmful to him. In other countries such as England, vigil hypothermia is a therapy that seems to work. In France, some services are starting to do so. Vigil hypothermia is a cooling of the baby to 33.5°C but it has no deep sedation just a morphine analgesic level 3. So, without this deep sedation babies do not need to be intubated, which would have benefits on the benchmarks (positive or negative) of brain activity as well as a better parent-child attachment.

However, I wonder about the fact that therapeutic hypothermia allows cerebral rest and without this deep sedation (artificial coma) does the brain rest in this phase hypothermia vigil?

Seeing their baby "cooled" and not intubated What representations do parents make?

Is this therapy beneficial for the child and the parents? Research in France could be done on vigil hypothermia and cuddles in hypothermia.

Before I could do it, I interviewed professionals who are in contact with these families to get their opinions. They are mixed on the parent-child benefits.

Currently in the wards, therapeutic hypothermia is performed with a very medicalized baby that is to say with a lot of cables and pipes everywhere. Electrodes on the head to measure brain activity (continuous EEG), an intubation tube in the nose, a gastric tube in the mouth, a central catheter in the umbilical vein (KTVO), a thermal catheter on the skin and a rectal probe to measure core body temperature. All over the body a cooling blanket that leaves very little skin visible. Subsequently a urinary catheter due to analgesics that make urinary retention. This can shock or even traumatize parents when they arrive in the room since their baby is very technical and a room with a lot of machines.

This is why I want to carry out a study on vigil hypothermia and hugs in this context of therapeutic hypothermia and vigil. But also create tools in intensive care units so that parents can invest their baby. These tools could be taken home later.

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