MECONIUM STAINED/THICK LIQUOR
Supporting information

This guideline has been prepared with reference to the following


Guidelines for Record and record keeping. N.M.C. Booklet 2004.London


Unnecessary intubation and lower airway suction does more harm than good?
A review paper on this topic (Vain, 2009) states that: “Universal intrapartum suction of infants with meconium stained amniotic fluid and postnatal suction of vigorous infants have been used in an attempt to decrease the incidence and severity of the disease by clearing the airway. Both procedures have been proven fruitless when challenged through randomised control trials. Endotracheal intubation and suctioning are currently recommended only for non-vigorous infants.”


Evidence Level: I

Is therapeutic use of surfactant indicated if the baby has aspirated meconium?
A Cochrane review of 4 trials in 326 infants (El Shahed, 2007) found the risk of requiring extracorporeal membrane oxygenation was significantly reduced in a meta-analysis of two trials (n = 208); (typical RR 0.64, 95% CI 0.46 - 0.91; typical risk difference -0.17, 95% CI -0.30 to -0.04); NNT 6 (95% CI 3 - 25). One trial (n = 40) reported a statistically significant reduction in the length of hospital stay [mean difference - 8 days (95% CI -14 to -3 days)]. There were no statistically significant reductions in any other outcomes studied (duration of assisted ventilation, duration of supplemental oxygen, pneumothorax, pulmonary interstitial emphysema, air leaks, chronic lung disease, need for oxygen at discharge or intraventricular haemorrhage).


Evidence Level: I

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