

Child Injury Laws *Blog*

Birth Asphyxia: A Doctor's Delay, A Lifetime Of Medical Complications

By **Jonathan Rosenfeld** on July 01, 2011

Some of the most profound birth injury cases involve children who have been deprived of oxygen during the birthing process. A deminished oxygen supply for even a few minutes during the delivery process can result in a lifetime of complications for the child.

Fetal asphyxia (also known as **asphyxia neonatorum**, birth asphyxia, or newborn asphyxia) is when a newborn suffers from inadequate intake of oxygen (respiratory failure) during, before, or after birth.

Usually, an infant will start to breathe on its own without assistance after delivery. However, in some cases, the infant is unable to establish **sustained respiration**. Babies who are able to breathe normally will cry, move their arms and legs, and have good muscle tone, while babies suffering from **asphyxia neonatorum** will not move and are limp.

Inadequate oxygen supply to the brain can lead to brain damage or even death if it is not properly treated and managed. In 2002, asphyxia neonatorum was the **tenth** leading cause of infant mortality in the United States (14.4 deaths per 100,000 live births). There can be many **causes** of fetal asphyxia including:

- Prenatal hypoxia (reduced oxygen supply to tissue)
- Umbilical cord compression during birth
- Preterm or difficult delivery

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- Maternal anesthesia

High-risk pregnancy [conditions](#) include:

- Mother is younger than 16 years old or over 40 years old
- Maternal illnesses (hypertension, diabetes, severe anemia)
- Lack of prenatal care
- Abnormal fetal presentation or position
- Alcohol abuse/smoking by the mother
- Preterm labor

If you have any of the above risk conditions, your doctor should closely follow your pregnancy to catch any problems so they can be treated before causing serious problems. The mother should plan to give birth in a hospital with facilities to treat asphyxia.

If fetal asphyxia does occur, there are [treatment](#) options. The primary treatment method is resuscitation for the newborn in case it is not breathing well upon delivery. The doctor will first try stimulation; if that does not work, the doctor will clear the airway and provide oxygen with a face mask; then, if the newborn still isn't receiving adequate oxygen, the doctor will intubate the infant with an endotracheal tube.

In situations where there is a high risk of fetal asphyxia, the doctor might perform an emergency cesarean section in order to give the infant oxygen as soon as possible.

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The baby's [prognosis](#) depends on how long it was without adequate oxygen. The doctor can assess the baby's prognosis with the Apgar score, which considers the adequacy of respiration, heart function, reflexes,

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muscle tone, and skin color. A normal Apgar score is 7 to 10. A score between 4 and 6 reflects moderate depression of vital signs, and a score of 0 to 3 reflects serious depression of vital signs where the infant is at significant risk of death.

A baby with a low Apgar score five-minutes after birth is better off than a baby with a low Apgar score ten-minutes after birth. The longer the asphyxia lasts, the risk of brain, lung, heart, and kidney damage increases. And, if asphyxia lasts longer than ten-minutes, the chance of infant mortality significantly increases.

A [clinical trial](#) sponsored by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), looked at whether cerebral cooling applied within six-hours of birth and continued for 72-hours would reduce the risk of death and brain injury.

The study revealed that whole-body cooling with [cooling blankets](#) reduces the risk of death or moderate to severe disability in infants with hypoxic-ischemic encephalopathy (damage to the central nervous system (brain and spinal cord) from inadequate oxygen). Oxygen deprivation (hypoxia) is one factor that can cause Cerebral Palsy (a group of symptoms that affects the brain and nervous system functions as a result of brain injury or abnormal development). (See Child Injury Laws "[Cerebral Palsy](#)" and "[The Needs of Children with Cerebral Palsy Need Special Consideration for Their Optimal Functioning](#)") Birth asphyxia may also lead to intrauterine distress on [renal](#) functions (renal glomerular and tubular impairments). If you believe your child's injury is a result of [asphyxia neonatorum](#) where the doctors did not resuscitate the infant soon enough or provide adequate treatment, you may be entitled to compensation for you child's ongoing medical needs.

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