

# Infant CPR

*“How far back do you put the baby’s head?”*

Stephanie Rosenthal is a mother of two young children.

*“My kids are my life, my everything. If there is any chance that I can protect them, I’ll do whatever it takes.”*

Today, ‘doing whatever it takes’ means learning CPR, or Cardiopulmonary Resuscitation. Stephanie is taking a course in how to do CPR on infants.

*“I have never had to perform CPR. However, it is something that is so important, that God forbid I ever did have to, I want to know exactly what to do, whether it’s for my kids or anyone else’s kids.”*

*“Chances of survival are dramatically increased when people like yourselves start this.”*

Michael Russo is an EMT/Paramedic and certified CPR instructor. He says CPR should be done on an infant if he or she: Is unconscious; Is not breathing; or Has no pulse. Time is critical when an infant is not breathing because it takes only four minutes without oxygen for permanent brain damage to set in.

*“Every minute that goes by, is a 10% chance decline in the chance of survival. So, the main thing is, if you start this immediately, you increase those chances.”*

Here are the steps of infant CPR. Step one: Make sure you are in a safe area. Then, check the baby to see if he or she responds.

*“You shout out “Are you OK?” and tap the baby in a certain area. The most response you may get is the soles of the feet. Typically, we say “tap and shout.” So, you tap the baby’s feet: “Are you OK, baby?” “Baby, are you OK?”*

Step Two: If the baby does not respond, shout for help. Tell someone to call 911. If you are alone, do five cycles of CPR, then call 911, with the baby in your arms, and put the dispatcher on speaker phone, to talk you through what to do.

*“Next step you must look into is to see if the baby requires CPR.”*

That entails carefully placing the infant on his or her back.

*“Now the next step here is we look for breathing.”*

That means watching the baby’s chest, to see if it is rising and falling. But time is crucial: so, watch for movement for only five or ten seconds.

*“If you do not see chest rise, the baby is not breathing. Once you recognize no breathing, you immediately have to perform CPR.”*

Step five: Chest compressions. Place two fingers on the baby’s breastbone, just below an invisible line running between the nipples.

*“We push straight down. Now when you compress the chest, you want to make sure you compress it adequately. So, the most important aspect when you compress the baby’s chest, you feel a point of resistance. It’s about one third of the chest or about 1 1/2 inches.”*

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Step six: Two breaths.

*“So, you take your mouth, cover both the nose and mouth with your mouth. Make a seal. Tilt the head back slightly and give your two breaths. Enough to see that chest rise and fall. Beautiful. Excellent.”*

And, Step Seven: Repeat the cycle: 30 chest compressions, followed by two breaths.

*“And those are your major steps. It’s fairly simple. It’s very effective. And you can bring the baby back before even help arrives and obviously that’s the goal.”*

Still, just knowing the steps is not a substitute for taking a class with a professional instructor. The American Heart Association recommends that every parent and caregiver complete a CPR course. Stephanie Rosenthal is glad she did.

*“I as a mom, always want to know that I have the most information possible to protect my children. So, if I can take an extra course and I can learn how to protect them, I’m there, and I will know much better what to do.”*