Questionnaire

De	Demographic data (anonymous):				
•	Age:				
	Sex:	O female	O male		
•	Month/yea	ar of paramedic training	·		
•	• Additional medical training:				
	0	Senior paramedic (with	nout advanced emergency competence)		
	0	Senior paramedic (with	n advanced emergency competence)		
	0	Medical student			
	0	Nurse			
	0	Nurse assistant / midw	ife		
	0	Other (please specify):			
•	Have you	been involved in an out-	-of-hospital birth during your paramedic work?		
	0	Yes	O No		
•	•	resuscitated a neonate pressions) during your p	after birth (i.e. delivery of positive pressure ventilation and/or paramedic work?		
	0	Yes	O No		

Thank you for your participation in this survey!

The following questions refer to the recommendations by the European Resuscitation Council (ERC) 2015

For each question, only one answer is correct ("single choice"):

1)]	How many trained professionals should ideally be present at all home deliveries?
	0	At least one
	0	Two, one of whom must be fully trained and experienced in providing mask ventilation and
		chest compressions in the newborn
	0	Three, one of whom must be fully trained and experienced in providing mask ventilation and
		chest compressions in the newborn
	0	None
2)]	How should environment and equipment be prepared before delivery?
	0	Warm, well-lit, draught free area
	0	Well-lit area, open windows for delivery of fresh air
	0	Warm, well-lit area and open windows for delivery of fresh air
	0	Delivery of fresh air and, if possible, therapeutic hypothermia
3)]	If a birth takes place in a non-designated delivery area, what is the recommended
	1	minimum set of equipment?
	0	minimum set of equipment? A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for
	_	
	_	A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for
	0	A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for the newborn
	0	A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for the newborn Defibrillator
4)	0 0 0	A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for the newborn Defibrillator Ultrasound device
4)	0 0 0 0	A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for the newborn Defibrillator Ultrasound device Cardiotocography device for recording of fetal heart sounds and uterine contractions
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4)		A device for safe assisted lung aeration and subsequent ventilation of an appropriate size for the newborn Defibrillator Ultrasound device Cardiotocography device for recording of fetal heart sounds and uterine contractions In uncompromised neonates who do not require resuscitation after birth, when should the umbilical cord be clamped? Immediately After at least one minute

5)	Which room temperature is recommended for support of transition or resuscitation of neonates after birth?
	O 20 – 23 °C
	O 23 – 25 °C
	O 25 – 28 °C
	O More than 28 °C
6)	Which three parameters should be simultaneously assessed during initial neonatal
	assessment?
	O Breathing, heart rate, reflexes
	O Breathing, heart rate, muscle tone
	O Breathing, heart rate, skin color
	O Breathing, skin color, muscle tone
7)	What do neonates who breathe inadequately or present apneic, with normal or
	reduced (muscle) tone, and a heart rate of less than 100 min ⁻¹ require frequently?
	O Drying and covering with warm towels, no further interventions
	O Drying and covering with warm towels, mask inflation
	O Drying and covering with warm towels, mask inflation, and chest compressions
	O Drying and covering with warm towels, drug administration
8)	Which interventions are first needed in gasping or apneic neonates?
	O Chest compressions
	O Head tilt and delivery of ventilations
	O Opening the airway and delivery of five positive pressure inflations
	O Primary endotracheal intubation
9)	In which situation should the oropharynx be suctioned?
	O Always
	O Only if the airway is obstructed
	O Only the nasopharynx should be suctioned

O Only if cardiopulmonary resuscitation is required

10)]	How should the first five positive pressure inflations be delivered?
	0	Constant initial inflation pressure for 2–3 seconds
	0	Peak inspiratory pressure should be increased during the first five inflations
	0	Constant exspiration pressure for 2–3 seconds
	0	Maximum volume of the ventilation bag should be delivered
11)	,	Which intervention is required if the chest is not rising during positive pressure
	,	ventilation?
	0	Endotracheal intubation
	0	Auscultation for signs of pneumothorax
	0	Reposition the baby's head, 2-person airway control, consider airway alternative, repeat inflation breaths
	0	Assuring that the baby's head is tilt, repeat inflation breaths
12)	,	Which initial inspiratory oxygen concentration should be used in term infants?
	0	0%
	0	21 %
	0	79 %
	0	100 %
13)	_	At which time point should an oxygen saturation of 90% be reached?
	0	After one minute of life
	0	After three minutes of life
	0	After five minutes of life
	0	After ten minutes of life
14)	,	What has to be ensured before circulatory support may be effective?
	0	Room temperature of 25 – 28 °C
	0	Heart rate below 100 beats min ⁻¹
	0	Successful lung inflation

O Availability of a defibrillator

15)	n which situation should chest compressions be delivered?
C	During every resuscitation of a neonate
C	If no heart rate is detectable
	If the heart rate is less than 60 beats min ⁻¹ despite adequate ventilation
C	If ventilation is not sufficient
16)	Which compression-to-ventilation ratio is recommended for resuscitation of a
	eonate after birth?
C	3:1
	5:2
C	15:2
C	30:2
17)	at which frequency should chest compressions be delivered during resuscitation of
	neonate after birth?
C	90 min ⁻¹
C	100 min ⁻¹
C	120 min ⁻¹
C	160 min ⁻¹
18)	Which compression depth and technique are recommended for delivery of chest
,	ompressions during resuscitation of a neonate after birth?
C	Compression depth: one half of the anterior-posterior diameter of the chest; Technique: 2-
	finger-technique
C	Compression depth: one third of the anterior-posterior diameter of the chest; Technique: 2-
	thumbs-technique
C	Compression depth: one fourth of the anterior-posterior diameter of the chest; Technique: 2-
	thumbs-technique
C	Compression depth: one third of the anterior-posterior diameter of the chest; Technique: 2-
	finger-technique

19)	How often should the heart rate be re-checked during delivery of ventilation and
	chest compressions?

- O Every 30 seconds
- O Every minute
- O Every two minutes
- O Chest compressions should not be stopped for heart rate re-assessment

20) In which situation should the use of drugs be considered during resuscitation of a neonate after birth?

- O In every resuscitation of a neonate
- O If the heart rate remains less than 60 beats min⁻¹ despite adequate ventilation and chest compressions
- O If the heart rate remains less than 100 beats min⁻¹ despite adequate ventilation and chest compressions
- O In case an emergency physician arrives