

APGAR SCORE

In 1952, Virginia Apgar, M.D. devised a new method to quickly and summarily assess the health of the newborn immediately after birth. She selected five objective signs pertaining to the condition of the infant at birth that could be evaluated and taught to the delivery room personnel without any difficulty. These signs were heart rate, respiratory effort, reflex irritability, muscle tone, and color. Sixty seconds after the complete birth of the baby, a rating of zero, one or two are given to each depending upon whether it was absent or present. The resulting APGAR score ranges from zero to ten.

The five criteria of the APGAR score are:

	Score of 0	Score of 1	Score of 2
Skin Color / Complexion (Appearance)	Blue all over	Blue at extremities and body pink (acrocyanosis)	No cyanosis body and extremities pink
Pulse Rate (Pulse)	No heartbeat	Less than 100 beats per minute	Greater than 100 beats per minute
Reflex Irritability (Grimace)	No response to stimulation	Grimace - feeble cry when stimulated	Sneezes/loud cry when stimulated
Muscle Tone (Activity)	None	Some flexion is present	Active movement is present
Breathing (Respiration)	No respiration	Weak or irregular respiratory movement	Strong respiratory movement

The APGAR test is generally performed at one and five minutes after birth. It may be repeated later if the score was low to begin with and remains low. Any score lower than 8 indicate the child needs assistance. Scores below 5 indicate that the infant needs immediate assistance in adjusting to his or her new environment. However, a child who has a low score at 1 minute and a normal score at 5 minutes should not have any long-term problems. A score of 8 or 9 is normal and indicates the newborn is in good condition

The U.S. standard certificate of live birth, 1989 revision, recorded APGAR score at 1 minute and 5 minutes whereas 2003 revision records score at 5 minutes after birth and if the score is less than 6, a second score at 10 minutes after birth.

APGAR score is a subjective test and researchers should be cautious when using APGAR score to predict the prognosis of an infant after birth.

Reference: <http://www.nlm.nih.gov/medlineplus/ency/article/003402.htm>