

## Laryngeal Masks - Key Practice Implications for Instructors

### 1. Teach laryngeal masks as a proactive option — not just a rescue device.

In the 9th Edition, the laryngeal mask is no longer positioned only as a backup to failed mask ventilation or intubation. In infants  $\geq 34+0$  weeks' gestation, instructors should teach that the laryngeal mask may be considered early to achieve effective ventilation.

### 2. Reinforce that effective ventilation remains the priority.

The goal is rapid establishment of effective ventilation. The choice of device (mask, laryngeal mask) should be guided by which method will achieve effective chest movement and heart rate response most efficiently in the hands of the provider.

### 3. Emphasize gestational age and weight limits.

Current evidence supports use in infants  $\geq 34+0$  weeks' gestation. Most manufacturers recommend a lower weight limit of 2 kg. Smaller devices exist, but evidence is insufficient to define a safe lower threshold. Instructors should ensure learners understand these limitations.

### 4. Integrate laryngeal mask skill practice intentionally in simulation.

Learners should have deliberate hands-on practice with laryngeal mask insertion, confirmation of ventilation effectiveness, and troubleshooting. Simulation scenarios should include opportunities to:

- Transition from mask to laryngeal mask when ventilation is ineffective
- Select laryngeal mask early in appropriate infants
- Assess heart rate response following insertion
- Assessing and troubleshooting laryngeal mask seal and ventilation effectiveness

### 5. Address team communication and decision-making.

Instructors should encourage clear verbalization when escalating from mask to laryngeal mask (e.g., "Mask ventilation ineffective, preparing laryngeal mask"). Emphasize that early help-seeking and device escalation reflect good clinical judgment, not failure.

### 6. Clarify what has not changed.

- Face mask ventilation remains the most common initial approach
- Endotracheal intubation remains necessary in certain situations (e.g. suctioning and delivery of intratracheal epinephrine)
- Laryngeal mask does not replace intubation in all scenarios

### 7. Model cognitive flexibility.

This update represents an evolution in practice based on evidence. Instructors should frame the change as part of ongoing quality improvement in neonatal resuscitation, prioritizing effective ventilation.