



APGAR SCORES

Apgar scores measure the need to resuscitate an infant immediately after birth. This scoring system was first coined by Virginia Apgar in 1952. Since that time it has become a common scoring system used during delivery.

Apgar scores are divided into 5 categories. These include heart rate, respirations, muscle tone, reflexes, and color. Zero to 2 points are scored in each category. Therefore, an infant may score anywhere from 0 to 10 overall. Apgar scores are awarded at 1 and 5 minutes after delivery. If the 5-minute Apgar score is 6 or less, the infant will receive a 10-minute Apgar score as well. Apgar scores are poor indicators of neonatal outcome. They do help determine the effectiveness of resuscitative efforts. Specifically, the 1-minute Apgar score are only a gauge to determine whether immediate support is needed. Low scores (0 to 3) for the 5 and 10 minute intervals, however, have correlated with a slightly increased risk of cerebral palsy.

Apgar scores alone are poor indicators of long-term outcomes for an infant who experiences hypoxia (lack of oxygenation) at birth. Multiple factors must be used to make these assessments.

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