What is an APGAR Score

Introduction

There may be time when a parent of a student in your class is pregnant and may need some information on procedures they will experience. While not a doctor, and not giving medical advice, you can provide them with the knowledge of an APGAR score which they can discuss with their doctor. Many times parents may be aware of such a rating scale but may not possess the knowledge of what it means. This **Parent Teacher Conference Handout** will provide that information.

The very first test given to a newborn, the Apgar score occurs right after your baby's birth in the delivery or birthing room. The test was designed to quickly evaluate a newborn's physical condition after delivery and to determine any immediate need for extra medical or emergency care.

Although the Apgar score was developed in 1952 by an anesthesiologist named Virginia Apgar, you may have also heard it referred to as an acronym for: **A**ctivity, **P**ulse, **G**rimace, **A**ppearance, and **R**espiration.

The Apgar test is usually given to your baby twice: once at 1 minute after birth, and again at 5 minutes after birth. Rarely, if there are concerns about the baby's condition and the first two scores are low, the test may be scored for a third time at 10 minutes after birth.

Five factors are used to evaluate the baby's condition and each factor is scored on a scale of 0 to 2, with 2 being the best score:

1. activity and muscle tone
2. pulse (heart rate)
3. grimace response (medically known as "reflex irritability")
4. appearance (skin coloration)
5. respiration (breathing rate and effort)

Doctors, midwives, or nurses add these five factors together to calculate the Apgar score. Scores obtainable are between 10 and 0, with 10 being the highest possible score.

Apgar Scoring

Apgar Sign	2	1	0
Heart Rate (pulse)	Normal (above 100 beats per minute)	Below 100 beats per minute	Absent (no pulse)
Breathing (rate and effort)	Normal rate and effort, good cry	Slow or irregular breathing, weak cry	Absent (no breathing)
Grimace (responsiveness or "reflex irritability")	Pulls away, sneezes, or coughs with stimulation	Facial movement only (grimace) with stimulation	Absent (no response to stimulation)
Activity (muscle tone)	Active, spontaneous movement	Arms and legs flexed with little movement	No movement, "floppy" tone
Appearance (skin coloration)	Normal color all over (hands and feet are pink)	Normal color (but hands and feet are bluish)	Bluish-gray or pale all over

A baby who scores a 7 or above on the test at 1 minute after birth is generally considered in good health. However, a lower score doesn't necessarily mean that your baby is unhealthy or abnormal. But it may mean that your baby simply needs some special immediate care, such as suctioning of the airways or oxygen to help him or her breathe, after which your baby may improve.

At 5 minutes after birth, the Apgar score is recalculated, and if your baby's score hasn't improved to 7 or greater, or there are other concerns, the doctors and nurses may continue any necessary medical care and will closely monitor your baby. Some babies are born with heart or lung conditions or other problems that require extra medical care; others just take a little longer than usual to adjust to life outside the womb. Most newborns with initial Apgar scores of less than 7 will eventually do just fine.

It's important for new parents to keep their baby's Apgar score in perspective. The test was designed to help health care providers assess a newborn's overall physical condition so that they could quickly determine whether the baby needed immediate medical care. It was **not** designed to predict a baby's long-term health, behavior, intellectual status, or outcome. Few babies score a perfect 10, and perfectly healthy babies sometimes have a lower-than-usual score, especially in the first few minutes after birth.

Keep in mind that a slightly low Apgar score (especially at 1 minute) is normal for some newborns, especially those born after a high-risk pregnancy, cesarean section, or a complicated labor and delivery. Lower Apgar scores are also seen in premature babies, who usually have less muscle tone than full-term newborns and who, in many cases, will require extra monitoring and breathing assistance because of their immature lungs.

If your doctor or midwife is concerned about your baby's score, he or she will let you know and will explain how your baby is doing, what might be causing problems, if any, and what care is being given. For the most part, though, most babies do very well, so relax and enjoy the moment!

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