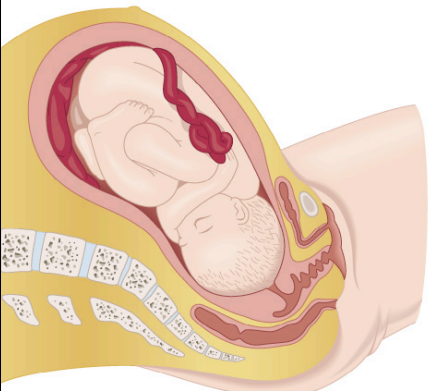


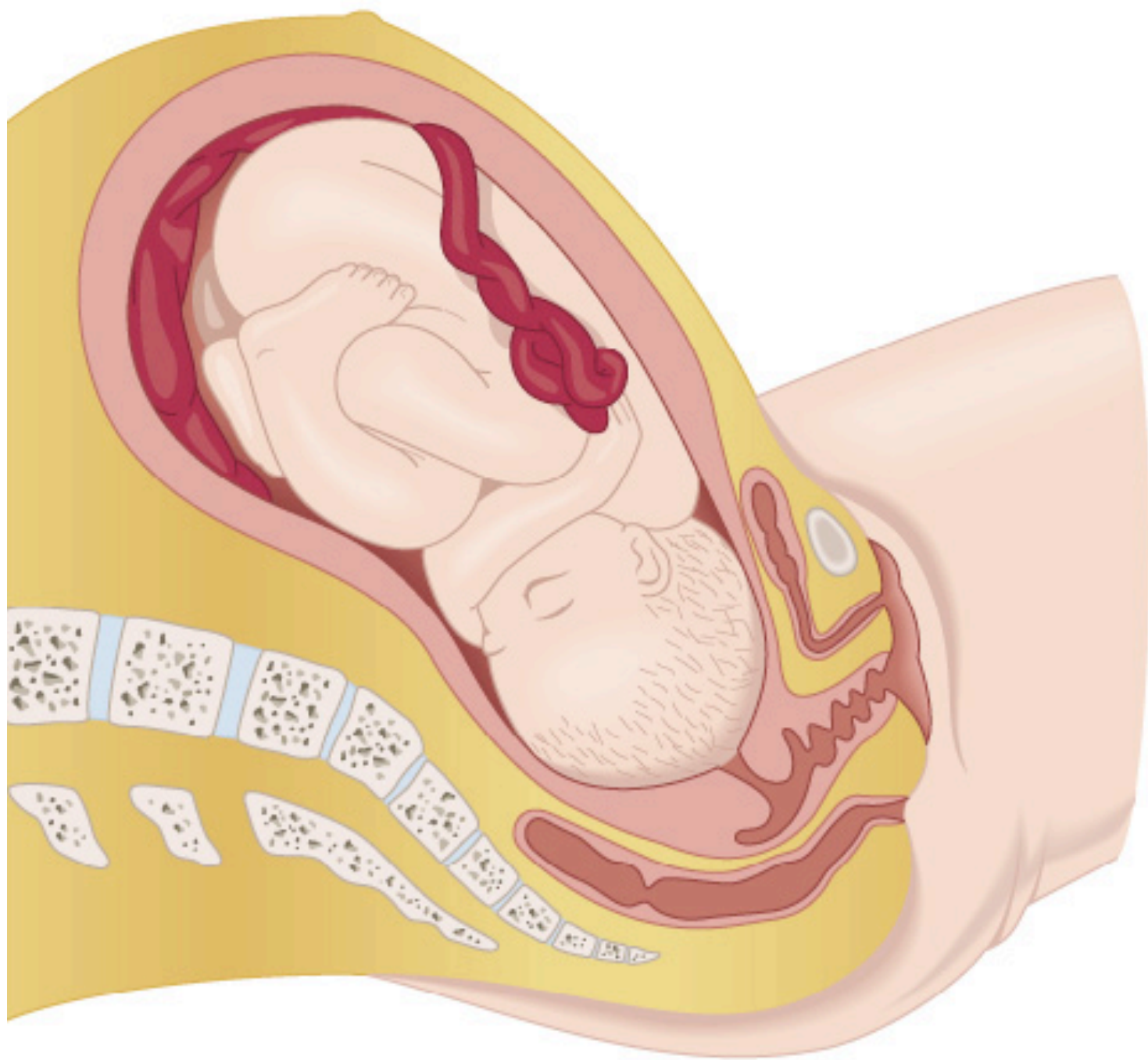
# Uncomplicated Childbirth

Scott R Snyder

# Childbirth

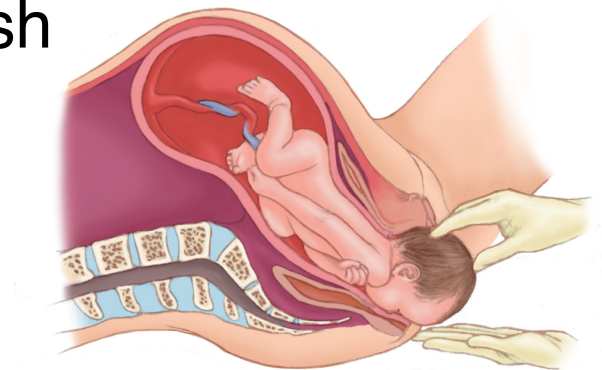
- Three stages of labor
  - First stage
    - From onset of contractions to complete cervical dilation
    - Contractions begin as mildly uncomfortable and increase in frequency and intensity

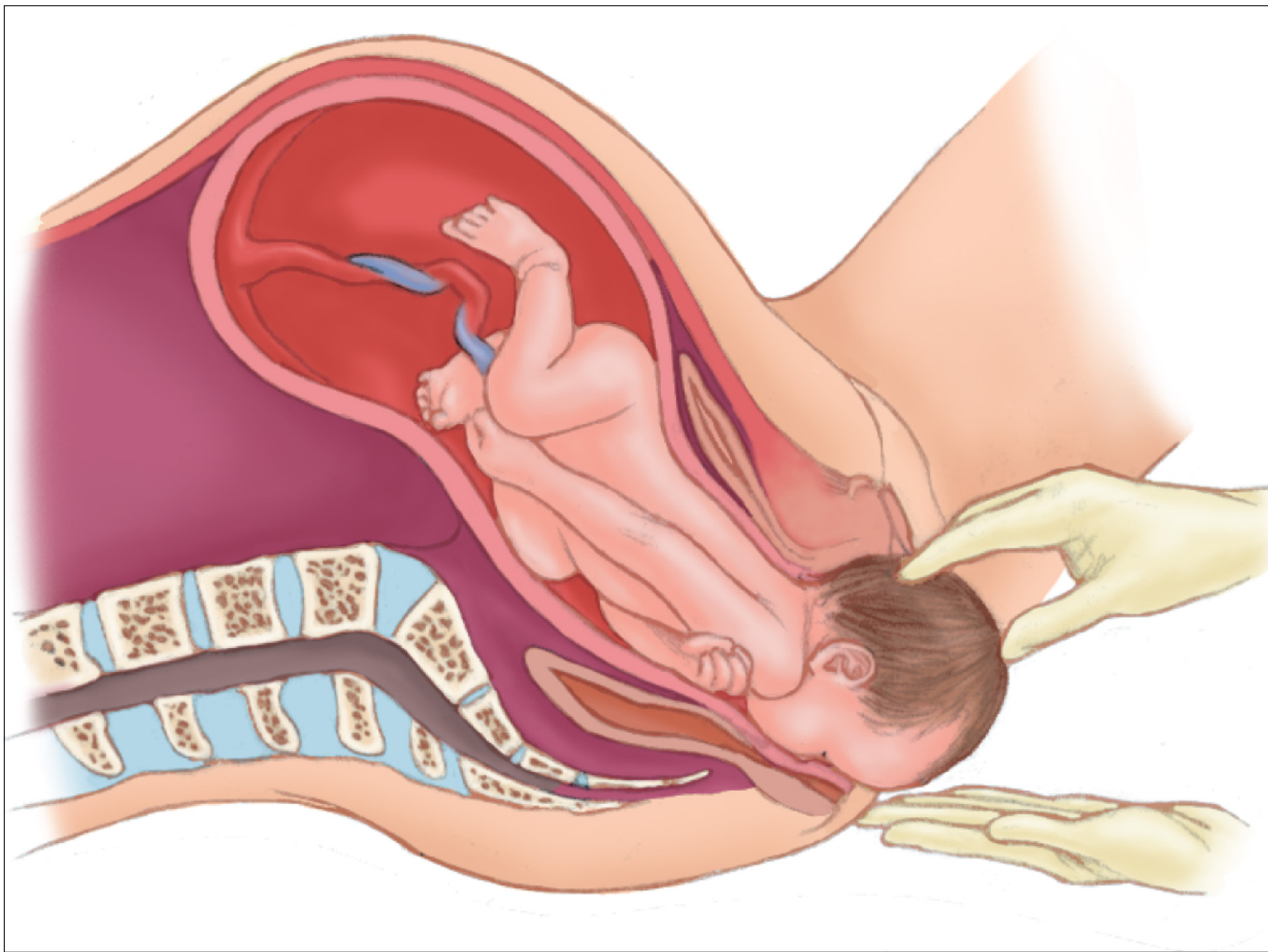




# Childbirth

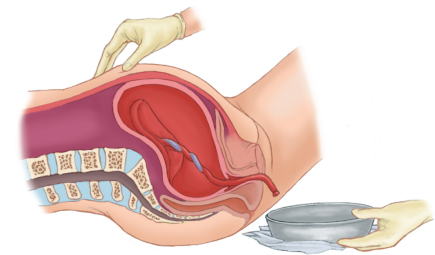
- Three stages of labor
  - Second stage
    - From full dilation of the cervix through delivery of the newborn
    - The mother feels pressure that may be confused with a need to move the bowels and may feel the urge to push



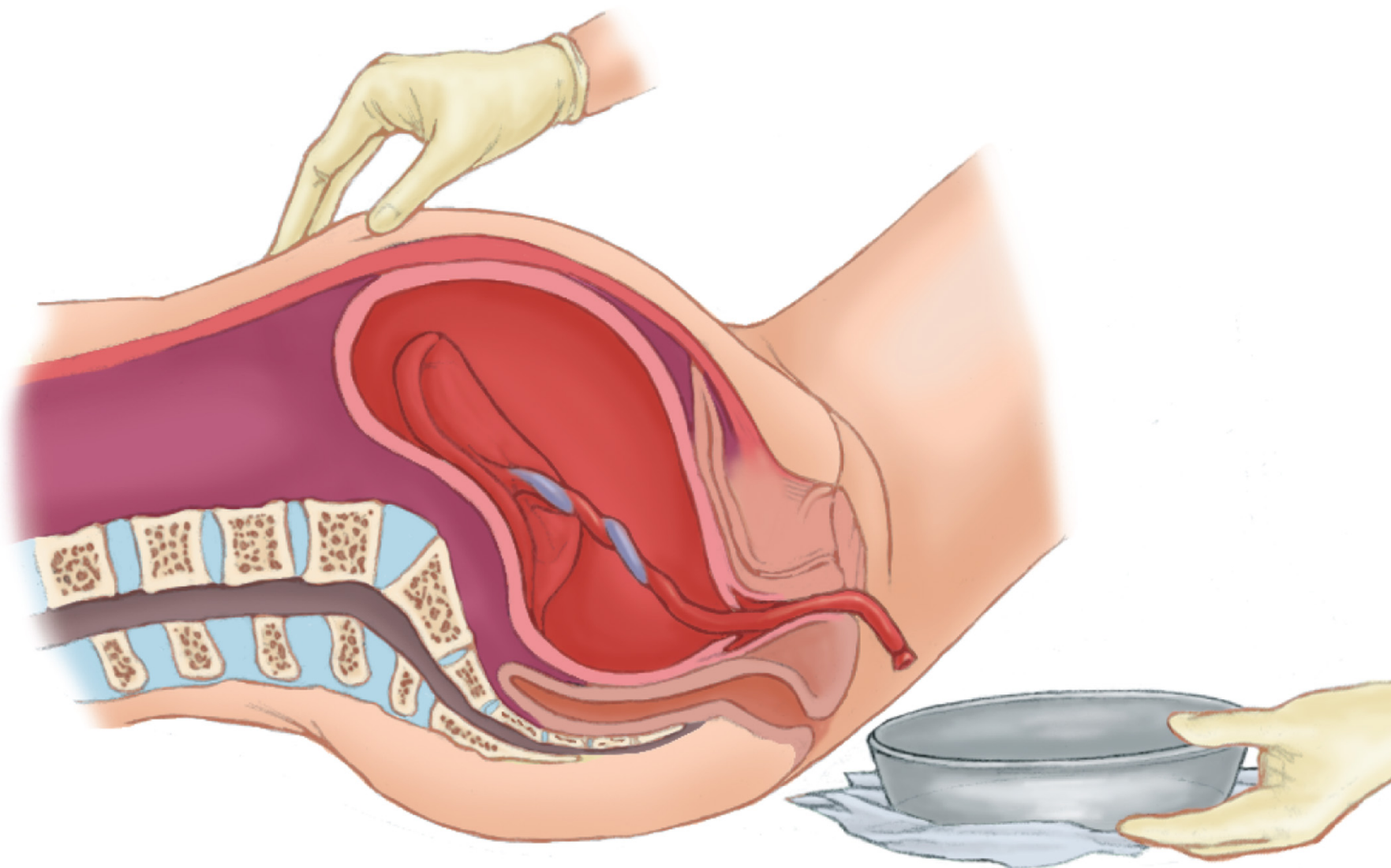


# Childbirth

- Three stages of labor
  - Third stage
    - After the baby is delivered, contractions begin again
    - The placenta is delivered at the end of the third stage of labor
    - May take 10 to 15 minutes but should not delay transport







# Stay or Go?

- Deciding to stay on the scene or transport
  - Labor in first pregnancies usually progresses slowly, but in subsequent pregnancies, labor may progress more quickly
  - The best place for delivery is the hospital
  - But it is better to deliver at the scene than in the back of the ambulance



# Stay or Go?

- Deciding to stay on the scene or transport
  - Are there known complications that cannot be managed in the field?
  - Is crowning present?
  - Does the mother have an urge to move her bowels or push?

# Stay or Go?

- Deciding to stay on the scene or transport
  - What is the frequency and intensity of contractions?
  - How many times has the mother given birth?
  - Did the water break?

# Childbirth

- Assessing a patient in labor
  - Predicting the need for neonatal resuscitation
    - Premature birth
    - Lack of prenatal care
    - Multiple births (twins, triplets, etc.)
    - Known complications of the pregnancy
    - Trauma

# Childbirth

- Preparing for delivery
  - PPE includes gloves, face protection, and a gown
  - Position the mother on her back with knees up and apart
  - Open the OB kit and prepare a clean field for delivery

# Childbirth



The contents of a typical field obstetrics (OB) kit.

# Childbirth

- Preparing for delivery
  - Have a bag-mask device of appropriate size available
  - Have a way to keep the neonate warm
    - Blankets
    - Towels
    - Ambient temperature
  - Provide emotional support to the patient and family members

# Childbirth

- Delivery
  - Take the preparations described if time allows
  - If delivery is imminent, don't worry about preparations... assist with the delivery!





# Childbirth

- Delivery
  - Place your hand gently over the infant's head
  - Apply very gentle pressure to prevent explosive delivery
  - Avoid pressure on the fontanel





# Childbirth

- Delivery
  - See if the cord is wrapped around the neck
    - If the cord can be slipped over the baby's head, do so
    - If the cord is too tightly wrapped clamp the cord in two places; cut between the clamps





# Childbirth

- Delivery
  - Direct the baby downward to facilitate delivery of the anterior (top) shoulder.
  - The shoulders and body are delivered more quickly than the head
  - Hold the baby carefully; he will be slippery







# Childbirth

- Delivery
  - Most babies do not require suctioning
  - Assess the newborn:
    - Term gestation?
    - Crying or breathing?
    - Good muscle tone?
      - Answer to all 3 is “yes” = yey!
      - Answer to 1 = “no” = boo!



# Childbirth

- Delivery
  - Document the time of birth
  - Keep the baby dry and warm
  - Cover the head
  - If possible, have one crew member care for the baby and another care for the mother
  - Monitor both patients

# Childbirth

- Delivery
  - Cutting the umbilical cord
    - Usually a low priority
    - Make sure the newborn has begun to breathe on his own before clamping and cutting the cord
    - Wait at least one minute after birth

*continued on next slide*





# Childbirth

- Delivery
  - Cutting the umbilical cord
    - Ensure that the cord is no longer pulsating
    - Use sterile clamps or umbilical tape
    - Place one clamp six inches from the baby
    - Place a second clamp two inches further away from the baby
    - Cut between the clamps

*continued on next slide*







# Childbirth

- Delivery
  - Cutting the umbilical cord
    - Do not unclamp the cord after cutting
    - A small spurt of blood may accompany cutting the cord, but there should be no active bleeding

*continued on next slide*

# Childbirth

- Delivery
  - Cutting the umbilical cord
    - If there is bleeding, place another clamp on the cord near the first
    - An infant may bleed to death from what appears to be only a small amount of blood loss

# Childbirth

- Delivery
  - Monitor both patients
  - Transport
  - If possible, allow the mother to hold the infant and if she agrees, encourage her to breastfeed the baby



# Childbirth

- Delivery
  - Monitor for delivery of the placenta
  - If the placenta delivers, wrap it in the plastic bag provided in the OB kit
  - Place a sterile pad over the perineum and lower the mother's legs



