

## Appendix: 23

## PROTOCOL TITLE: Childbirth Procedure

REVISED: November 1, 2017

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**INDICATIONS:** Active labor with crowning confirmed by visual inspection.**PROCEDURE:**

1. Delivery should be controlled so as to allow a slow, controlled delivery of the infant. This will prevent injury to the mother and infant.
2. Consider additional resources as there will be two potential patients.
3. Don mask, gloves, gown, eye protection.
4. Create a clean field around the vaginal opening with clean towels.
5. Prepare for delivery:
  - Have the mother lie in a modified semi-Fowler's or Trendelenburg position (knees drawn up and spread apart)
  - Elevate buttocks – with blankets or pillows.
  - The floor is actually recommended over bed for delivery
  - If an alternate position is preferred, then attempt to accommodate the mother
6. Support the infant's head as it delivers. Apply gentle palmar counter-pressure to the head to prevent an explosive delivery.
7. If the umbilical cord is around the neck, attempt to slip it over the head. If unable to free cord from the neck, double clamp the cord (about 2 inches apart) and cut between the clamps.
8. Suction the airway (mouth and nostrils) with a bulb syringe after the head has delivered.
9. While continuing to support the head, gently lower the head to encourage delivery of the anterior shoulder.
10. Once the anterior (upper) shoulder delivers gently lift the head and anterior shoulder to allow delivery of the posterior shoulder.
11. Support the infant's body while delivering the remainder of the body. Keep the body at the level of or below the vagina so prevent loss of blood back to the placenta.
12. Clamp the cord at 6 inches and 9 inches from the neonate's abdomen and cut the cord between the clamps. 2015 guidelines suggest delayed cord clamping after 30 seconds is reasonable for both term and preterm infants who do not require resuscitation at birth. Those who require resuscitation should have their cord clamped and cut immediately to facilitate resuscitation
13. Follow the **General Newborn Care** protocol for further treatment.
14. **Maternal post-partum care:**
  - Allow baby to suckle at mother's breast if possible.
  - Expect blood loss of up to 350- 500 ml with normal deliveries
  - Do not pull on the umbilical cord to facilitate delivery of the placenta
  - Do not delay transport awaiting the delivery of the placenta.
  - Following its delivery, place in a plastic bag and transport with mother
  - Apply direct pressure via pressure dressings to tears of the perineum

**Fundal Massage:** If the uterus has not contracted following delivery, provide firm but gentle uterine massage

- Place one hand directly above pubis symphysis and the other at the fundus (top) of the uterus (Anterior /Posterior Technique
- Cup the uterus between the two hands and massage until complete contraction occurs.
- Complete contraction has occurred when the uterus has assumed a woody hardness and has compressed to the size of a grapefruit

15. For post-partum hemorrhage in excess of 350 to 500 cc, refer to the **OB Emergencies** protocol.

16. Expedite transport following delivery of fetus. Do not delay transport for delivery of the placenta.

17. The placenta will deliver spontaneously, usually within 5-25 minutes of the infant. Do not force the placenta to deliver or pull on the umbilical cord.

### COMPLICATED DELIVERIES

- Code 3 transports to the closest appropriate (surgical capabilities) for ANY of the following complications

**Prolapsed Cord:** Condition where the cord presents through the birth canal before delivery of the head; presents a serious medical emergency which endangers the life of the unborn fetus.

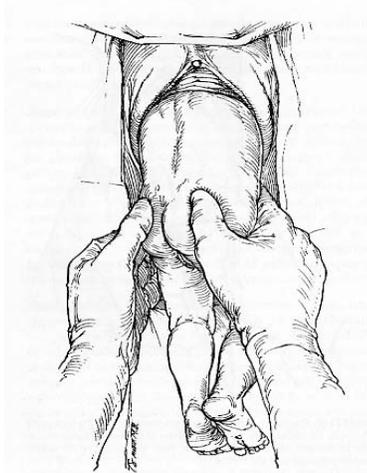
- Place mother in knee-chest position
- Check cord for pulsation and rate
- Apply gentle pressure to presenting part and relieve pressure on the cord. Insert two fingers of gloved hand into vagina to raise the presenting part off the umbilical cord.
- Recheck cord for pulsation and rate. Keep cord moist and warm
- Administer high flow oxygen
- Rapid transport in this position with rapid notification of receiving facility

**Cephalopelvic Disproportion:** A condition where the babies head/body will not progress through the pelvis during delivery. Causes include large fetus, small or abnormally shaped pelvis, overdue deliveries and abnormal fetal positions.

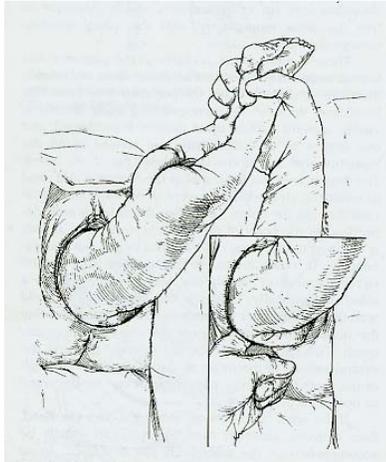
- Immediate treatment is caesarian section
- Reposition the patient. Sometimes this will resolve the problem
- Press firmly on the Pubic Symphysis. This may open the birth canal further to allow passage of the head
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- Rapid transport and notification of receiving facility

**Breech/Limb Presentation:** Breech presentation occurs when the buttocks or lower extremity are low in the uterus and will be the first part of the fetus delivered.

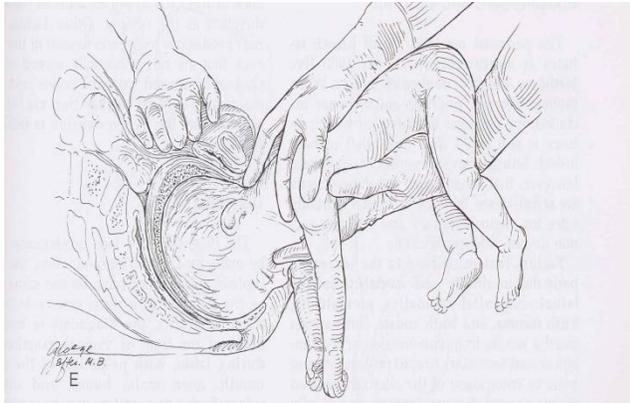
- Place mother in delivery position, elevate pelvis with pillows (Modified Trendelenburg)
- Administer high flow oxygen to mother
- See instructions/diagrams on following page
- Support the spontaneously presenting part until the back/umbilicus appear
- When providing traction, grasp the iliac wings, don't pull on the legs, or apply pressure to the soft lower back
- If possible, extract a 4-6 inch loop of umbilical cord for slack
- Continue light downward traction until shoulder blades or arm pits appear
- If head delivery is delayed, insert two fingers on each side of the infant's nose to help maintain baby's airway



- Guide neonate up to deliver posterior shoulder first
- Splint humerus to side of neonate's body and try to sweep arm out of birth canal
- Now guide neonate down to deliver anterior shoulder.



- Have assistant provide gentle downward pressure on the uterus to help facilitate flexion of the head.
- Putting fingers around the mouth during delivery may prevent chin from hanging up.
- Gently swing the body upward to help permit delivery.
- Never try to pull the baby's head out during breech delivery
- If the head fails to deliver within 3 minutes, create a "V" with the fingers on either side of the nose to create an airway → Oxygen, IV, Monitor, Trendelenburg, Rapid transport.



CHILDBIRTH PROCEDURE