Childbirth

REFRESHER

RECOGNIZE IT

- Rapid assessment and management of a pregnant individual in labor, especially when delivery is imminent and hospital transfer is not possible or practical
- Imminent delivery: strong urge to push or defecate
- Imminent delivery: intense contractions at regular intervals, 2 minutes apart or less
- Imminent delivery: bulging perineum; crowning of the fetal head
- Contraindications to childbirth (deliver/transport decisions on original): prolapsed cord, single limb presentation, placenta previa

ASSESS

- Pre-delivery: due date; when contractions started and how often; rupture of membranes; time/amount of vaginal bleeding
- Pre-delivery: sensation of fetal activity; past medical and delivery history; medications; gravida/para status; high-risk pregnancy
- Stage 1: regular contractions until the cervix is fully dilated (10 cm)
- Stage 2: fully dilated at 10 cm until delivery of the fetus
- Stage 3: after delivery of the infant until delivery of the placenta (usually within 9 minutes)
- Post-delivery assessment on original: placental delivery, after care, postpartum hemorrhage, neonatal assessment

ACT — FIRST MOVES

1. All mothers get Pitocin following childbirth
2. Delayed cord clamping until the cord stops pulsating; put the baby to breast to help balance hormones
3. Postpartum hemorrhage (>500 mL blood loss and/or mother showing signs of shock): massage the fundus, rapidly infuse IV fluids, treat for shock, give Pitocin, consider TXA with Medical Control orders, notify Medical Control
4. Prolapsed cord: insert two fingers in the vagina to raise the presenting part off the cord, check cord pulsations, mother in left lateral position with the bottom of the cot elevated — continue throughout transport; do not push the cord back; contact Medical Control
5. Breech: if the body delivers, place two fingers in a 'V' on each side of the baby's nose to create an airway; rapid transport indicated
6. Shoulder dystocia (head presents but does not progress): McRoberts — mother flat on her back, 2 assistants hold each leg pushing hips to 135 degrees, suprapubic pressure to turn the shoulder; if no progress, rapid transport for C-section
7. Single limb presentation: rapid transport; monitor the limb and support as needed; mother left lateral with the bottom of the cot elevated, pillows between her legs to protect the presenting limb

PEARLS

- TXA is given for excessive bleeding
- Every complication on this page ends the same way: rapid transport and Medical Control contact

Take Home Message:

Crowning, bulging perineum, contractions two minutes apart — delivery is imminent; Pitocin after, and every complication means rapid transport.