Emergency Childbirth
“The Unexpected Delivery”
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Providence Sacred Heart Medical Center

What is Precipitous?

• Precipitous Labor:
  -3 Hours or < from onset of labor to delivery

• Precipitous Delivery:
  – Delivery of infant anywhere unintended or without a Provider
### Stages of Labor

- **1st Stage**
  - Pre-Labor
  - Phase 1 - Early Labor
  - Phase 2 - Active Labor
  - Phase 3 – Transition

- **2nd Stage - Pushing**

- **3rd Stage - Birth**

### Stages of Labor

<table>
<thead>
<tr>
<th>Stage</th>
<th>Occurrences</th>
<th>Time prima gravida</th>
<th>Time multi gravida</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Onset of regular contractions to full (10cm) dilatation &amp; effacement</td>
<td>16 – 18 hours</td>
<td>7 – 12 hours</td>
</tr>
<tr>
<td>2nd</td>
<td>Full dilatation &amp; effacement of the cervix to delivery of fetus</td>
<td>1 hr. (up to 2)</td>
<td>20 min.</td>
</tr>
<tr>
<td>3rd</td>
<td>Delivery of the fetus to delivery of the placenta</td>
<td>3-4 min (up to 45)</td>
<td>4-5 min.</td>
</tr>
</tbody>
</table>
First Stage Labor – Phase 1: Early Labor

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>What You May Feel</th>
<th>Helping Yourself</th>
<th>Coach’s Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration: ranges from 2 hrs to days.</td>
<td>Bubbly, excited. A little stage fright.</td>
<td>Enjoy this! You know your cues. Normal light activity, plenty of rest.</td>
<td>This phase is usually spent at home &amp; you will need to be in close contact in case she needs you.</td>
</tr>
<tr>
<td>Birthing Progress: Cervix dilates to 4 cm.</td>
<td>Wish to tell the world.</td>
<td>Relax &amp; breathe thru contraction. Use good position.</td>
<td>Extra rest for you too.</td>
</tr>
<tr>
<td>Contractions: Last 30-60 sec; are 5-15 min. apart, &amp; are mild but definite; progressively longer, stronger, closer together.</td>
<td>Gradually less sociable, more serious, beginning to realize it’s work.</td>
<td>Call the L&amp;D unit.</td>
<td>Call sitter for older children to say contractions have started.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clear liquids, if allowed. Light small snacks.</td>
<td>Check for relaxation.</td>
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<td></td>
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<td></td>
<td>Start coaching breathing exercises just for practice.</td>
</tr>
</tbody>
</table>

First Stage Labor – Phase 2: Active Labor

<table>
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<tr>
<th>Characteristics</th>
<th>What You May Feel</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Duration: 4-8 hrs.</td>
<td>Working very hard. Serious, need to concentrate.</td>
<td>Focal point away from traffic pattern in room.</td>
<td>Time contractions. Talk her thru them.</td>
</tr>
<tr>
<td>Birthing Progress: Cervix dilates from 4 to 8 cm.</td>
<td>Intense pressure with contractions.</td>
<td>Switch to focused breathing.</td>
<td>Check for relaxation &amp; help her to relax.</td>
</tr>
<tr>
<td>Contractions: Last 45-75 sec. &amp; are 3-5 min. apart; quite strong, peak more quickly.</td>
<td>Vaginal bleeding. Backache may intensify or vanish.</td>
<td>Change position.</td>
<td>Help her change positions often.</td>
</tr>
<tr>
<td></td>
<td>Very self-centered.</td>
<td>Walk or shower if possible.</td>
<td>Tell nurses if she has urge to push.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Try squatting or sitting on exercise ball.</td>
<td>Massage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Encourage often!</td>
</tr>
</tbody>
</table>
### First Stage Labor – Phase 3: Transition

<table>
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<tr>
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<th>Coach’s Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Duration: 15 min to 1½ hours.</td>
<td>• Confused, irritable, not wanting to be touched, afraid of losing control.</td>
<td>• Switch to transition breathing pattern; take each contraction at a time.</td>
<td>• Be firm in coaching, never mind her mood. She’ll thank you later.</td>
</tr>
<tr>
<td>• Birthing Progress: Cervix dilates 7-8 to 10 cm.</td>
<td>• Increased rectal pressure.</td>
<td>• DON’T push! Pant or blow till urge has passed.</td>
<td>• Put your face about 10 inches in front of her face &amp; do breathing exercise if she is having difficulty in maintaining control &amp; breathing.</td>
</tr>
<tr>
<td>• Contractions: 60-90 sec. long, 2-3 min. apart. Very strong, tremendous pressure, may have more than one peak.</td>
<td>• More vaginal discharge caused by descent of baby.</td>
<td>• Concentrate on relaxing, especially between contractions.</td>
<td>• Coach her to pant or blow if she starts to push &amp; call nurse.</td>
</tr>
<tr>
<td></td>
<td>• Increased backache as baby descends.</td>
<td>• Try to keep breathing slow – no hyperventilating.</td>
<td>• Cold cloth for face, lips, &amp; mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PRAISE!</td>
</tr>
</tbody>
</table>

### Second Stage Labor - Pushing

<table>
<thead>
<tr>
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<th>What You May Feel</th>
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<th>Coach’s Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Duration: Varies greatly – 2 pushes to 2 hrs.</td>
<td>• Urge to push varies, usually strong.</td>
<td>• Two cleansing breaths, long sustained pushes, &amp; rest between contractions.</td>
<td>• Remind her of cleansing breaths at beginning &amp; end of each contraction.</td>
</tr>
<tr>
<td>• Birthing Progress: Pushing the baby down the birth canal &amp; out into the world.</td>
<td>• Great relief to push.</td>
<td>• Listen closely to coaching from team.</td>
<td>• Let her rest/sleep between contractions.</td>
</tr>
<tr>
<td></td>
<td>• May feel uncertain at first but you soon get into it.</td>
<td></td>
<td>• Give ice chips between pushes.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Coach firmly.</td>
</tr>
</tbody>
</table>
### Second Stage Labor – Pushing cont.

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<th>Coach’s Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contraction: Last 60-90 sec. &amp; 2-5 min. apart, peek more slowly than transition contractions, may have more rest between.</td>
<td>• Alertness returns, new burst of energy.</td>
<td>• Pushing harder may help you to cope with pain.</td>
<td>• Remind her to “Relax her bottom”.</td>
</tr>
<tr>
<td></td>
<td>• Back pain may vanish or return.</td>
<td>• Release perineum as completely as you can and think “Open, baby out!”</td>
<td>• Support head &amp; shoulders to watch baby emerge.</td>
</tr>
<tr>
<td></td>
<td>• Great pressure in rectum. Stretching, stinging sensation around vagina as crowning approaches; numb for birth of baby.</td>
<td>• Lie back &amp; pant or blow for birth of baby’s head.</td>
<td>• Look to see WHO’S HERE!</td>
</tr>
<tr>
<td></td>
<td>• Actual feel of baby emerging is warm &amp; pleasant relief!</td>
<td>• Push as directed for baby’s shoulders.</td>
<td>• Get the camera out &amp; ready for first shot of new baby.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Get ready to hold your new baby.</td>
<td>• Welcome your baby into the world!</td>
</tr>
</tbody>
</table>

### Third Stage Labor
(includes time from baby’s birth to expulsion of the afterbirth)

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<th>Coach’s Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Duration: up to 30 min.</td>
<td>• May or may not notice contractions.</td>
<td>• Respond to coaching.</td>
<td>• Reinforce instructions.</td>
</tr>
<tr>
<td>• Birthing Progress: Afterbirth comes out (placenta, membrane, cord)</td>
<td>• Chilled, shivery, impatient.</td>
<td>• Nursing baby stimulates your uterus to contract.</td>
<td>• Enjoy watching or holding your baby.</td>
</tr>
<tr>
<td>• Contractions: Few mild ones.</td>
<td>• Overwhelmed &amp; overjoyed!</td>
<td>• Concentrate on your baby.</td>
<td>• Stay near until she is ready to rest.</td>
</tr>
</tbody>
</table>

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Normal Vaginal Delivery

WARNING:
These are real photos and what you may see upon arrival....
Crowning

• What do you need now?
  – Gloves/Eye Protection/Gown
  – Blankets
  – Scissors
  – Bulb Suction
  – Hemostats/Something to Clamp Cord
  – O2 if available
During Crowning

• Support Perineum

• Have Mom Pant Through Contraction

• Discourage Pushing
  – May cause perineum tearing
  – May decrease cord compression if infant with a Nuchal Cord
Delivery of the Head

• As head is being pushed out, support the head as infant begins to rotate

• *****Tip of the Day******
After Delivery of the Head

• Suction *Mouth then the Nose*

• Check for Nuchal cord and reduce if possible, cut the cord if unable to reduce

• ***This may be a point where the infant’s shoulders may get stuck (Shoulder Dystocia)***

Nuchal Cord

• Umbilical Cord around Neck
• GENTLY slip cord over head if possible
• If cord cannot be slipped over head
  – Clamp in two places
  – Cut in between clamps with surgical scissors
Delivery of Shoulders

**Anterior shoulder usually delivers first**
- Support head w/both hands
- Apply gentle downward pressure

**After anterior shoulder delivered**
- Apply gentle upward pressure to assist delivery of posterior shoulder
Make Sure YOU Breath

• You did it!

• Note time of delivery of baby

• Hand off infant to your partner who is waiting to take care of the infant 😊
Infant Care

- Clamp cord in 2 places and cut cord
  - 1st clamp about 6” from baby
  - 2nd clamp 2” away from first (8”)
  - Cut between clamps

Infant Care

- Dry infant, (tactile stimulation)
  - Rub back to stimulate
- Do NOT shake infant
- Do NOT slap buttocks
- “Blow by” 02 if:
  - Heart rate < 100
  - Persistent central cyanosis present
- Resuscitate if necessary
- Suction mouth and nose as necessary
APGAR Score

- Developed by Virginia APGAR

- Quick evaluation of infant’s pulmonary, cardiovascular, neurological function

- Useful in identifying infant’s needing resuscitation
  - Don’t delay care to figure out APGAR

APGAR Scoring

Score @ 1 & 5 Minutes Of Age

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>No pulse</td>
<td>&lt;100/min.</td>
<td>&gt;100/min.</td>
</tr>
<tr>
<td>Grimace</td>
<td>No grimace</td>
<td>Weak</td>
<td>Strong</td>
</tr>
<tr>
<td>Activity</td>
<td>No activity</td>
<td>Weak, slow</td>
<td>Strong cry</td>
</tr>
<tr>
<td>Respiration</td>
<td>No respiration</td>
<td>Weak</td>
<td>Strong</td>
</tr>
</tbody>
</table>

www.fotosearch.com
Infant Care

Encourage skin to skin contact by placing infant on Mom’s chest

– Improves infants temperature

– Encourage breast feeding if possible

Placenta Delivery

• Allow Placenta to deliver naturally

• Signs that the placenta is delivering
  – Gush of Blood
  – Complaints of Cramping/Contractions
  – Lengthening Cord

• **DO NOT PULL ON THE CORD**
Fundal Massage

- Locate the Fundus w/Palm of the hand
- Cup the hand, place on lateral side of the hand slightly above fundus
- Place second hand above the symphysis pubis to support and stabilize the uterus during palpation.
- Gently, but firmly, press into abdomen toward the spine and then slightly downward toward the perineum until a mass is felt in the palm of the hand. At the same time note the degree of contraction.
After Placenta Delivers

- Place placenta in plastic bag and delivery to hospital to be examined for completeness.
- If placenta does not deliver within 10 minutes, transport.
- Placenta should deliver within 20-30 minutes.
Complications
During & After Birth

Shoulder Dystocia

• Give Mom O2
• Apply super-pubic pressure
• Knee to chest position
• Lights and Sirens, you are going to need help
Post Partum Hemorrhage

• O2
• Fundal Massage
• 2 Large Bore IV’s
• LR Wide Open
• Have Mom Breastfeed if Possible to help Uterus Contract

Breech Presentation

• 100% O2 by NRB
• IV of 0.9 Saline
• Prepare for neonatal resuscitation
• Assist in delivery if needed
• Transport rapidly
Breech Presentation

Variations of the breech presentation

Complete breech

Incomplete breech

Frank breech

Breech Management

- If head does not deliver within 3 minutes of body
- Insert a gloved hand into the vagina and form a “Y” around the baby’s nose and mouth
- Push vaginal wall away from the baby’s face to create airway
Breech Delivery

- NEVER
  - Pull the INFANT by the LEGS or TRUNK

Single Limb Presentation

- **Rapid Transport**
- May require C-section.
- Do **NOT** attempt field delivery
- Management
  - 100% O2 by NRB
  - IV of 0.9 Saline
Prolapsed Cord

- Umbilical cord enters vagina before infant’s head
- Pressure of head on cord occludes blood flow and O2 delivery to the fetus

Prolapsed Cord

- Check for prolapsed cord whenever a patient claims her bag of water has ruptured.
- **Time sensitive patient;** O2 12-15 L/NRM
- Elevate the mother’s hips. Instruct the patient to pant during contractions.
Prolapsed Cord

- Place gloved hand into vagina and place fingers between pubic bone and presenting part, with cord between fingers
- Apply continuous steady upward pressure on the presenting part
- Avoid cord manipulation as much as possible
- Cover with a moist dressing and keep warm
- Transport with hand pressure in place

Meconium

- Meconium
- First stool of a newborn
- Meconium-stained amniotic fluid
- Baby has had bowel movement in utero
- Greenish, black (pea soup) colored
- Indicative of distress
Complications of Meconium

• Occlude the airway

• Cause pneumonia

Meconium Management

• Avoid early stimulation of baby to prevent aspiration

• Aggressively suction airway until all Meconium has been removed
Premature Infants

- Definition
  - <28 weeks gestation
  - <5.5 pounds birth weight

Premature Infants

- Management
  - Keep baby warm
  - Keep airway clear
  - Assist ventilations if necessary
  - Resuscitate if necessary
  - Watch umbilical cord for bleeding
  - “Blow by” O2
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1-866-630-4033
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Fax: 509-232-8344