




Emergency Medical Responder


CHILDBIRTH



Anatomy and Physiology

Locate the following structures:

- Placenta
- Fundus of uterus
- Uterus
- Umbilical cord
- Amniotic fluid
- Symphysis pubis
- Urinary bladder
- Vagina
- Cervix of uterus
- Rectum
- Perineum





The Three Stages of Labour

- 1) Dilation
- 2) Expulsion
- 3) Placental



Generally, you should expect to assist in the delivery of a baby on scene if

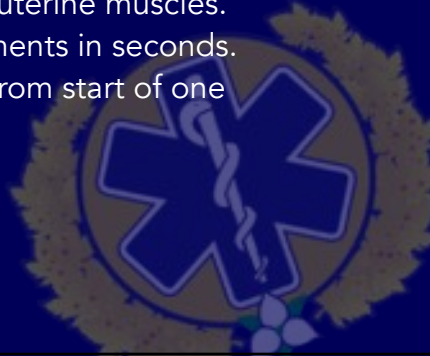
- 1) You have no suitable transportation
- 2) Delivery of baby can be expected within five minutes
- 3) Hospital or physician can't be reached





To determine if you should have the patient transported

- 1) Place your gloved hand on the mother's abdomen. Feel for tightening and relaxing of uterine muscles.
- 2) Time these involuntary movements in seconds.
- 3) Time the intervals in minutes from start of one contraction to start of next.



Ask the mother

- 1) Have you had a baby before?
- 2) Do you feel the sensation of a bowel movement?
- 3) Do you feel the baby is ready to be born?





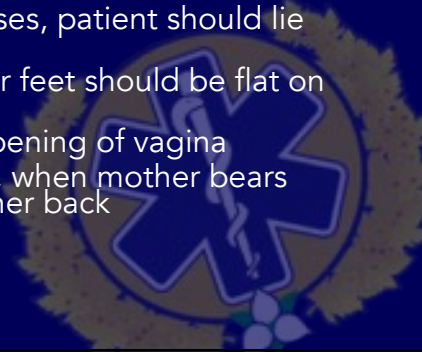
The following materials should be in your obstetrical kit:

- 1) Sheets and towels (sterile, if possible)
- 2) One dozen 10 cm square gauze pads
- 3) Two or three sanitary napkins
- 4) Rubber suction syringe
- 5) Baby receiving blanket
- 6) Surgical scissors
- 7) Cord clamps or ties
- 8) Foil wrapped germicidal wipes
- 9) Wide tape or sterile cord
- 10) Large plastic bags



Remember:

- Be prepared to provide BLS to mother and baby
- Help mother relax with each contraction
- Amniotic sac may rupture
- If patient feels comfortable sitting, reclining, etc., during first stage of labour, let her
- As force of contractions increases, patient should lie down on a flat, firm surface
- When mother is in position, her feet should be flat on surface beneath her
- Create a sterile field around opening of vagina
- During second stage of labour, when mother bears down, remind her not to arch her back





Delivery of Baby

- 1) Place palm of your hand on baby's head
- 2) Break open amniotic sac, if not already
- 3) Determine position of umbilical cord
- 4) Support baby's head
- 5) Remove fluids from baby's airway
- 6) Support baby with both hands until fully born
- 7) Grasp the feet as they are delivered
- 8) Dry, wrap, and position newborn
- 9) Clean newborn's mouth and nose
- 10) No breathing? Provide tactile stimulation
- 11) Clamp & cut umbilical cord when its pulse stops
- 12) Record time of delivery



Stimulating Breathing in the Newborn

- Rub the back
- Flick the feet

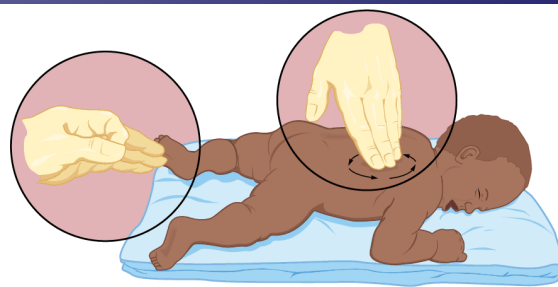
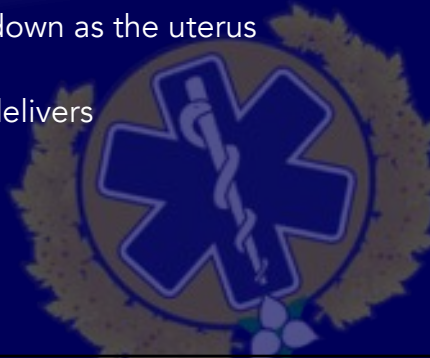


Figure 27-4 Stimulate breathing by rubbing the back or flicking the feet.



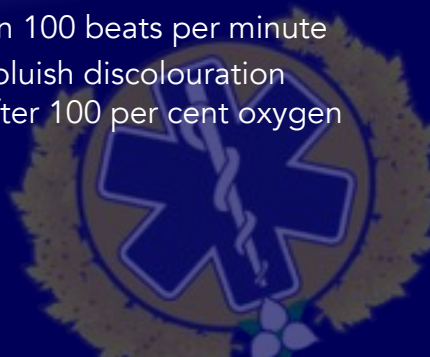
Delivering the Placenta

- 1) Observe for delivery of placenta
- 2) Feel for contractions
- 3) Encourage mother to bear down as the uterus contracts
- 4) Wrap the placenta when it delivers



If any of the following exist, perform artificial ventilation on the newborn:

- Newborn not breathing
- Newborn pulse rate fewer than 100 beats per minute
- Persistent central cyanosis or bluish discoloration around chest and abdomen after 100 per cent oxygen administered





Complications of Pregnancy

- Toxemia of pregnancy
- Gestational diabetes
- Spontaneous abortion
- Ectopic pregnancy
- Placenta Previa
- Aburptio Placentae



Complications of Childbirth

- Prolapsed umbilical cord
- Breech birth
- Umbilical cord around neck
- Limb presentation
- Multiple births
- Premature births





**Emergency Childbirth
Skill Video**