

# Emergency Medical Responder: A Skills Approach

Fifth Canadian Edition



FIFTH CANADIAN EDITION

## EMERGENCY MEDICAL RESPONDER

A SKILLS APPROACH

MEETS PARAMEDIC ASSOCIATION OF CANADA'S  
NATIONAL OCCUPATIONAL COMPETENCY PROFILE



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## Chapter 27

### Childbirth

## Objectives (1 of 3)

- Identify the following structures: birth canal, placenta, umbilical cord, amniotic sac.
- Define the following terms: crowning, bloody show, labour, spontaneous abortion.
- State the indications of an imminent delivery.
- Establish the relationship between BSI precautions and childbirth.
- Outline the steps in the pre-delivery preparation of the mother.



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## Objectives (2 of 3)

- Describe the steps to assist in a delivery, including the care of the baby as the head appears, the suctioning of the baby, and the cutting of the umbilical cord.
- Describe the steps in the delivery of the placenta and the steps in the emergency medical care of the mother after delivery.
- Outline the steps in caring for the newborn.

## Objectives (3 of 3)

- Describe emergency medical care of a patient who is suffering from the complications of pregnancy, including toxemia, spontaneous abortion, ectopic pregnancy, placenta previa, and abruptio placentae.
- Describe emergency medical care of a patient who is suffering from the complications of childbirth, including prolapsed umbilical cord, breech birth, limb presentation, multiple births, and premature birth.
- Demonstrate a caring attitude toward the patient and family when dealing with pregnancy and childbirth, while giving priority to the interests of the patient.

# Anatomy of Pregnancy

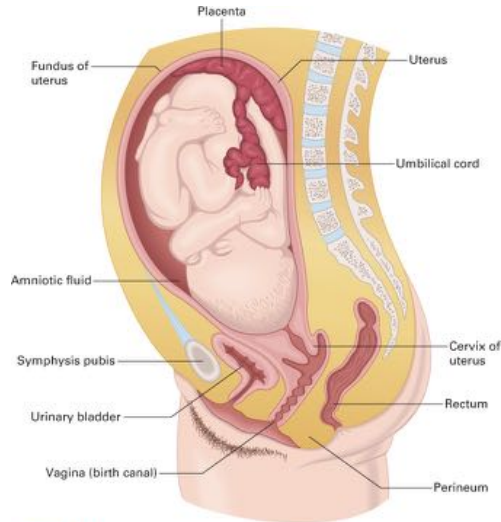


Figure 27-1 Anatomy of pregnancy.

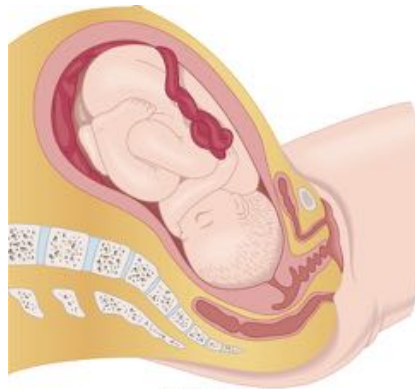
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# The Three Stages of Labour – Stage 1, Dilation



FIRST STAGE:  
First uterine contraction to dilation of cervix

Figure 27-2 Three stages of labour.

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# The Three Stages of Labour – Stage 2, Expulsion



SECOND STAGE:  
Birth of baby, or expulsion

Figure 27-2 Continued

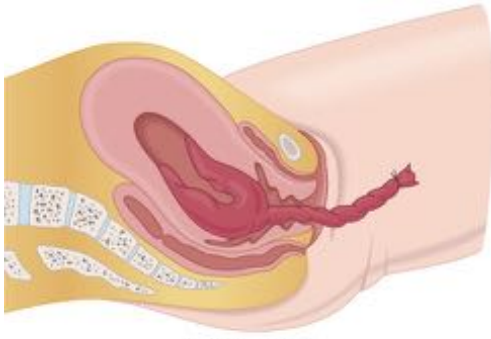
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# The Three Stages of Labour – Stage 3, Placental



THIRD STAGE:  
Delivery of placenta

Figure 27-2 Continued

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## Expect to Assist in Delivery on Scene If:

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

## Determine Transport If Appropriate

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

## Ask the Mother

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

## The Following Materials Should Be in Your Obstetrical Kit: (1 of 2)

- Sheets and towels (sterile, if possible)
- One dozen 10 cm square gauze pads
- Two or three sanitary napkins
- Rubber suction syringe
- Baby receiving blanket

## The Following Materials Should Be in Your Obstetrical Kit: (2 of 2)

- Surgical scissors
- Cord clamps or ties
- Foil wrapped germicidal wipes
- Wide tape or sterile cord
- Large plastic bags

## Remember (1 of 2)

- 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

## Remember (2 of 2)

- 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 of 2)

- Place palm of your hand on baby's head
- Break open amniotic sac, if not already
- Determine position of umbilical cord
- Support baby's head
- Remove fluids from baby's airway
- Support baby with both hands until fully born



## Delivery of Baby (2 of 2)

- Grasp the feet as they are delivered
- Dry, wrap, and position newborn
- Clean newborn's mouth and nose
- No breathing? Provide tactile stimulation
- Clamp & cut umbilical cord when its pulse stops
- Record time of delivery

## Cutting the Cord



**Figure 27-5** Cutting the umbilical cord.

## Stimulating Breathing in the Newborn

- Rub the back
- Flick the feet



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

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## Delivering the Placenta (1 of 2)

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



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## Delivering the Placenta (2 of 2)



Kevin Link/Pearson Education

**Figure 27-3g** Placenta begins to deliver.

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Hettie Young/Science Source

**Figure 27-3h** Placenta delivers.

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## Newborn Assessment

## Assessment

Table 27–1 Apgar Scoring for Newborns

	Component	0	1	2
<b>A—Appearance</b>	Skin colour	Blue	Pale extremities	Pink
<b>P—Pulse</b>	Heart rate	Absent	Slow	Fast
<b>G—Grimace</b>	Reflex/response	No response to stimuli	Grimacing when stimulated	Crying or coughing
<b>A—Activity</b>	Muscle tone	Limp	Subtle movement	Active movement
<b>R—Respiration</b>	Breathing	Absent	Weak or irregular	Normal/crying

The APGAR score of the newborn is measured at 1 and 5 minutes post-delivery.

A perfect score of 10 is rarely seen; 7 or greater indicates the baby is doing well; 6 or less means medical attention is required.

## Childbirth Complications

## When to Perform Artificial Ventilation

- 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