



Emergency First Responder

Childbirth



Objectives

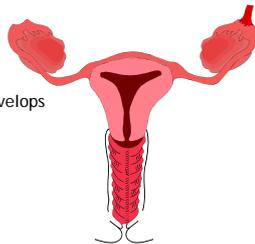
By the end of this session you should be able to:

- Assist with the basic care during a pre-hospital delivery



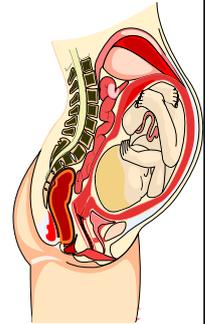
The Female Reproductive System

- Ovaries
 - Produce eggs (ova)
- Uterus
 - Homes a fertilised egg as it develops
- Fallopian tubes
 - Connect ovaries and uterus
 - Cervix
 - External opening to the uterus
- Vagina
 - Birth canal



Anatomy of a Pregnant Woman

- Fetus
 - Developing baby
- Umbilical cord
 - Delivers nutrition and removes waste products from the developing fetus
 - Placenta
 - Extension of the umbilical cord which connects to the uterus



Pregnancy

- Is not an illness
- Is a natural process
- Includes all stages of the development and growth of a fetus from conception to birth
- Pregnancy lasts 40 weeks on average
- Term is between 37 and 42 weeks of pregnancy



Ectopic Pregnancy

- A pregnancy which occurs outside of the uterus (1/200)
- Usually in the Fallopian Tube
- The fertilised egg will implant and still try to grow and develop
- This will cause severe pain and eventually the tube will rupture usually between the week 4 and week 8 of the pregnancy

LIFE THREATENING EMERGENCY





Ectopic Pregnancy Recognition

- Any female patient of child bearing age complaining of lower abdominal pain
- May be associated vaginal bleeding
- Pain will usually come first
- Ruptured ectopic pregnancies can bleed profusely internally and result in death of mother
- Signs and symptoms of shock
- Sudden onset of pain in early pregnancy should be taken seriously and treated as a true emergency



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Ectopic Pregnancy Management

- Urgent Medical Attention
 - Treat for shock
 - Monitor vital signs



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Miscarriage

Delivery of an incomplete or underdeveloped fetus (spontaneous abortion <24 weeks gestation)

- Causes:
 - Definite cause can be difficult to determine
- Recognition:
 - Bleeding from vagina (often painless)



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Miscarriage

- Management:
 - Be aware of delicate nature of situation
 - Save all tissues that pass from the vagina
 - Control bleeding with sanitary towel
 - Prompt transport to Hospital

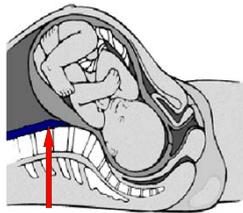


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Pregnancy Special Considerations

- If the pregnant woman is left lying on her back:
 - The pregnant uterus compresses the vena cava
 - This prevents the return of blood from the lower body
 - Reduces the volume of body available to pump into the circulation - shock to mother and baby!



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BLS in Pregnancy

- Tilt the woman towards her left side
- Place a firm board behind her back
- Slightly higher hand position
- Standard BLS



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Choking in Pregnancy



- Use a chest thrust



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Pregnancy

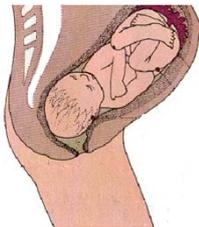
- Late in pregnancy the baby normally lies in a cephalic (head down) position
- A baby presenting with any other body part on delivery is breech
- Beginning of labour the cervix (neck of the uterus) thins and opens
- Birth starts with regular contractions of the uterus (labour)



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Cephalic Position



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Breech Position



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Labour

- In a normal delivery the baby's head is flexed towards its chest to enter the birth canal at the correct angle
- At this stage the membranes may rupture releasing the waters - breaking of waters
- Strong "bearing down" contractions will push the baby through the birth canal
- The Uterus, Cervix and Vagina are now one continuous canal



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Normal Labour

- Onset is usually between 39 and 41 weeks
- Can occur at any stage of pregnancy
- Labour before 37 weeks is called: "premature or pre-term"



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Questions for the mother

- Length of gestation/pregnancy?
 - Is this your first delivery?
 - If no, how long was the labour of the first delivery?
 - Did your water break?
 - Colour - Meconium (baby distress) / Clear fluid
 - Do you feel the "urge to push"?
 - If yes, delivery within 30-60 minutes
- If the baby's head is crowning delivery is imminent

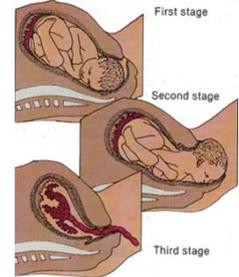


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The Three Stages of Labour

- From the first contraction to the full dilation of the cervix
- From the full dilation of the cervix to the delivery of the baby
- From the birth of the baby to the expulsion of the placenta



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First Stage of Labour

- Indications of onset are:
 1. Show - Blood-stained mucous discharge
 2. Regular painful contractions - Hospitalise when 10 min intervals
 3. Rupture of the membranes - waters break
- (Painless Contraction: Braxton Hicks occur before painful contractions)

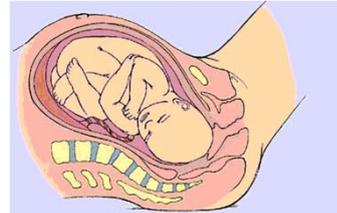


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First Stage of Labour

Dilation of the cervix can take 8 - 10 hrs (usually lasts longer with first baby)



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Management of First Stage

- Standard precautions
- Encourage the mother to adopt the most comfortable position
- Reassure the mother & maintain her dignity
- Consider her partner
- Prepare for the second stage

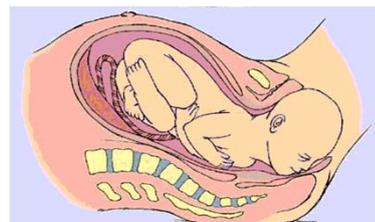


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The Second Stage of Labour

Baby moves through the birth canal and is delivered



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The Second Stage of Labour

- Should not last more than 2 hrs but can be 5 minutes
- If contractions are 2 minutes or less apart do not transport
- Rupture of the membranes will occur (unless ruptured earlier)
- Changes in contractions (stronger & more frequent e.g. 1:3 = 1 contraction : 3 minutes)



Management of Second Stage

- Get a midwife/GP if possible
- Inform Ambulance Control
- Prepare bed or stretcher with incontinence sheets
- Open the maternity pack
- The mother may defecate during delivery
- Have towel or napkin to wrap the baby



Management of Second Stage

- When crowning occurs, birth is imminent, and you should be prepared for immediate delivery!
- Support the mother semi-recumbent
- Provide blanket for warmth and dignity

ALWAYS APPLY ASEPTIC TECHNIQUE



Contents of an Obstetric Kit

- 1 pair of surgical scissors
- 3 cord clamps
- Umbilical tape or sterilized cord
- Small rubber bulb syringe
- 5 towels
- 1 dozen 2" x10" gauze swabs
- Sterile gloves
- Baby blanket or silver swaddler
- Bio-hazard bag
- Plastic bag
- Sanitary towels



Delivery of the Baby's Head

- The Mother will get an uncontrollable urge to push - allow her to push
- After this encourage panting - short breaths (encourages slow descent of baby's head - reduces injury to both parties)
- Allow the head to advance slowly with the contraction
- Do not apply any pressure on the baby's head to control descent



Delivery of the Baby's Head

When the head is born:

- If the amniotic sac is intact
 - rupture it and remove from baby's face
- Is the cord is around the neck
 - remove it, if you can't, loosen it! Do Not tear it!
- The face is often blue - **Do Not Panic**
- Suction mouth then nose
- Wipe away any additional secretions
- Wipe the face but not the eyes - they're delicate!





Delivery of the Baby

- The next contraction will result in birth of the rest of the baby- support baby's head and body -
DO NOT pull
- Hold the baby as it is born and lift towards mothers abdomen
- Clear airway and oral cavity
- Apply 3 cord clamps: 4, 6 & 8 inches from umbilicus and cut the cord
- Cut between the clamps at 6 and 8 inches

Irish Red Cross does not normally cut the cord



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Delivery of the Baby

- Dry the Baby and wrap in a clean towel
- Place Baby on Mother's chest and tag if possible
- Assess infant's ABC's
- Let mother nurse the baby
- Reassure the mother
- Await the Third Stage
- If the baby is breathing and cyanosis is evident enrich the atmosphere with O₂
- Resuscitate if required



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Aftercare of the Newborn

- The newborn infant should:
 - Breath at a rate greater than 40 breaths per minute
 - Be crying right after birth
 - Have a pulse greater than 100 beats per minute

Do Not Forget to Record the Date and Time of Baby's Birth!



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Resuscitating the Newborn

- Tilt infant's head down and to the side
- Suction mouth and nose with a bulb syringe
- Snap fingers on soles of infant's feet
- Begin BLS protocol if necessary
- Arrange for rapid transport

Do Not forget about the Mother and Partner!



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Third Stage of Labour

- Expulsion of placenta and membranes may take between 15 to 20 minutes
- Urge to push returns with contractions and discomfort
- A gush of blood can be expected but should not exceed 200 - 300 ml (as placenta detaches from uterus)



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Management of Third Stage of Labour

- Do not pull on the cord- may tear!
- Allow the placenta to be expelled naturally
- Deliver the placenta into a bowl, place in bag if possible and label. Transport with Mother and Baby for inspection at hospital
- If bleeding continues massage the mother at the level of the umbilicus - encourages the uterus to contract and reduces blood loss



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Summary

- The anatomy of a pregnant woman
- Ectopic Pregnancy
- The stages of a normal delivery
- The care for a newborn baby

