

CHILDBIRTH Level I

SKILL LEVEL: RN - after notification of EMS (911).

<p>Subjective:</p> <ul style="list-style-type: none">• "I'm almost nine months pregnant and I had a sudden gush of water."• "I feel like I have to push."• "The baby is coming."	<p>Assessment:</p> <ul style="list-style-type: none">• Alteration in comfort: Impending childbirth.
<p>Objective:</p> <ul style="list-style-type: none">• The patient is obviously pregnant, and in distress. There is a puddle of fluid on the floor and her legs are wet. She stops talking to moan and clutch her large abdomen. She begins to push with the contraction.• Heavy bloody mucus (show).• Frequent contractions (every 2 to 3 minutes).• Desire to "bear down" by the mother.• The mother says she has to have a bowel movement or "The baby is coming."• Bulging membranes from the vulva.• Crowning of the fetal head.	<p>Plan:</p> <ul style="list-style-type: none">• Have someone call 911.• Remove patient's clothing from the waist down.• Assist the patient into a position that is most comfortable.• Provide reassurance.• Obtain disposable OB kit if available.• Place Chux under the patient's buttocks.• Wash your hands with soap and water.• Put on gloves.• As the head begins to crown:<ul style="list-style-type: none">➢ Tear the amniotic membrane (caul) if it is still intact.➢ Instruct the mother to pant or pant-blow, thus avoiding the urge to push.➢ Place the flat of the hand on the exposed fetal head and apply gentle pressure toward the vagina to prevent the head from rapid delivery & vaginal or perineal lacerations.➢ Check for umbilical cord placement.➢ If the cord is around the neck, try to slip it up over the baby's head or pull gently to get some slack so that it can slip down over the shoulders.

	<p>Plan (Cont.):</p> <ul style="list-style-type: none">➤ Support the fetal head as restitution (external rotation) occurs. This will happen spontaneously without your assistance. After restitution, with one hand on each side of the baby's head, exert gentle pressure downward so that the anterior shoulder emerges under the symphysis pubis and acts as a fulcrum; then as gentle pressure is exerted in the opposite direction, the posterior shoulder, which has passed over the sacrum and coccyx, is delivered.➤ Using the drape in the OB Kit, hold the baby securely because the rest of the body may deliver quickly.➤ Cradle the baby's head and back in one hand and the buttocks in the other, keeping the head down to drain away the mucus.➤ Suction the baby's mouth and then nose of mucus and fluids using the sterile bulb syringe contained in the OB Kit. Make sure the airway is clear and the baby is breathing well before doing anything else.➤ Dry the baby rapidly to prevent heat loss then wrap the baby in a clean towel.➤ As soon as the infant is crying, place her or him on mother's abdomen, cover, (remember to keep the head warm too).
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	<p>Plan (Cont.)</p> <ul style="list-style-type: none">➤ Using the sterile surgical clamps available in the OB Kit, place a clamp approximately 12 inches from the umbilicus. (This is to facilitate sampling the cord blood when the baby reaches the hospital if it is necessary.) The second clamp should be placed two to three inches from the first towards the placenta. Using the sterile scalpel, cut between the two clamps.)➤ Wait for the placenta to separate. Do not tug on the cord! Tugging may tear the cord, separate the placenta, or invert the uterus. Signs of placental separation include a slight gush of dark blood from the introitus, lengthening of the cord, and change in uterine contour from discoid to globular shape.➤ Instruct the mother to push to deliver the separated placenta. Gently ease out the placental membranes, using an up and down motion until membranes are removed. Check the firmness of the uterus. Gently massage the uterus and demonstrate to the mother how she can massage her own uterus properly.➤ Place the placenta in the plastic bag provided in the OB Kit, if you were able to cut the cord. If not, wrap the placenta in a towel from the OB Kit or other clean wrapping, and then wrap it into the receiving blanket with the baby. It will help warm the baby, and protect it from damage during transport.
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	<p>Plan (Cont.)</p> <p>If the placenta is separate from the baby, make sure it is transported to the hospital with the baby. It will be examined to ensure it is intact.</p> <ul style="list-style-type: none">➤ Prevent or minimize hemorrhage from uterine atony. Gently massage fundus to stimulate uterine musculature to contract. If medical assistance is delayed, do not allow the mother's bladder to become distended. Use aseptic procedure and catheterize to drain bladder.➤ Prevent or minimize hemorrhage from perineal lacerations. Apply a clean pad to the perineum and instruct the mother to press her thighs together and apply direct pressure to the wound.➤ Document the birth.➤ Transport patient to the local hospital.
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Nursing Education:

Birth documentation includes the following: (See attached form)

- Fetal presentation and position.
- Presence of cord around neck or other parts and number of times cord encircles part.
- Color, character, and amount of amniotic fluid.
- Time of delivery.
- Note any resuscitation measures taken for the baby.
- Note general condition of baby after resuscitation. Note any breathing difficulty, the color of the baby, and muscle tone in particular.
- Baby's sex.
- Approximate time of placental expulsion.
- Maternal condition, affect, amount of bleeding and status of uterine contractions.
- Any unusual occurrences during the delivery.

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APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

Steve Shelton M.D.

Medical Director

2/24/2015

Date

Effective Date: 3/2015
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DOCUMENTATION OF BIRTH

Mother's Name Date

Fetal Presentation (Head-first, Buttocks, Arm, etc.) _____

Cord around neck? _____ Yes _____ No No. of Times? _____

Amniotic Fluid: Amount _____

Color _____

Character (clear, turbid, etc.) _____

Time of Delivery? _____

Baby's Condition at Delivery? _____

Any Resuscitation Measures Needed/Any Complications? _____

Ultimate Condition of Baby? _____

Baby's Sex? M _____ F _____

Placental Delivery Time? _____

Any Complications? _____

Maternal condition, affect, amount of bleeding and status of uterine contractions?

Any unusual occurrences during the delivery? _____

Additional Information

The five criteria of the Apgar score for evaluation of a newborn:

	Score of 0	Score of 1	Score of 2	Component of acronym
Skin color/ Complexion	blue all over	blue at extremities body pink (acrocyanosis)	no cyanosis body and extremities pink	Appearance
Pulse rate	absent	<100	>100	Pulse
Reflex irritability	no response to stimulation	grimace/feeble cry when stimulated	sneeze/cough/ pulls away when stimulated	Grimace
Muscle tone	none	some flexion	active movement	Activity
Breathing	absent	weak or irregular	strong	Respiration