

NORMAL LABOUR

Equipment

'Delivery Tray'
Clean sheets & Warm Towels
Inco pads & Sanitary Pads
Apron
Gloves

Cord Clamp & Scissors
Resuscitaire (turn on)
Hat for Baby
Warm towels
Neonatal Resus Equipment

Indications

DELIVERY IN EMERGENCY DEPARTMENT

If head is visible and patient has a strong urge to push (2nd stage)
Particularly if parous (previous children)
If not - transfer to maternity unit

Remember

The vast majority are normal spontaneous births
Usually very little to do actively - support baby coming naturally
Keep mother calm - lots of reassurance
Push with contractions
Can use Entonox if required

2nd Stage

Place clean sheets and inco pads around mum
Use sanitary pad to cover anus and wipe away stool
Use thumb and index finger to support perineum
Allow head to delivery spontaneously (usually face towards mothers back)
When head delivered it will rotate 90° (face mothers leg)
Place hands gently on each side of baby's head to support
At next contraction use gentle traction downwards to release anterior shoulder
Then gentle traction upwards to release posterior shoulder
Rest of baby should pop out easily
Place on towel on top of mum

Baby

Dry vigorously
Delay clamping of cord for 2 mins or until stops pulsating
Place hat on baby head
Wrap in clean warm towel
Give to mother

3rd Stage

Physiological Labour
Allow to come spontaneously
Mother may have urge to push
Can take up to an hour
Aided by skin contact and nuzzling at breast

Active Labour
Give 10IU IM Syntocinon
Gentle traction on cord
Hand pressing suprapubically to prevent uterine inversion
When placenta delivered twist it to form a membrane 'cord'