FIRST AID LEVEL 3

SECTION 15: EMERGENCY CHILDBIRTH

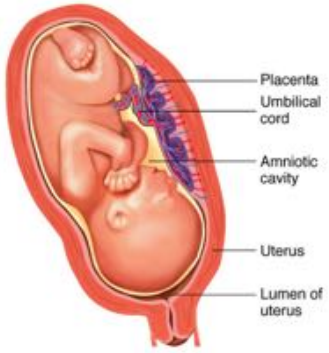
Exit outcomes
At the end of this section you should be able to the following:

- *List the labour emergencies*
- *Identify the equipment a first aider will need to deliver a baby.*

15.1 INTRODUCTION

A woman may go into labour unexpectedly at a time and place where she is unable to carry out her arrangements for delivery.

Further, a few women make no preparation at all. It is important to remember that childbirth is a natural process and that the majority of births do not threaten the life of the mother or baby. In most cases there is enough time to arrange transport to the hospital.



Baby in utero

15.2 RESPONSIBILITIES OF THE FIRST AIDER

What to do	What not to do
Let nature be your best helper.	Do not hurry.
At the first sign of labour, assign the most qualified person to remain with the mother.	Don't be afraid. Babies have been born since the beginning of time. Don't panic.
Be calm, reassure mother.	Don't hyperventilate during the periods when the mother experiences labour pains.
Place mother and attendant in most protected place away from children and others.	Don't get flustered if the mother displays frustration and anger.
Have hands as clean as possible.	Don't let mother walk around when the baby's head starts crowning.
Keep hands away from the birth canal.	Do not pull on the baby, let baby be born naturally.
See that baby breathes well.	Do not pull on the cord, let the afterbirth (Placenta) be born naturally.
Place baby across mother's abdomen.	Do not cut the cord unless sterile ties and scissors available.
Keep baby warm. Identify the baby.	Don't say the baby looks like dad if you've never met him.
Keep baby with mother constantly.	Do not give medication.

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15.3 EMERGENCY CHILD BIRTH EQUIPMENT

Equipment	Application
Protective clothing e.g. Gloves	Prevent contamination of birth canal.
Linen savers, waterproof sheet, plastic	To protect the bed, birth place from blood, mucous and amniotic fluid.
Three umbilical cord clamps, sterile ties	To clamp the cord in order to separate it from the baby.
Suction bulb/ Mucus extractor/ Medicine dropper	To clear the baby's airway as soon as the baby is born.
Scissors or surgical blade	To cut the cord and separate the placenta.
Baby towel	To dry off and warm the new-born baby.
Space blanket	To wrap up the baby and keep mother warm.
Sanitary towels	To absorb blood discharge from uterus.
Nappies	To put on the baby once born.
Paper, pencil or identity bands	To identify the baby with the mother.
Plastic bag	To place the placenta in once it is out.

15.4 PREPARATION

Usually there is sufficient time from the onset of the first labour pains to get ready for the delivery. Signs of labour are lower backache, blood-tinged mucous strings or a gush of water passing from the birth canal. The mother needs a clean, waterproofed surface to lie on. Prepare a warm blanket, nappy and cloths for the baby. Sterilize or thoroughly clean a knife, scissors or razor.

15.5 STAGES OF LABOUR

Labour is the term used to describe the process of childbirth.

It consists of the contractions of the wall of the womb (Uterus) which force the baby and later the placenta out of the uterus.

Labour is divided into three stages. Its duration varies greatly from person to person and under different circumstances.

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Stage One

During the first and longest stage the small opening at the lower end of the uterus gradually stretches until it is wide enough to let the baby pass through. The contractions (tightening) of the uterus, which bring about this stretching and move the baby along into the birth canal, cause pain known as labour pains.

These pains usually beginning as an aching sensation in the lower back, and then later turn into regularly recurring cramp like pains in the lower abdomen. By placing your hand on the mother's abdomen just above the navel, you can feel each tightening of the uterus as an increasing tightness or firmness. It lasts between 30 to 60 seconds. The pains disappear each time the uterus relaxes.

At first these pains occur from 10- 20 minutes apart and are not very severe. They may even stop completely for a while and then start up again. The mother should rest when she is tired but does not have to lie down continually. She may take a little water or tea during the whole process. She should urinate frequently to ensure she has an empty bladder at the time of delivery.

The skin in the vaginal area should be cleaned with soap and water including the inner thigh and anal area without soap entering the birth canal. A slight watery blood- stained discharge accompanies the contractions. For first babies, this stage of labour can continue for 18 hours or more. For women who have delivered previous babies it may last only 2-3 hours.

The end of this first stage is signalled by the sudden passing of a large gush of water, caused by the normal breaking of the amniotic membranes surrounding the baby in the uterus. Through this first stage the mother does not have to work to help the baby be born. She should not try to push the baby down but should try to relax her muscles.

At the end of this stage the strong contractions recur every 2 minutes and lasting 40-60 seconds. The cervix is now fully dilated, and the baby's head is passing into the vagina.

Stage Two

It will not be long before the baby is born now. The mother notices a change. Instead of tightness in the lower abdomen and ache in lower back she will feel a bearing down sensation almost as if she is having a bowel movement. This means the baby is moving down. When this happens, she should lie down and get ready for the birth of the baby. The bearing down sensation will come more frequently and be stronger. She will have an uncontrollably urge to push down, which she may do but not too hard as the baby will come down on its own. There will probably be more blood showing at this point.

The person attending the delivery should wash their hands and avoid touching the vagina. As soon as a bulge begins to appear in the vaginal area and part of the baby is visible, the mother should stop pushing down. She should pant like a dog in order not to push the baby out too quickly and tear herself. The mother should keep her knees bent so the attender can get at the baby more easily.

The person should let the baby be born naturally and no attempt should be made to pull the baby out in any way. Usually the baby's head appears first, the top of the head presenting and face downwards. Occasionally the baby is born buttocks, arm or leg first.

The baby does not need to be born in a hurry, but usually about a minute after the head appears the mother will have another bearing down feeling and push the shoulders and the rest of the baby out.

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As the baby is being expelled, the person helping the mother should support the baby on her hands and arms so that the baby will avoid contact with any blood or waste material on the bed.

If there is still a membrane from the water sac over the baby's head and face at delivery, it should immediately be torn and wiped away, so the baby can breathe. If, as it sometimes happens, the cord, which attaches the baby to the placenta, should be wrapped around the baby's neck when the head and neck appear, try to slip it quickly over the head so the baby will not be strangled.

After the baby is born, rub the face and body dry with a warm towel. Do not swing or spank the baby. Initially the baby is very slippery so hold it over the bed in case it slips out of your hands. When the baby begins to cry lay the baby on its side on the bed, close to the mother to keep the cord slack.

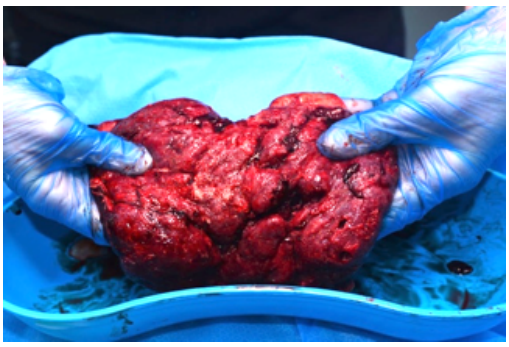
If the baby does not cry or breathe within 2-3 minutes, use mouth to mouth artificial respiration till the baby starts crying. Very little force should be used to blow air into the baby's mouth. Small puffs of air should be enough.

There should be no hurry to cut the cord. Take as much time as you need to prepare the ties/ clamps and scissors/ razor blade. In most instances no harm will result if the umbilical cord is left attached to the baby until they can reach a hospital. If the cord is short or removal to hospital will be delayed, it may be necessary to cut the cord. Wait until the afterbirth has been delivered, the cord has stopped pulsating or at least 10 minutes after the birth.

Using two sterile clamps or ties tie the cord VERY firmly in two places 10 and 15cm from the baby's abdomen. The baby may bleed to death if the nearest tie is not tied very firmly. Cut the cord between the two ties. DO NOT put powder or disinfectant on the cut end of the cord. 2-5 minutes after cutting, inspect the cord to ensure there is no bleeding. Place a sterile dressing over the cut end at the baby's abdomen.

Stage Three

Human Placenta



10-60 minutes after the baby is born the mother will feel a brief return of the labour pains which had ceased with the birth, as the uterus contracts again in order to expel the placenta. DO NOT pull on the cord to hurry this process. Some bleeding is to be expected at this stage. If there is a lot of bleeding before the is expelled, the attendant should gently massage the mother's abdomen, just above the navel. This will help the uterus to tighten, help the placenta to come out and help reduce bleeding.

It will help to put the baby almost immediately to the breast, if possible, for a minute or two each side, even though the mother will have little to no milk as yet. This will help the uterus contract and reduce the bleeding. Continue to massage the abdomen till the rounded surface of the uterus is felt. The mother will need to be washed, made comfortable and warm and can eat and drink anything she would like.

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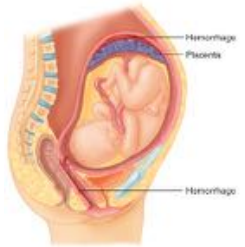
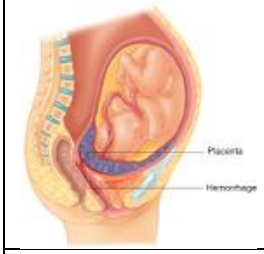
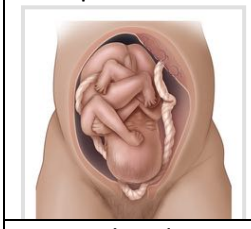
15.6 LABOUR EMERGENCIES

Labour emergency	Description	First Aid Treatment
Breech Presentation	Baby delivered buttocks and feet or legs first.	Call an ambulance. After birth clear the baby's airway and start CPR if not breathing.
Placenta Abruptio 	Premature separation of the placenta from the uterine wall. Characterized by dark red vaginal haemorrhaging.	Call the ambulance urgently. Observe the colour of the blood loss. Monitor baby's Heart rate if stethoscope available. The baby and mother may need a blood transfusion if too much blood loss has occurred.
Placenta Previa 	A low implantation of the placenta in the uterus, that partially or totally covers the cervix. Characterized by bright red vaginal haemorrhaging.	If vaginal bleeding present. Monitor mother's Respiratory rate, pulse and skin colour. If portable BP cuff available, monitor her BP. Urgency depends on volume of blood loss.
Prolapsed Cord 	The umbilical cord that becomes trapped in the vagina before the baby is delivered and hangs outside the vaginal passage.	Call the ambulance. Feel if the cord is still pulsating. Gently replace the cord to keep it warm and prevent spasm of the blood vessels. (Spasm occurs if the cord gets cold or is subject to friction). 
Foot or hand presentation	Foot or hand protruding from the vaginal passage.	Gently replace the limb while wearing gloves to minimize introducing infection.
Postpartum Haemorrhage	Excessive bleeding anytime up to 6wks after delivery. It is caused by the delivery of an incomplete placenta and therefore the inability of the uterus to contract.	Call an ambulance. gently feel the uterus on the abdomen. If soft and lacking tone, massage the uterus with a smooth, circular motion without undue pressure till the uterus contracts and feels firm.
Premature Labour	Labour after 26 weeks but before 36 weeks of gestation.	Call the ambulance. Lie the mother down with her pelvis raised higher than her shoulders.
Miscarriage or Spontaneous Abortion	The loss of the embryo or foetus at any time before 26 Weeks of pregnancy. It is usually due to abnormality or death of the foetus and is therefore a protective mechanism.	In the case of a threatened abortion, encourage the mother to rest and keep calm. Call the ambulance. observe any vaginal bleeding. Report the foetal age to the paramedics.
Stillbirth	Full term baby that dies in the process of delivery.	Call the ambulance. Wrap the baby and give to Mom if she wants to hold the baby. Inform the paramedics of the loss so the social worker can be contacted as soon as possible to counsel the Mother.

End of Section 15.