Unplanned Birth at Rural Sites: Preparing for Deliveries

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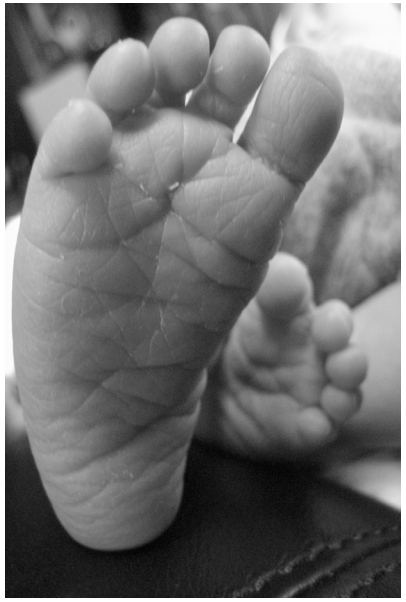
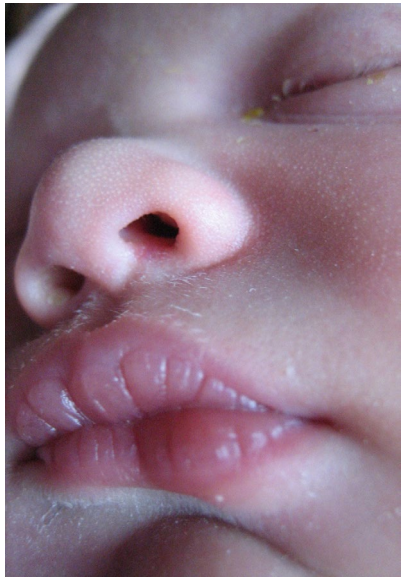
THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

LAND ACKNOWLEDGMENT

DISCLOSURES

- Registered Midwife Haida Gwaii, a remote site without surgical capacity with a midwifery-led model. MABC Rural and Remote Consultant, Northern Health Midwifery Lead
- No relationships with commercial interests





LEARNING OBJECTIVES

- Review preparation, supplies, and documents needed for unplanned births
- Summarize resources available for support
- Review the basics of birth and early postpartum care

PERINATAL SERVICES BC REQUIREMENTS - TIERS OF SERVICE

"All sites are required to have the capability to respond, stabilize and provide initial care to pregnant women and individuals, manage common obstetric and any neonatal conditions. Utilizing the Patient Transfer Network, all sites need to have the capability to transfer patients to higher level of care if and when required.

- Trained personnel to respond to unplanned delivery or OB emergency.
- Clear transfer/transport process identified and available to personnel.
- Process to provide care to pregnant women and individuals <20 weeks and >20 weeks.
- Medication to manage OB/PP/Neonatal emergencies available and on-hand.
- Equipment to support maternal and neonatal emergencies.
- Linkage to regional sites for clinical support and specialist consult.

Transport when Possible

What are the minimum requirements for unplanned delivery sites?

- Know where your supplies and equipment are
- Ask for help
- Review the basics

WHAT CONTRIBUTES TO SAFE BIRTHING?

- Collaboration with patients/staff team
- Respect
- Good and open communication, non-judgmental
- Knowing scope of practice
- Follow-up
- Same guidelines for staff and MDs
- Buddy shifts in larger centres (more experience/consolidation of skills)
- Collaboration with patients in decision making
- Interdisciplinary work, communication and respect
- Recognizing potential hierarchy communication barriers

WHAT CONTRIBUTES TO SAFE BIRTHING? CONT'D

- Appropriate staffing
  - Educated Skilled staff/updated practice
  - Regular ongoing Education Skills

- Equipment up to date and organized
- Understanding and problem solving
- More than one mat trained RN in the building
- Knowing where to find pre-printed orders/algorithms
- Regular checks in the Room/Familiarity

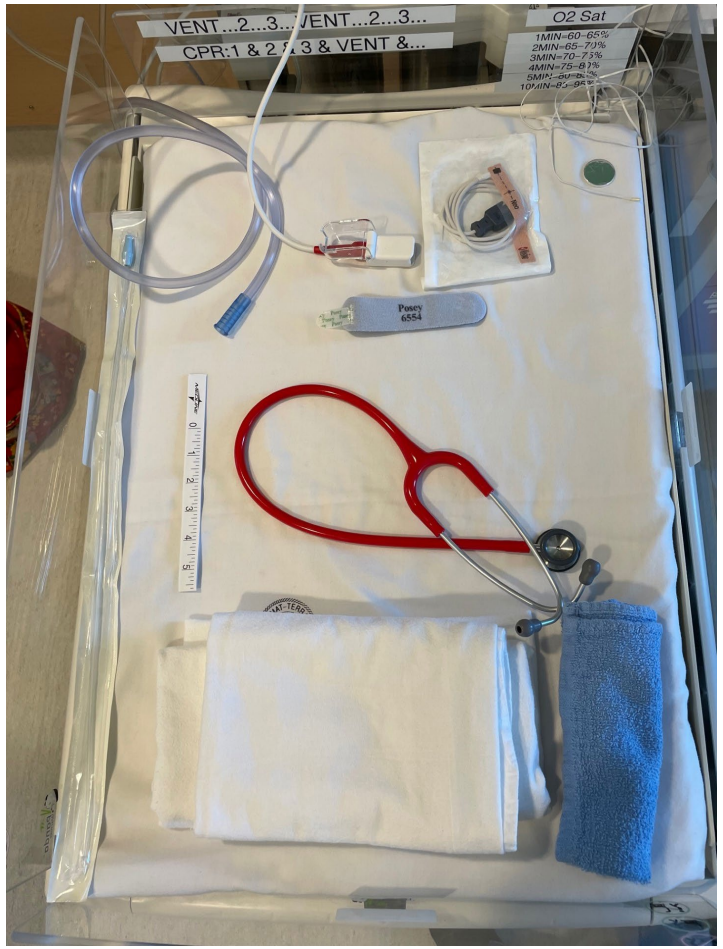
SUPPORTS THE PROVISION OF SAFE CARE

Communication and Collaboration

TEAM-based care

- **Preplanning and Preparation (Supplies & Documentation)**
- Prenatal Risk Assessment
- **Consultation Referral and Transfer (Supports)**
- **Skilled and Supported Providers (The basics!)**

SUPPLIES & DOCUMENTATION



BASIC SUPPLIES BIRTH (*MAY NOT BE COMPLETE!*)

Pre delivery: Doppler, gel, vitals

Documents: Classification Tool, Triage Assessment Record, Partogram

Delivery emergency kit: Derived from BCCNM Required Equipment and Supplies for Homebirth

Delivery emergency kit

- 4 hemostats
- 1 pair of scissors
- 1 cord clamp
- Gauze, gloves
- Oxytocin (replace monthly)
- Syringe with needle
- Kidney basin (for placenta)

Add-on set

- Ring forceps x2
- Speculum for high tears

Medications

- Oxytocin (IM)
- Uterotonics

Suture Kit

- Needle driver
- Forcep
- Vicryl capide 3.0 & 4.0
- 4x4 gauze

Documents

- Labour and Delivery Summary
- Postpartum Pathway (Assessments Record)
- Liaison Record (Public Health

BASIC SUPPLIES BABY (*MAY NOT BE COMPLETE!*)

Baby Immediate (>90%)

- Newborn stethoscope
- Cord clamps x 2
- Receiving Blankets
- Small hat

Basic Neonatal resuscitation (<10%):

- BVM with 3 mask sizes (term, preterm, and very early PT)
- *BVM must have pressure gauge*
- Straight Suction (without port) 10F, 12F
- 8F feeding tube (orogastric tube) and 20ml syringe
- LMA Size 1
- Co2 detector
- Sat monitor probes for newborn
- Resuscitation Record

Medications:

- Vitamin K (IM) within 6h of birth
- Erythromycin (eye ointment) TBD

Documents:

- Newborn Records 1 and 2 (newborn exam)
- Newborn Pathway (NB Assessments Record)
- Newborn Liaison Record (for Public Health)
- Notice of Birth (Vital Statistics)

Maternal and Fetal Levels of Service Classification Tool

ADDRESSOGRAPH

1.0 Admission Assessment

Date _____ **Time** _____

☐ RN ☐ MD ☐ RM Name _____ Signature _____

2.0 LOS	☐ Normal	☐ Level 1	☐ Level 2a	☐ Level 2b	☐ Level 3	☐ Level 3+
	No maternal/fetal well-being concerns	Maternal and/or Fetal medical, surgical, social and obstetrical needs: **not anticipated to impact well-being**	Maternal and/or Fetal medical, surgical, social and obstetrical needs: **could impact well-being**	Maternal and/or Fetal medical, surgical, social and obstetrical needs: **impacting well-being: not life threatening**	Maternal and/or Fetal medical, surgical, social and obstetrical needs: **seriously impacting well-being: not anticipated to be life threatening**	Maternal and/or Fetal medical, surgical, social and obstetrical needs: **critically impacting well-being: are life threatening**
3.0 Maternal	☐ Maternal age >16 and <40 ☐ Term pregnancy (37^0–41^6) ☐ Anticipated NSVD and post partum progress ☐ BMI >18.5 <30 ☐ Assessment and care of women <20 weeks ☐ Other:	☐ Maternal age <16 or ≥40 ☐ PTL (36^0–36^6) ☐ Post-term ≥42 weeks ☐ Planned VBAC ☐ PROM ☐ Group B Strep+ ☐ Undiagnosed pregnancy ☐ Planned C-sect^n ☐ Augmentation/induction of labour ☐ BMI 30–38 ☐ Diagnosed chronic health needs; stable ☐ Mental Health, substance use, psycho-social ± IPV considerations; stable ☐ GDM, diet controlled ☐ Other:	☐ Previous preterm birth or history of PTL ☐ PTL with cervical changes and positive fFN ☐ Confirmed PPROM ☐ Antepartum hemorrhage ☐ BMI >38 ☐ Gestational HTN (without adverse features) ☐ Pre-existing HTN, no systemic involvement ☐ GDM, insulin controlled ☐ Acute/episodic health concern, eg: pneumonia, pyelonephritis ☐ Other:	☐ Severe gestational HTN ☐ Pre-existing HTN requiring pharmacologic treatment; mild systemic involvement ☐ Pre-pregnancy diabetes impacting the fetus with no maternal systemic involvement ☐ Diagnosed chronic health needs; unstable ie: mild renal effect of lupus ☐ Other:	☐ Severe pre-eclampsia ☐ HELLP syndrome ☐ Serious Medical and/or Surgical conditions requiring inpatient admission e.g. pulmonary edema, cardiac/renal ☐ Pre-pregnancy diabetes with significant maternal systemic involvement ☐ Requiring emergency rescue cerclage ☐ Other:	☐ High order multiple pregnancy ☐ Pulmonary embolism ☐ Level 1 trauma ☐ Intubation/ventilation ☐ Other:
4.0 Fetal	☐ Gestational age ≥ 37 weeks ☐ Singleton ☐ Cephalic presentation ☐ Normal FHS ☐ Other:	☐ Gestational age 36–36^{+6} weeks ☐ Singleton ☐ Fetal anomaly not requiring immediate intervention at birth ☐ Cephalic presentation ☐ Mild IUGR ☐ Uncomplicated dichorionic-diamniotic twin ☐ Meconium ☐ Other:	☐ Gestational age ≥32–35^{+6} weeks ☐ Breech at term/trial of labour ☐ Moderate IUGR ☐ Dichorionic-diamniotic twins ☐ Moderate polyhydramnios, deep vertical pockets, 8–10 cm ☐ Moderate oligohydramnios ☐ Other:	☐ Gestational age 30–31^{+6} weeks ☐ Fetal anomaly(ies), requiring evaluation after birth ☐ Breech preterm (>2500 g) ☐ Complicated dichorionic-diamniotic twins ☐ Monochorionic-diamniotic twins ☐ Severe IUGR ☐ Severe polyhydramnios ☐ Severe oligohydramnios ☐ Other:	☐ Gestational age <30 weeks ☐ Fetal anomalies requiring immediate care at birth ☐ Complicated monochorionic-diamniotic twins ☐ Uncomplicated triplets ☐ Other:	☐ Any gestational age ☐ Complicated multiples ☐ Twin-twin transfusion syndrome ☐ In utero interventions ☐ Hydrops ☐ Congenital Diaphragmatic Hernia ☐ Gastroschisis ☐ Other:

Admission Status ☐ Yes ☐ No ☐ Other:

Please see the Guide for Completion at www.perinatalservicesbc.ca

Personal Health Number | Physician/midwife name

1. Background

Gravida ___ Term ___ Preterm ___ Abortus ___ Living ___ LMP (dd/mm/yyyy) ___ EDD (dd/mm/yyyy) ___ by: ☐ US ☐ IVF GA (wks/days) ___

Recent infectious disease/contact: ☐ No ☐ Yes (specify, e.g. MRSA, VRE, Varicella, HSV, HepB, TB) ___

ARO screen completed: ☐ No ☐ Yes (initials) ___ ARO swab taken: ☐ N/A ☐ No ☐ Yes (dd/mm/yyyy) ___

Falls Risk Screen: ☐ Reviewed and no concerns ☐ At risk for falls → ☐ Falls prevention care plan completed

"Purple Dot" point-of-care violence risk assessment: ☐ Low risk ☐ High risk

2. Initial Assessment

Contractions: ☐ No ☐ Yes (specify details below)
Start date (dd/mm/yyyy) ___
Start time (hh:mm) ___
Type: ☐ Regular ☐ Irregular
Intensity: ☐ Mild ☐ Moderate ☐ Strong
Frequency (#/10 min) ___
Duration (sec) ___

Membranes: ☐ Intact ☐ Query ☐ Ruptured (specify details below)
Date (dd/mm/yyyy) ___
Time (hh:mm) ___
Colour: ☐ Clear ☐ Meconium stained ☐ Bloody

Bleeding/show: ☐ No ☐ Yes (specify details below)
Start date (dd/mm/yyyy) ___
Start time (hh:mm) ___
Amount: ☐ Scant ☐ Small ☐ Moderate ☐ Large
Colour/consistency ___

Fetal movement: ☐ Normal ☐ ↑ (specify details below) ☐ ↓ (specify details below)
Date (dd/mm/yyyy) ___
Time (hh:mm) ___

Triaged as: ☐ OTAS 1 – Resuscitative ☐ OTAS 2 – Emergent ☐ OTAS 3 – Urgent ☐ OTAS 4 – Less Urgent ☐ OTAS 5 – Non-Urgent
Triaged to: ☐ LDR ☐ Assessment room ☐ Waiting room ☐ Other ___

3. History/Risk Factors

Allergies (incl. reactions) ☐ None	ABO	Rh factor	Date RhIG given (dd/mm/yyyy)

Current medications: ☐ None ☐ Vitamins only ☐ Medications recorded on Med. Rec. Form
Complementary therapy: ☐ No ☐ Yes (specify) ___
Previous admission this pregnancy: ☐ No ☐ Yes (specify reason) ___
Antenatal corticosteroid administered: ☐ N/A ☐ No ☐ Yes (dd/mm/yyyy) ___
External cephalic version attempted: ☐ N/A ☐ No ☐ Yes (dd/mm/yyyy) ___
Planned mode of delivery: ☐ Vaginal ☐ Primary C/S ☐ Repeat C/S
VBAC eligible this delivery: ☐ N/A ☐ Yes ☐ No (specify reason) ___
GBS results: ☐ Unk ☐ Neg ☐ Pos
GBS swab taken: ☐ N/A ☐ No ☐ Yes (dd/mm/yyyy) ___
Postpartum hemorrhage risk assessment: ☐ Low risk ☐ Increased risk

Antenatal Record Part 1 & 2 ☐ Reviewed (option to skip to section 4) ☐ Not available (complete below)
Pregnancy concerns: ☐ No ☐ Yes (specify)
Past obstetric concerns: ☐ No ☐ Yes (specify)
Medical/surgical/anesthetic concerns: ☐ No ☐ Yes (specify)
Psychosocial concerns: ☐ No ☐ Lifestyle/social ☐ Substance use ☐ Mental health ☐ Other ___

4. Assessment

Last ate (dd/mm/yyyy) ___ (hh:mm) ___
Last drank (dd/mm/yyyy) ___ (hh:mm) ___

Height (cm) ___
Pre-preg. Wt (kg) ___
Pre-preg. BMI ___
Current Wt (kg) ___

Presentation ___
Lie ___
Position ___
Engagement: ☐ No ☐ Yes

Symphysis-fundal height (SFH) (cm) ___
SFH consistent with GA: ☐ No ☐ Yes
Fetal surveillance: ☐ IA (specify reason) ___ ☐ EFM (specify reason) ___ ☐ NST (specify reason) ___

FHR

Time (hh:mm)				
FHR (per min)				
Rhythm/variability				
Accelerations				
Decelerations				
Classify as				
Initials				

Vaginal Exam

Time (hh:mm)		
Cx dilation (cm)		
Cx length (cm)		
Fetal station		
Cx consistency (firm, medium, soft)		
Cx position (posterior, middle, anterior)		
Examined by (name)		

Maternal Exam

Time (hh:mm)				
Contractions				
BP				
Heart rate (per min)				
Resp. rate (per min)				
Temp. (°C)				

Tests

Nitrazine: ☐ Neg ☐ Pos
Ferning: ☐ Neg ☐ Pos
Swabs: ☐ fFN ☐ C&S ☐ Other ___
Urine: ☐ R&M ☐ C&S
Blood (specify) ___

Handoffs

Care provider (name) ___

British Columbia Postpartum Clinical Path

1 Birth Summary

G___ T___ P___ A___ L___ Birth: _____ dd _____ mm _____ yy _____ Time

Delivery:
- ☐ SVD
- ☐ Vacuum
- ☐ Forceps

Perineum:
- ☐ Intact
- ☐ Laceration degree _____
- ☐ Episiotomy

- ☐ C/S emergent
- ☐ C/S elective

Blood loss: ☐ 500-1000 mL ☐ >1000 mL

Epidural catheter removed: ☐ N/A

Date _____ Time _____ By _____

Catheter intact ☐ Yes ☐ No

Allergies: ☐ NKA ☐ Yes _____

2 Clinical Observation

Date																																
Time																																

Blood pressure
Systolic v
Diastolic ^
Pulse •
Temp X

	°C.
190	
180	
170	
160	
150	**39**
140	
130	38
120	
110	37
100	
90	36
80	
70	**35**
60	
50	

Respiratory rate																																
O_2 sat																																
Sedation scale																																
Pain																																
Fundal tone																																
Fundal height																																
Lochia amount																																
Lochia colour																																
Abdominal incision																																
Initials																																

Legend (For any variance ★ = see Variance Record/Progress Notes)

Pain scale (0–10)
0 = No pain
↓
10 = Worst pain possible

Sedation scale
1 = Fully awake and oriented
2 = Drowsy
3 = Eyes closed but rousable to command
4 = Eyes closed but rousable to mild physical stimulation (earlobe tug)
5 = Eyes closed but unrousable to mild physical stimulation
For scores of 5 or more–Call attending physician/anesthesiologist

Abdominal incision
DI = Drsg dry intact
Oz = Drsg oozing
H = Wound healing
DR = Drsg removed
S/R = Sutures/staples removed
N/A = Not applicable

Fundal tone
F = Firm
M = Firm with massage
B = Boggy

Fundal height
0 = Umbilicus
↑ = Above 0
↓ = Below 0

Lochia–colour
R = Rubra
S = Serosa
A = Alba

Lochia–amount
Sc = Scant
S = Small
M = Moderate
H = Heavy
CL = Clots

★ = Record variance/concern on Variance Record/Progress Notes

BARCODE (IF USED)

Other Risks:

2. Apgar Score

	0	1	2	1 Min.	5 Min.	10 Min.
Heart Rate	Absent	< 100	≥ 100			
Resp. Effort	Absent	Weak Cry Hypo-ventila-tion	Good Crying			
Muscle Tone	Limp	Some Flexion	Active Motion			
Resp. to Stim	None	Grimace	Active With-drawal			
Colour	Blue Pale	Acro-cyanosis	All Pink			
Apgar Total Score						

3. Transition to One Hour of Age

Positioned: ☐ Skin-to-Skin ☐ Radiant Warmer ☐ Other: _____

Amniotic Fluid: ☐ Clear ☐ Meconium ☐ Bloody

Suction: ☐ Oropharyngeal ☐ Trachea ☐ Mec. Below Cords ☐ Stomach Aspirated

Oxygen: ☐ None ☐ Free Flow Start _____ min. Stop _____ min.

☐ IPPV per mask Start _____ min. Stop _____ min.

☐ See Expanded Resuscitation Form

Cord Gases: ☐ Done (see lab results) ☐ Not Done

Temperature: _____ °C Pulse Oximetry: ☐ Yes ☐ No

Heart Rate: _____ Time to HR ≥100 ____ min. ____ sec.

Respirations: _____ Time to Spontaneous Breathing ____ min. ____ sec.

SIGNATURE RM/RN | SIGNATURE RM/RN | SIGNATURE MD

4. Delivery

Birthdate dd mm yyyy Time

Delivery Type | Newborn Hospital #

Identified at Birth by:

SIGNATURE: _____ RN/RM

Identified at Transfer by: (if applicable)

SIGNATURE: RN/RM

Voided	Passed Meconium
☐ Yes ☐ No	☐ Yes ☐ No

Breastfeeding Planned ☐ Yes ☐ No

5. Routine Procedures

Cord Blood ☐ Rh ☐ Other

Eye Prophylaxis

☐ Erythromycin ☐ Other: Time

☐ Informed Refusal

SIGNATURE RN/RM

Vitamin K

☐ PO ☐ IM Dosage _____ Site _____ Time

☐ Informed Refusal

SIGNATURE RN/RM

6. Evaluation of Development

(growth chart and curve on reverse)

Birthweight	g	%
Length	cm	%
Head Circumference	cm	%

☐ Preterm ☐ Term ☐ Postterm

☐ SGA ☐ AGA ☐ LGA

7. Stillbirth

	No	Yes
Macerated	☐	☐
IUGR	☐	☐
Retroplacental Clot	☐	☐
Evidence of Anemia	☐	☐
Autopsy Consented	☐	☐
Obvious Anomaly (describe below):	☐	☐

8. Physical Examination at Birth (Including Stillbirths)

☐ Male ☐ Female ☐ Undifferentiated

Gestational Age from Antenatal History wks. | Gestational Age by Exam *(see reverse Part 2)* wks.

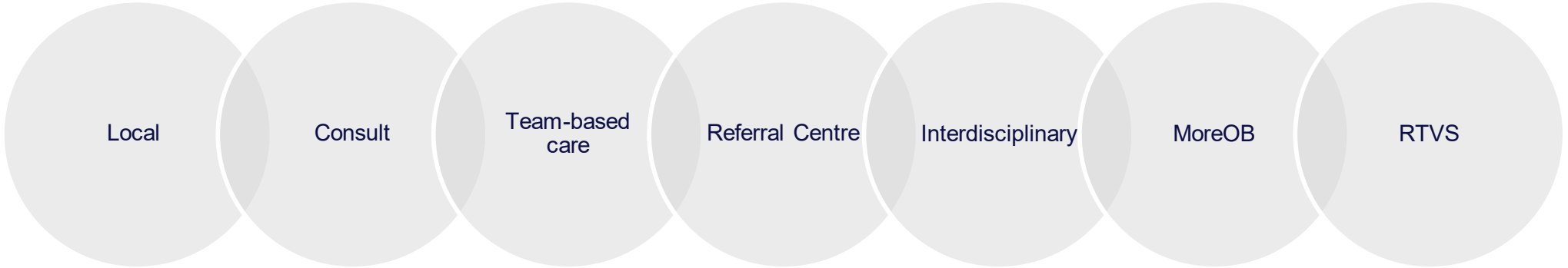
	Normal	Abnormal	Comments
1. General Appearance	☐	☐	
2. Skin	☐	☐ Pallor ☐ Bruising ☐ Petechiae ☐ Mec. Staining ☐ Peeling ☐ Jaundice	
3. Head	☐	☐	
4. EENT	☐	☐ Cleft Lip/Palate ☐ Micrognathia ☐ Suspected Choanal atresia	
5. Respiratory	☐	☐ Grunting ☐ Nasal Flaring ☐ Retracting ☐ Shallow Breathing ☐ Tachypnea	
6. CVS	☐	☐ Murmur ☐ Central Cyanosis ☐ Abn./ Delayed Femoral Pulses ☐ Abnormal Rate/Rhythm	
7. Abdomen	☐	☐ Scaphoid ☐ Distended ☐ Hepatomegaly ☐ Splenomegaly ☐ Abnormal Mass	
8. Umbilical Cord	☐	☐ Mec. Stained ☐ 2 Vessels ☐ Thin	
9. Genito-rectal	☐	☐ Hypospadias ☐ Imperforate Anus ☐ Undescended Teste(s)	
10. Musculo-skeletal	☐	☐ Spine ☐ Hip Abnormality ☐ Extremity Abnormality	
11. Neuro-logical	☐	☐ Hypotonia ☐ Cry ☐ Jittery ☐ Reflexes	
12. Other			

DATE TIME SIGNATURE

RESOURCES AND SUPPORTS

Share your angst

Use your resources



Call MaBAL

MaBAL

The Real-Time Virtual Support Maternity and Babies Advice Line (MaBAL) is free and friendly and available to doctors, residents, nurses, midwives, nurse practitioners and other providers.

Ask a question

Have a question about pregnancy, labour, or early postpartum care? Reach out anytime. We're available 24/7.

Get a prescription

Is your sick patient also pregnant? Consult with a MaBAL doctor for advice on prescription and over the counter medications.

Prenatal testing and ultrasounds

Do you have questions about a test or ultrasound result? Are you unsure about discussing a result with your patient? MaBAL providers can help.

Infant nutrition and infant feeding

Ask us! MaBAL providers can connect your patient with virtual breast/chest-feeding advice and support.

Women's health and contraception

Mabal providers are here to support you and your patients with questions around family planning and any general women's health issues.

Real-Time Virtual Support

We're here for you

MaBAL providers are passionate about providing maternity care to rural, remote and Indigenous communities. Whether you are a nurse at a nursing station, a midwife, or a doctor, nurse practitioner or resident serving a rural community, you are welcome to call.

MaBAL: Add Zoom account: mabal1@rccbc.ca | Phone: 236.305.7364

Visit rccbc.ca/initiatives/rtvs/mabal for details or to get started.

Call CHARLiE

CHARLiE

Real-Time Virtual Support Child Health Advice in ReaL-time Electronically (CHARLiE) is free and friendly and available to doctors, residents, nurses, midwives, nurse practitioners and other providers.

Ask a Question

Have a question about a neonatal, pediatric or teenage patient? Reach out anytime. CHARLiE is available 24/7.

Medication

Does your young patient need medication and you're not sure what dose to use? Consult with a CHARLiE Pediatrician for advice on medications.

Need a Full Consult?

When a pediatric patient presents at your rural site, you may want an immediate pediatric consult. CHARLiE Pediatricians are available via Zoom or — if you are at an FNHA nursing station — telehealth cart, to assist with this.

I want to call CHARLiE, what should I do?

- Ideally, start a video call over Zoom or arrange to have CHARLiE call into your telehealth cart if you have one.
- Have the patient's name, PHN and DOB ready.

Real-Time Virtual Support

We're Here For You

CHARLiE providers are passionate about providing pediatric care to rural, remote and Indigenous communities. Whether you are a nurse at a nursing station, midwife, nurse practitioner, resident or doctor serving a rural community, you are welcome to call.

CHARLiE: Add Zoom contact: charlie1@rccbc.ca | Phone: 236.305.5352

Visit rccbc.ca/initiatives/rtvs/charlie for details or to get started.

WHEN BIRTH IS IMMINENT – MORE OB

- **Crowning of the presenting part**
- **Person says "baby is coming"**
- **Uncontrollable urge to push/bear down**
- **Sensation of need to have a bowel movement**
- **Separation of the labia, bulging perineum and rectum**
- **Increased bloody show**
- **Passage of stool**

IMMINENT BIRTH

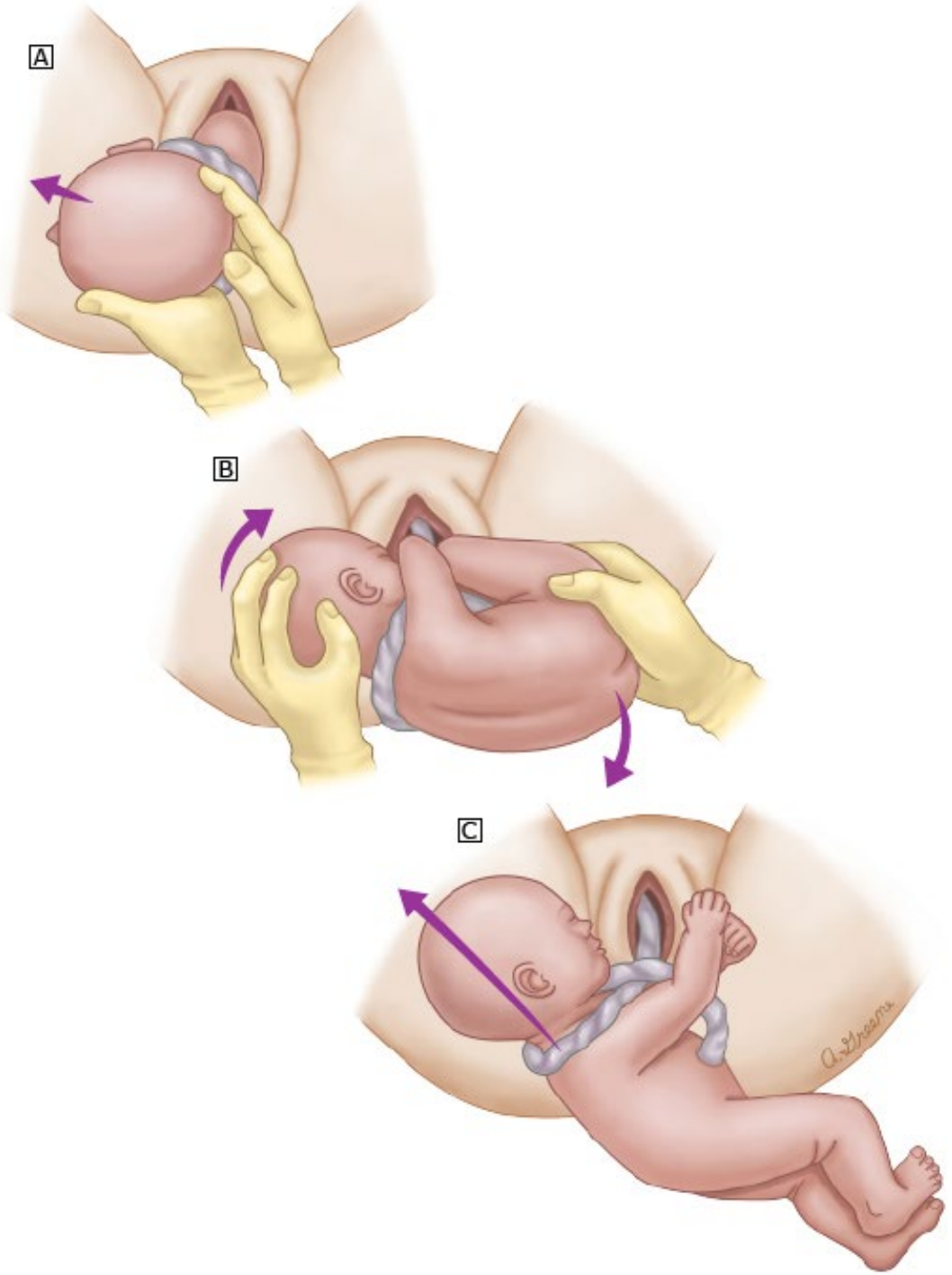
- **Reassure** person and yourself and team.
- **Call for assistance** on site and off site (MaBal)
- Locate the **Delivery and Newborn kits**
- Assist person into a safe **quiet space** and in a **comfortable position** (side-lying is nice)
- Ask person or partner to help with **bottoms off** and cover with sheet

IMMINENT BIRTH

- **Questions** as you go
    - **Ask Between Contractions**. First baby? Term (>37 wks)?
    - Been feeling baby move?
    - Any problems this or previous pregnancy?
- Prepare **10 IU oxytocin (IM) Receiving blankets and baby stethoscope**
- Listen to **Fetal Heart Rate-**if possible, as soon as possible **after a contraction for a full minute** (110-160 bpm between contractions)
- **Get your gloves on**
- Birth of baby **- Deliver onto person's belly - Skin to Skin**

SOMMERSAULT

UP TO DATE



POSTPARTUM AND NEW BORN CARE

- 3rd Stage: Birth of Baby to Delivery of Placenta
- 4th Stage: First hour + after birth of placenta
- Active management of 3rd stage: Uterotonic, CTT with contraction and counter traction to support the uterus
- Massage uterus only after the placenta is born and only if needed (low tone)

THIRD STAGE CARE AND ASSESSMENTS

- Time of Birth
- Oxytocin 10 IU IM maternal thigh or buttock
- Breathing/Crying, Tone, Term (appropriate size for gestational age)
- Dry and Stimulate (30s), Heart rate >100 bpm
- Resus by 1 minute if HR<100 or not breathing
- APGAR 1, 5, 10 minutes
- Replace wet towel with warm dry towel
- Count Full minute of Newborn Resps
- Vitals on birthing patient and baby q 15 for first hour
- Clamp and cut cord
- Assist with first latch

BASIC BIRTH

THIRD STAGE CARE AND ASSESSMENTS CONT'D

- Document time for Delivery of placenta
- Maternal fundal check (firm and central) and Lochia < 500ml and vitals stable
- Cord gases?
- Newborn exam (See Newborn 1 form) while birthing patient up to void and shower (with assistance)
- Newborn medications (Vitamin K)

3rd Stage with Active Management <30 minutes

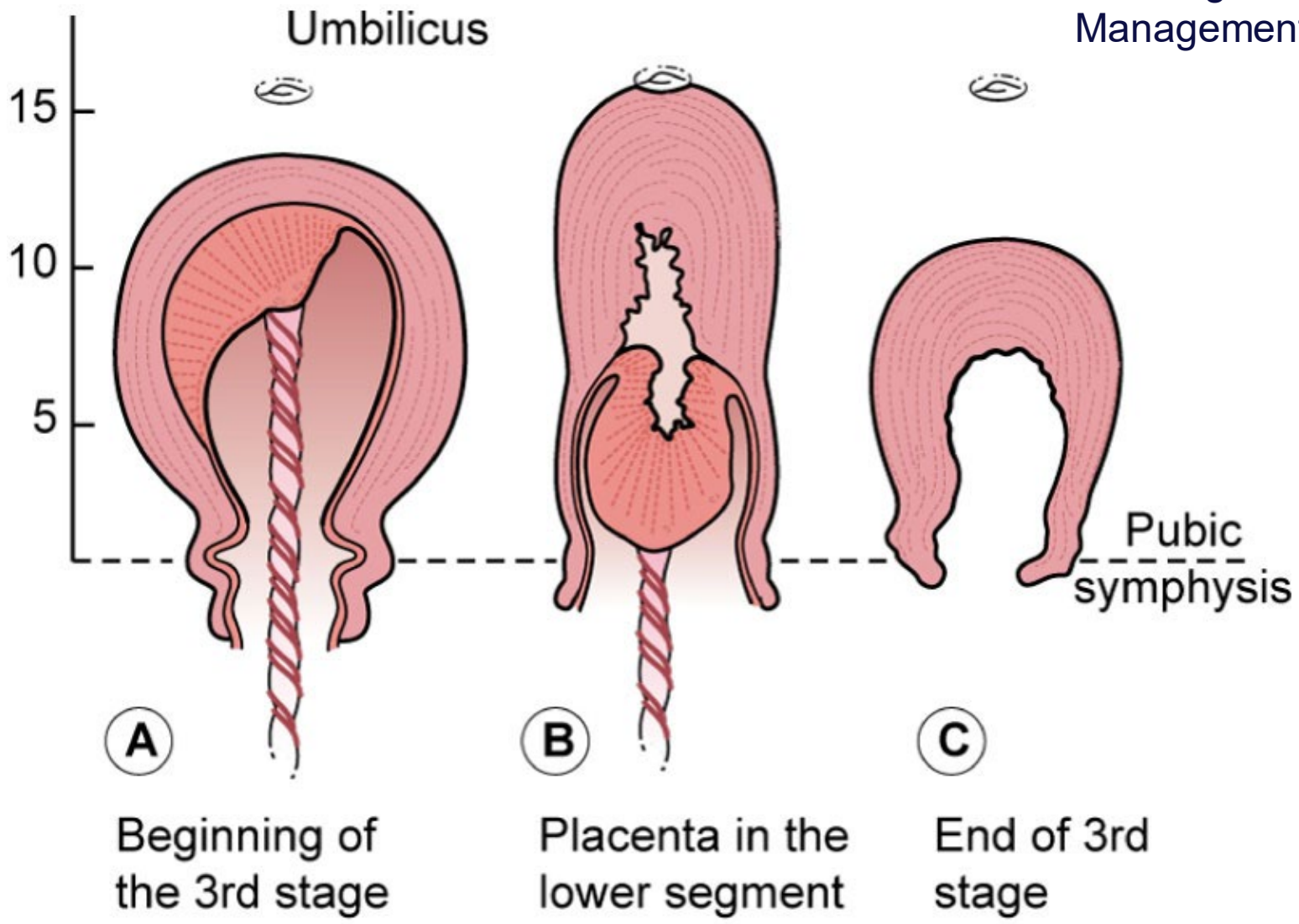


Fig. 18-5. Fundal height relative to the umbilicus and symphysis pubis.

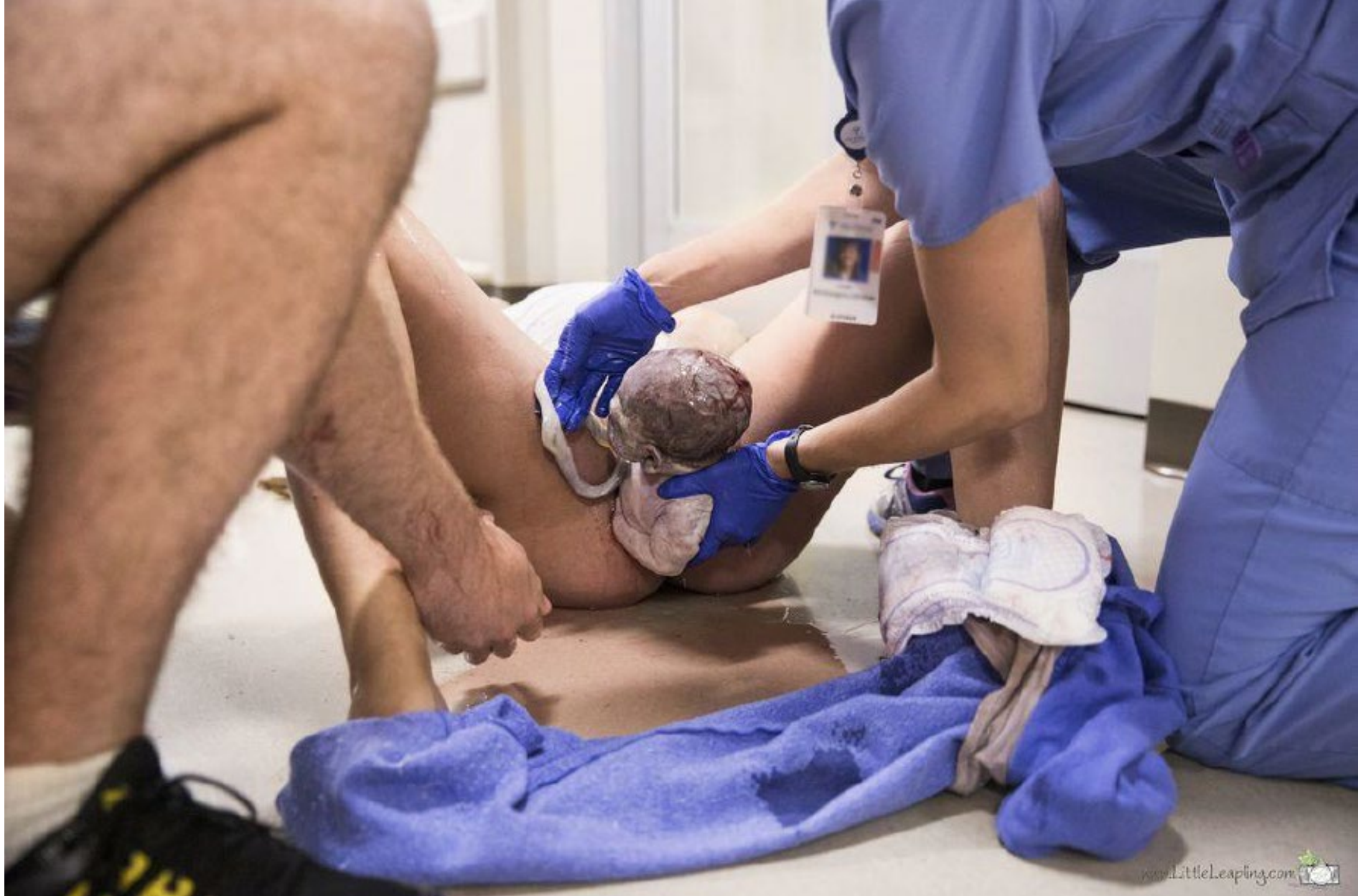
HOW ARE RISKS OF PPH REDUCED?

- TONE:
  - Oxytocin! Breastfeeding, skin to skin, Uterotonic
  - Uterine massage if indicated
  - Empty Bladder
- TISSUE:
  - Delivery of the placenta
  - Examination of the placenta for retained tissue
- TRAUMA:
  - Examine and repair lacerations requiring hemostasis
- THROMBIN:
  - History, Labs

Active management addresses which of the T's?


Ask for Help
Reassure
Bottoms Off!
CAUTION
CUIDADO
WET
FLOOR
PISO
MOJADO
www.LittleLeapling.com


Gloves On!
No time for FHR
www.LittleLeapling.com


www.LittleLeapling.com


Time of birth-Oxytocin
Deliver to belly
www.LittleLeapling.com


Ready for Placenta
Breathing & Heart Rate >100
Replace wet Blanket
Dry and Stimulate
Vitals q 15
Delivery Kit

KEY TAKEAWAYS

Pre-plan: Meet to build a local plan and organize supplies and equipment before it happens

- Have a delivery and newborn kit with documents
- Know what is in them and where to find them
- Have a system to recheck kits on a time schedule and with new team members

Prepare:

- Do all staff know where to find Delivery and Newborn Kits?
- Do all members have access and know how to connect to RTVS pathways?
- Practice: Do an OBs or Neonate Drills

Calm

Communicate with patient

Collaborate with team

Consult with higher level of care

Call MABAL or CHARLIE

Transfer

Q&A

POST YOUR QUESTIONS IN THE CHATBOX

RESOURCES MENTIONED

- Real Time Virtual Support MaBal and Charlie- https://rccbc.ca/initiatives/rtvs/
- Perinatal Services BC- http://www.perinatalservicesbc.ca/health-professionals/guidelines-standards/standards/core-competencies-for-management-of-labour
- http://www.perinatalservicesbc.ca/health-professionals/forms
- More OB Chapter on Vaginal Birth Assessment When Birth is Imminent https://sghub.salusglobal.com/servlets/sfs?t=/Unified/Library/chapter&storyID=1283348046493
- 'Building Blocks' Sustaining 1A Maternity Sites in BC PhD Jude Kornelsen
- UpToDate https://www.uptodate.com/contents/nuchal-cord
- Birth Story in Photos Inside Edition-Photos by Little Leapling photos