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Emergency Childbirth or Unassisted Homebirth Preparation

Prevention

- As the expected delivery date approaches, think through all possible scenarios of getting the mother to the birth center or hospital when making daily plans. Include arrangements for transportation and supervision of other children as needed.
- Prepare a kit of emergency delivery supplies and keep it nearby, in case it is needed right away.

Emergency supplies should include: a flashlight, pillows, clean sheets, clean towels, chux pads, suction bulb, sterile rubber gloves, olive oil, container for the placenta, large OB sanitary pads, clean scissors, bendable straws (for mom drinking), two clean cord ties or clean shoelaces, goldenseal powder, rubbing alcohol, baby hat, and receiving blankets.

Call for help

If you think you are in labour, try to get to get your midwife there, or go to a hospital, birth center or clinic. If you are alone or travel seems unwise, call the emergency number in your community and ask for help. After you have called for help, keep your front door unlocked so that rescue workers can get in if you are unable to come to the door. Call a neighbor to come and help the family. If the phones are working, keep talking to emergency services or your health care provider who can "talk you through" a labor and birth.

If your labor is going fast and birth seems near, stay at home and have your baby in a safe place rather than the back seat of the car. Fast labors are usually very normal, and the mothers and babies can both do well. Slow labors will give you time to get to a hospital or birth center, or for a health care provider to get to you.

Get out your supply kit and put the supplies where you can easily reach them.

As the helper, your job is to:

Keep mom comfortable. It is good for her to walk, take a shower, get a massage, and move even if she is in bed.

Be sure she drinks lots of fluids. Water, tea, and juice are the best.

Be sure she goes to the bathroom every hour.

Say and do things that create a calm feeling, even if you are very nervous.

Wear gloves if you are going to be touching blood.

Wash your hands or gloves often.

Do not let pets into the labor & birth room.

Talk to mom about the sounds of childbirth. Making groaning or crying noise during labor is ok and can help the mom-to-be.

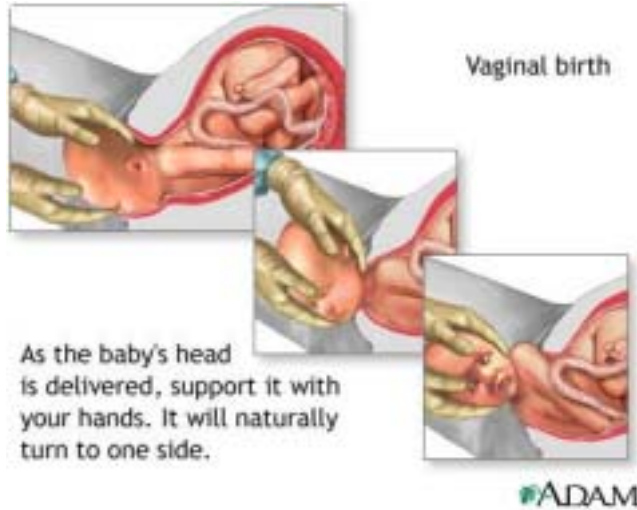
Decide how to help other members of the family. Will they be present for the birth? What do they need to feel safe?

Causes

- Rapid delivery is most common in women who have:
 - Given birth quickly before
 - Given birth several times before
 - Gone into labor prematurely
- Premature delivery can also be brought on by illness or injury

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Symptoms



- Regular contractions that are less than 2 minutes apart, timed from the beginning of one contraction to the beginning of the next
- The urge to have a bowel movement (due to pressure from the baby's head against the rectum)
- The strong urge to push
- A bulging vaginal opening (baby's head appearing during contractions and receding between

contractions)

- The mother saying that the baby is coming

What to do

1. Try to stay calm and reassure the mother.
2. Wash your hands well with soap and water. Wear sterile rubber gloves, if possible.
3. Select a large, flat surface, such as a bed or table, as a birthing area. Provide good lighting and keep the area warm. Cover the area with a clean sheet or towels.
4. Get some warm damp washcloths for supporting the perineum during birth.
5. If you have it on hand, get olive oil to rub gently on mom's perineum if you and your partner have discussed doing this to help facilitate the birth and help prevent tearing.
6. Have the mother remove any uncomfortable clothing.
7. Let the mother choose the position that is most comfortable for her. Standing, kneeling, hands and knees, squatting, and side-lying are good positions that open the pelvis to help facilitate the birth. **Do not** have the mom lie on her back and **avoid** the semi-recumbant position unless this is the position that mom really wants.
8. Have the mother take deep, slow breaths, particularly during contractions.
9. When the baby's head shows during each contraction, tell the mother to push **only** if she seems to need your help knowing when to push.



When the cervix has dilated to 10 cm, the mother has an uncontrollable urge to push

#ADAM.

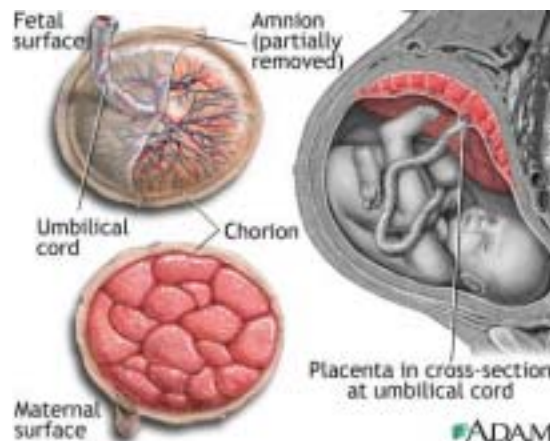
10. Do not tell her to hold her breath and count to ten while pushing! This cuts off oxygen to mom and baby and can lead to lightheadedness in mom.
11. Place your hand against the area below the vaginal opening and apply gentle pressure during each contraction using the warm washcloths and if wanted, the olive oil. This pressure will prevent the baby from coming too fast and the warmth of the washcloth compress will help

tissues to expand and help prevent tearing. Your other hand, placed gently against the

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vaginal opening over the baby's head, will help control how quickly the baby's head comes out of the vaginal opening.

12. As the baby's head is delivered, support it with your hands. The baby will naturally turn to one side.
13. If the umbilical cord is wrapped around the infant's neck during delivery, work your forefinger between the cord and the baby's neck. Gently but quickly slip the cord over the baby's head. **DO NOT CUT THE CORD!** If it will not slip easily over the baby's head, don't worry about it. Instead, continue with the delivery.
14. Once the head is delivered, the rest of the baby's body generally comes out quickly. With your hands on either side of the baby's head, gently guide it downwards while the mother pushes (the top shoulder should emerge). Guide the baby upwards and support its head and shoulders as the rest of the baby emerges. Newborns are slippery, so hold the baby with a towel.
15. If the baby's shoulder seems stuck, tell the mother to get on her hands and knees and not push for the next contraction. This may allow the baby to float back up and reposition itself for a better delivery. **DO NOT PULL ON THE BABY AS THIS WILL FURTHER IMPACT THE SHOULDER.** You can also try lifting the mother's legs back toward her chest, keeping her knees bent and apart. **DONOT PUSH ON THE MOTHERS ABDOMEN TO HELP PUSH THE BABY DOWN.** This should help facilitate the birth of the baby within the next few pushes. If you suspect true shoulder dystocia (baby will not be born because shoulder is stuck), call your midwife and/or 911.
16. Once delivered, the baby should be held on its mommy's abdomen with its head down, feet higher than the head, so that fluids can drain. The baby may be blue when first born, but will turn pink within minutes, if breathing well.
17. If the baby does not start to cry, make sure that mom talks to her baby, rub baby vigorously with towels and then suction or wipe the baby's nose and mouth with a bulb syringe again and wipe with a clean cloth. If the baby is still not breathing or crying, place the baby's head lower than the feet and flick the soles of the feet. Quickly stimulate the baby by vigorously rubbing its back. If the baby does not start breathing immediately, give five gentle steady puffs of air into the infant's nose and mouth with the head **slightly** extended (to maintain open airway) to the count of 1-one thousand, 2-one thousand, 3, release. Continue to stimulate the baby and dry off the skin to prevent cooling. Suction the baby's nose and mouth again to clear secretions, blood, and mucus.
18. If the baby is breathing or crying, dry the baby off on mom's abdomen. Wrap the baby in dry towels, covering the head, not the face. Keep the baby warm. Do not wash the baby. Be sure not to pull on the umbilical cord. Put a diaper on the baby and a hat.
19. Encourage nursing. This will stimulate the mother to have the uterine contractions she needs to expel the placenta.



20. Tie a clean shoelace, narrow strip of cloth, or thick string firmly around the umbilical cord after it stops pulsing, no closer than 3 inches from the baby's

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navel. Do not use thread or dental floss -- it will cut through the cord. **DO NOT CUT THE CORD OR PULL ON IT YET.** Tying off the cord is necessary to prevent continued circulation of the baby's blood to the placenta.

21. The mother will continue to have contractions until the placenta is expelled. Massaging the mother's abdomen will help the uterus contract and expel the placenta if the placenta has not delivered within 15-30 minutes after delivery. Wrap the placenta in a plastic bag and be sure it goes to the birth center or hospital with the mother and baby or that the midwife sees and examines it for completeness of membranes and cotyledons.
22. If the mother is bleeding outside the vagina from a skin tear, apply direct pressure with a sterile gauze dressing, washcloth, or fresh sanitary napkin until bleeding stops.
23. Once the placenta has been expelled, massage the mother's abdomen to stimulate uterine contractions if mom is having heavy bleeding. This will help control uterine bleeding. A firm uterus is what you want! Continue to firmly knead the abdomen at frequent intervals for the first 2 hours after birth if mom is having heavy bleeding. Sometimes the uterus relaxes so completely that all contractions stop -- massage can help restore the contractions. **KEEP BABY AT THE BREAST TO KEEP UTERINE CONTRACTIONS COMING.**
24. Clean the mother with soap and water. Keep both mother and baby warm. **Hypothermia** can occur rapidly in newborns. The mother may be more comfortable reclining while she nurses the baby. It is important that both mom and baby be seen by their midwife or be taken to a birth center or hospital as soon as possible for examination.
25. Under normal circumstances, there is no rush to cut the umbilical cord. Placing one tie around it and leaving it alone is better than cutting it with unclean instruments. The infant will not be harmed if the placenta remains attached.
26. If you cannot get medical help or do not seek it, you will have to tie and cut the cord after the baby has been delivered. The following steps are recommended:
 - If you have tied the first knot around the cord no closer than 3 inches from the baby's navel, tie another firm knot about 8 inches from the navel.
 - If you have NOT tied a first knot, tie a firm knot with a clean shoelace, narrow strip of cloth, or thick string around the cord no closer than 3 inches from the baby's navel. Then tie a second firm knot around the cord about 8 inches from the baby's navel.
 - Cut the cord between the knots with sterile scissors, a heated knife, or a fresh razor blade. The cord should bleed only briefly after being cut.
 - If desired, sprinkle cord with goldenseal powder or rubbing alcohol. Most pediatricians and midwives are recommending using nothing for the care of the umbilicus.

What if?

The baby is coming bottom first

A few babies are born bottom first. You will probably not know this is the case until mom pushes and you see a bottom or feet and not a head coming out. At that time you must:

Bring the mom's bottom to the edge of the bed and have her legs pulled up to her chest.

Prepare a soft landing spot for the baby on the floor.

Let the baby's body (arms too) come out without touching the baby. You will be looking at the baby's back. Yes, you have to let her little bottom hang down toward the floor even if you are afraid she will fall. If you have to touch something, grab another pillow for the landing zone.

When the head slips out grab the baby under the arms and bring her up to the mom.

IF the baby's arms are out but the head does not come with the next contraction, you should have the mother get out of bed, squat and push.

Some moms prefer to squat to deliver a breech baby.

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Do Not

- DO NOT try to delay the delivery in any way. Crossing or holding the mother's legs, or pushing the baby's head back into the vagina, can seriously injure the baby.
- DO NOT allow the mother to go to the toilet. Reassure her that the sensation of needing to have a bowel movement means the baby is coming.
- DO NOT allow the mother to push vigorously until you see the mother's vagina bulging with the baby's head. Pushing too early, before the cervix is completely dilated, can tear the cervix.
- DO NOT pull the baby from the vagina.
- DO NOT pull on the umbilical cord.
- DO NOT cut the umbilical cord until it has stopped pulsing and you have clamped it off on both ends.
- DO NOT let anyone cough or sneeze on mother or baby. Keep people with colds, unwashed hands, or open cuts at a distance.
- DO NOT use chemicals or antiseptic products around mother or baby. Soap and clean water are best.

Care of the mother

If you still cannot get to the hospital or birth center to be checked or your midwife has not arrived, the mother should go to the bathroom within an hour after the baby is born.

Mom should have something to eat and drink within the first two hours after the birth.

If the room is cold, you can use the hot water bottle to help keep the baby warm. Just wrap the warm bottle in a blanket and place it next to the babies back.

After birth in a hospital, women are usually offered Tylenol® or Advil® for pain every 3-4 hours as needed. This would be a good choice at home if the mother does not have an allergy to these medications. Mom can have as many as 4 Advil® at a time and Advil® is best for muscle pain.

When a new mother gets out of bed for the first time, she may feel dizzy. It is important to have her leave the baby on the center of the bed or hand it to someone else to hold and get up slowly:

- Sit up on the side of the bed to see how she feels
- have an adult take her to the bathroom and wait to be sure that she is not feeling faint
- if she says she is going to faint BELIEVE HER and have her lie down on the floor. Do not attempt to walk her back to bed. You have about 10 seconds to get her down on the floor before she passes out and bangs her head on the way down! Once she is down flat she will wake up and feel better. Just wait a few minutes and then carefully help her back to bed.

In a couple of hours the mom may want to take a shower. Be sure she has had something to eat and is not dizzy when she gets up. It is good to have someone close by as dizziness can return quickly.

Mom may need an ice pack applied to her perineum after the birth to reduce swelling.

Resources: *Unassisted Homebirth: An Act of Love* Lynn Griesmer, *Unassisted Childbirth* Laura Shanley, *Emergency Childbirth* Dr. Gregory White, <http://www.nlm.nih.gov/medlineplus/ency/article/000009.htm> , <http://www.acnm.org/focus/inplace.cfm> , Med-Help.com, ADAM