



Perinatal Manual of Southwestern Ontario

A collaboration between the Regional Perinatal Outreach Program of Southwestern Ontario & the Southwestern Ontario Perinatal Partnership (SWOPP)

Chapter 32

NURSE ASSISTED BIRTH

Nurses in community hospitals may find themselves assisting at spontaneous birth without an attending physician. The following is intended to be used as a guide in these situations.

Equipment

Every birth area should have a birth pack readily available consisting of:

1. 1 straight Mayo scissors
2. 2 Kelley's forceps
3. 1 amnihook
4. 1 cord clamp
5. 4 sterile towels
6. 10 -3 x 3 gauze
7. basin
8. sterile gloves
9. oxytocin ampoules with syringe, needle and alcohol swab
10. peri pads
11. baby blanket

Procedure

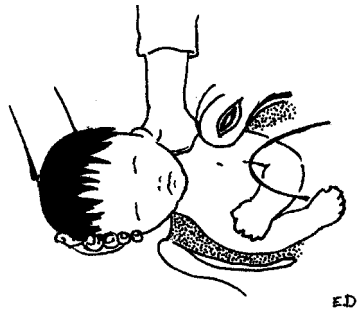
1. Assist the woman to a position of comfort such as semi-reclining or lateral recumbent.
2. If at all possible, observe universal precautions throughout the procedure.
3. Support the vertex with one hand and perineum with the other.



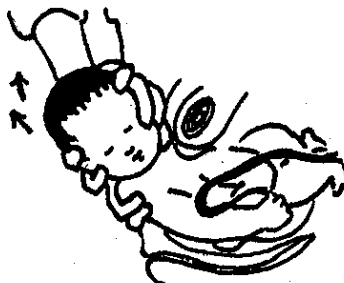
4. Encourage the mother to pant as the vertex crowns and is born.
5. Manually check the baby's neck for presence of the umbilical cord:
 - a) if the cord is loosely around the neck, slip it over the head or shoulder
 - b) if the cord is tightly around the neck, clamp it, using 2 Kelly's forceps, and cut it (between the forceps)



6. Support the head with one hand, do not pull on the head, but allow the anterior shoulder to be born.



7. Lift the baby slowly upwards to assist with birth of the posterior shoulder by reaching for the posterior shoulder to support the baby.



8. Support the baby's head and body as she/he is born.



9. Position the baby on its side or prone on mother's abdomen.



10. Double clamp and cut the umbilical cord.
11. Dry and assess the baby.
12. Assess and record the Apgar score.
13. Assess the perineum for any obvious lacerations and apply pressure with gauze squares as necessary to any bleeding points.
14. Follow the physician's routine orders for oxytocin in the third stage.
15. Palpate the uterus to ensure that it is well contracted.
16. Allow the placenta to separate and descend to the introitus without cord traction, abdominal manipulation or maternal effort.
17. If the placenta is visible distending the perineum, grasp the cord and gently lift it out without maternal effort, allowing the trailing membranes to slowly separate.

18. Place ice packs to the perineum, explaining their function in reducing perineal edema to the mother.
19. Remove the soiled linen.
20. Assess the mother's blood pressure, pulse, fundus and lochia.
21. Notify the physician of the birth.
22. Complete necessary charting.

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