

Section: Division of Nursing

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**PROTOCOL**  
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HACKETTSTOWN REGIONAL MEDICAL CENTER

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ED  
(Scope)

**TITLE: EMERGENCY CHILDBIRTH PROTOCOL**

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**PURPOSE:** To outline the equipment needed and care of the patient who arrives in ECU and has precipitous delivery.

**LEVEL:** \_\_\_ Dependent \_\_\_ Interdependent \_\_\_ Independent

- OUTCOMES:**
1. Patient will be delivered safely.
  2. Management scale implemented.
  3. Anxiety will be diminished.
  4. Patient and baby will be kept warm.
  5. Pertinent data will be recorded.

**TRIAGE:** If possible, the patient should be transported rapidly to the delivery suite. If not possible, the patient should be triaged into ER treatment room ASAP. Call OB unit to request assistance from OB staff and/or providers.

- ASSESSMENT:**
1. Is the woman primipara or multipara? This generally determines the length of labor.
  2. Are the membranes intact? If so, time is on your side.
  3. Is there any bright red "show"? This indicates active cervical dilation.
  4. Does the woman feel as though she has to "push"? This indicates delivery is imminent. Have patient pant and "breathe like a puppy" until positioned for delivery.
  6. Is there "crowning"? This is the presenting part of the baby. In a primipara, there may be enough time to get to the delivery room (depending on the distance involved).

- EQUIPMENT LIST:** **OB Pack III Includes: (found in Room # 9)**
- 1 Back Table Cover Zone-Reinforced
  - 1 Set-Up Cover
  - 1 Ultra Zoned Impervious Surgical Gown, Large with Towel
  - 1 Absorbent Towel
  - 1 Baby Blanket
  - 1 Under Buttocks Drape
  - 2 Leggings
  - 1 Abdominal Drape 60" x 38" CONTROL® PLUS Fabric Reinforced
  - 1 Peri Pad
  - 1 HOLLISTER® Cord Clamp
  - 1 Vaginal Packing Sponge
  - 1 Bulb Syringe
  - 10 Sponges, X-Ray Detectable, 4" x 4"
  - 1 Placenta Basin

- INTERVENTIONS:**
1. Drape from OB pack if time allows, making every effort to provide the infant a clean field.
  2. Use a sterile gloved hand and sterile towel to hold against the infant's head gently as it presents so that the head does not "explode" from the vagina.

3. When the head is delivered, look and feel to see whether the umbilical cord is wrapped around the neck. If so, slip the cord gently over the baby's head, being careful not to tear the cord.
4. As the shoulders deliver, carefully hold and support the head and shoulders while the body delivers, which is usually sudden. The baby will be slippery, so be prepared and support the head and neck with one hand while holding the legs and feet with the other hand.
5. Immediately place the baby on its side, with the head lower than the body, and gently suction the mouth and nostrils with a rubber suction bulb to clear of mucous and blood.
6. Cover the baby (especially the head) immediately and dry baby, with warm blankets to offset rapid heat loss. May place skin to skin with the Mom for added warmth.
7. Clamp the cord with two clamps after pulsation stops 2-3 inches apart, about 6-8 inches from the navel and cut between the clamps. An OB nurse can apply a cord clamp closer to the navel later in the Nursery under controlled conditions.
8. Record the baby's time of birth and Apgar score at 1 and 5 minutes after birth.
9. Place ID bands (obtain from OB) with matching numbers on mother and baby. Do not separate mother from infant if possible.

**\*APGAR SCORE CHART**

APGAR SCORE			
Sign	0	1	2
Heart rate	absent	below 100	over 100
Respiratory rate	absent	slow, irregular	good, crying
Muscle tone	limp	some flexion of extremities	active motion
Reflex irritability (response to catheter in nostril)	no response	grimace	cough, sneeze or cry
Color	blue, pale	body pink, extremities blue	completely pink

\*Sixty seconds after the complete birth of the infant, disregarding the cord and placenta, the five objective signs are evaluated and each give a score of 0, 1, or 2. A score of 10 indicates an infant in the best possible condition. Infants with scores of 8-10 usually need no treatment. Approximately 90 percent of normal infants should score 7 or more one minute after birth.

**DELIVERY OF PLACENTA:**

1. Following birth of the child, the placenta is delivered. It usually separates from the wall of the uterus in a few minutes or as long as 30 minutes.
2. Have Pitocin (5 units) or as ordered ready for IV administration after the placenta delivers.
3. Place a peripad between the mother's legs and massage the fundus to speed involution of the uterus and reduction of bleeding.
4. Keep the mother warm, the fundus firm and admit to OB as soon as possible.