

Precipitous Labor and Emergency Delivery

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Cardinal Movements of Delivery

- Engagement
- Descent
- Flexion
- Internal Rotation
- Extension
- Restitution/External rotation
- Expulsion

From: Williams Obstetrics, 27th Edition, 2003 by Cunningham, G. et al

Precipitous Labor Definition & Causes

- Labor less than 3 hours from onset to delivery
- Causes/Contributing Factors
 - > Hypertonic contractions
 - > Low resistance
 - > Lack of painful sensation
 - > Preterm birth

Maternal Implications/Risks

- Lacerations of the Cervix, Perineum, Vagina
- Ruptured Uterus
- Post-Partum Hemorrhage

Fetal Implications/Risks

- Decreased Placental Perfusion & Fetal Hypoxia
- Head Trauma/Intracranial Hemorrhage
- Risk of Unattended Birth

Hospital Care, Precipitous Labor

- Follow Labor Closely
- Notify Physician/Midwife Early
- No Oxytocin
- Tocolytics
- Prioritization

Hospital Care, Precipitous Labor Prioritization

- Monitor Cervical Change
- Monitor Fetal Status
- IV & Blood Work
- Keep Mother Calm

cont.

Hospital Care, Precipitous Labor Prioritization cont.

- Anesthesia?
- Full Physical Assessment - Only When Time
- Documentation - Often after the fact.

Emergency Delivery Signs of Impending Delivery

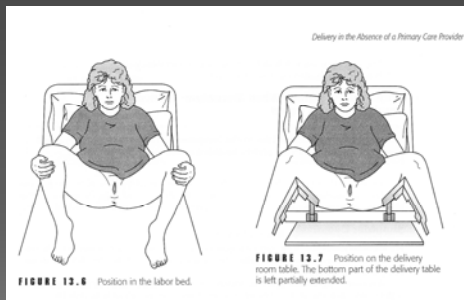
- Involuntary Breath Holding
- Bearing Down
- Restlessness
- Increased Bloody Show
- Perineal Fullness
- Crowning

Emergency Delivery Primary Roles

- Stay with mother/call for help.
- Prepare equipment and supplies
- Coach & calm mom.

Emergency Delivery Primary Roles cont.

- Position mom.
 - > Semi-Fowlers with knees bent
 - > Side-lying
 - > Don't break bed
- Scrub prep



From Kennedy, B., Ruth, D.J., Martin, E.J. Intrapartum Management Modules, 4th edition 2009

Key Points Emergency Delivery

- Slow controlled delivery of the head
- Suction mouth & nose
- Check for nuchal cord – reduce or loosen
- Delivery shoulders
 - > Anterior then posterior
- Support head & body as baby slips out
- Baby to Mom - skin-to-skin – cut cord PRN
- Dry/Stimulate newborn (if needed)
- Deliver placenta
- Promote involution – Breastfeed, Massage fundus

Delivery of Head

- Deliver slowly and controlled
 - > possibly the nurse's most important contribution
- Assist with pushing until head is crowning
 - > Then feather blow
- Apply gentle pressure as head emerges.
- ROM if necessary

128 Roberts and McGowan

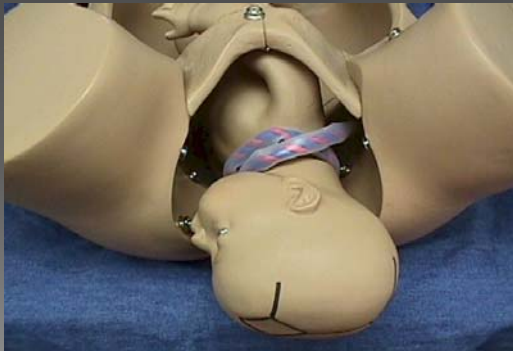


Roberts, J. and McGowan, N. Journal of Emergency Nursing May/June 1985

Suction, Check for Cord

- Suction Mouth and Nose ?
 - > Possibly more important with meconium.
- Check for Nuchal Cord
 - > If loose, gently pull over head.
 - > If tight, clamp x 2 and cut between clamps.

Reduce Nuchal Cord



Delivery of Shoulders

- Hands over baby's ears.
- Gentle traction downward to deliver anterior shoulder.
- Gentle traction upward to deliver posterior shoulder.




FIGURE 13.15

Restitution and Delivery of Shoulders

From Kennedy, B., Ruth, D.J., Martin, E.J. Intrapartum Management Modules, 4th edition 2009




FIGURE 13.16
Keep your fingers flat on the sides of the head. Do not grab the baby around the neck.




FIGURE 13.17
Keep fingers away from eyes and neck.




FIGURE 13.18




FIGURE 13.19

Key Points

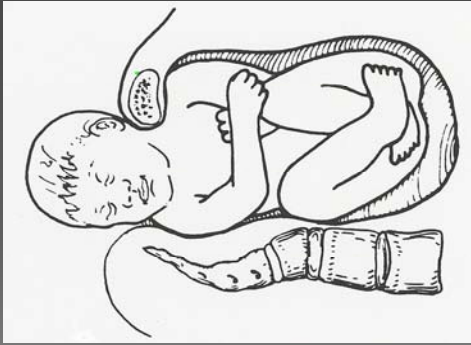
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Shoulder Dystocia

McRoberts Maneuver

Suprapubic Pressure

Gaskin Maneuver



O'Leary JA: Shoulder Dystocia & Birth Injury, New York, McGraw-Hill, 1992

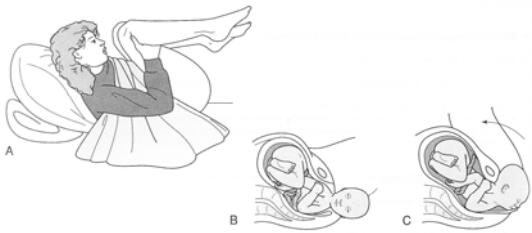
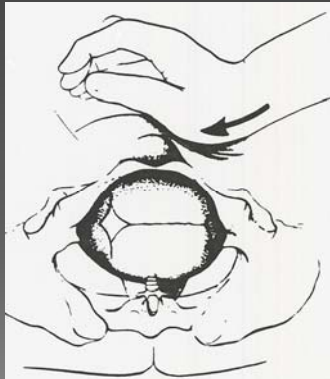


FIGURE 13.8 McRoberts maneuver. **A**, McRoberts maneuver position. **B**, Normal position of the symphysis pubis and the sacrum. **C**, The symphysis pubis rotates and the sacrum flattens. (Adapted with permission from NaeL, R. W., & Martin, J. N. (1995). Emergent management of shoulder dystocia. *Obstetrics and Gynecology Clinics of North America*, 22[2], 252.)



O'Leary JA: Shoulder Dystocia and Birth Injury, New York, McGraw-Hill, 1992

Delivery of Body

- Will easily deliver.
- Support head and back or buttocks.
 - > Don't drop the baby
- Suction mouth and nose.

Support the body as it slips out



Cord Clamping

- Delay for 30-60 seconds (or longer)
- Advantages most beneficial for preterm infants
 - Less anemia
 - Decreased IVH
 - Decreased necrotizing enterocolitis
 - Slight increase risk of jaundice
- Only use sterile instruments.
- Collect cord blood.

Support the Baby as the Body Delivers

Holding the arm to the chest helps to prevent laceration of the perineum by the elbow.




FIGURE 13.20

The helps to drain the amniotic. The nose and mouth can be suctioned with a bulb syringe. Keep the baby close to the perineum to prevent excess pulling on the cord. Avoid grasping the baby's neck and compressing carotid arteries.




FIGURE 13.21

Clamp and Cut the Cord

Take care to avoid wide spraying of the blood.




FIGURE 13.22

From Kennedy, B., Ruth, D.J., Martin, E.J. *Intrapartum Management Modules*, 4th edition 2009

Needs of Newborn

- Prevent Heat Loss
 - > Dry thoroughly & remove the wet linen
 - > Radiant warmer, or skin-to-skin, or warm blankets
- Clear Airway prn
 - > Suction mouth & nose
- Initiate Breathing
 - > Stimulate

**Key Points
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Placenta

- Can take up to 30 minutes.
- Signs of placental separation:
 - > Sudden gush of blood
 - > Cord lengthens
 - > Uterus becomes "globular" & rises in abdomen
- Don't tug on cord.
- Deliver downward, then upward.

Promote Involution

- Prevents Hemorrhage
- Massage Fundus
- Baby to Breast

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