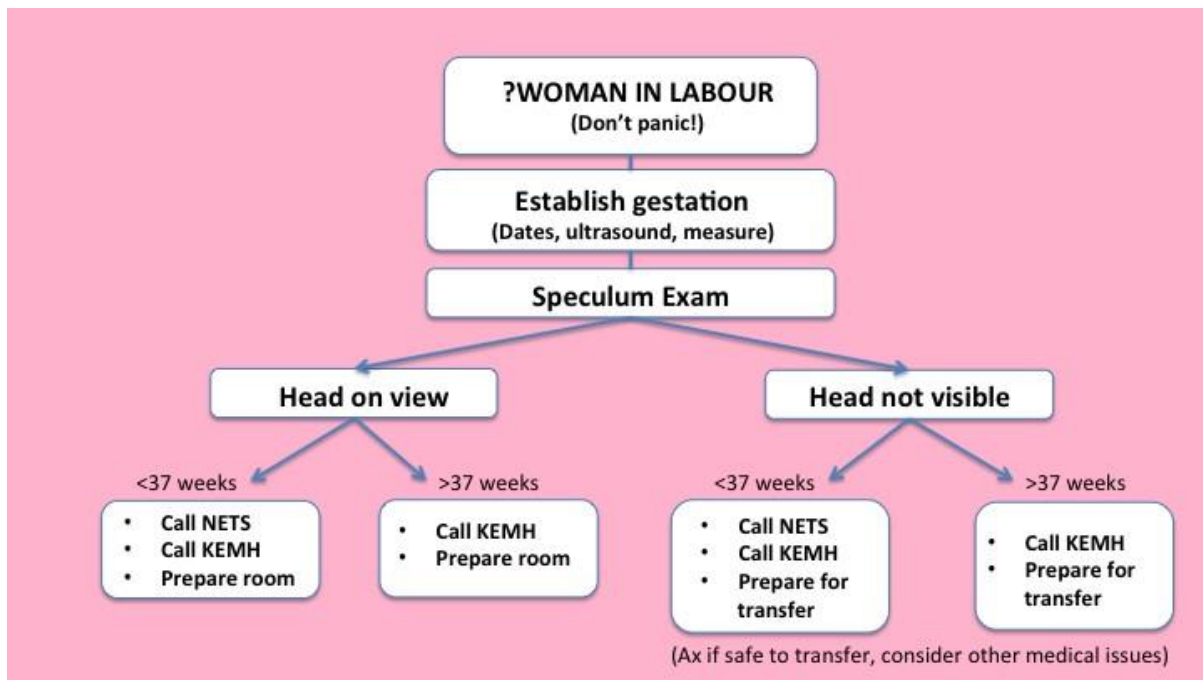




Sir Charles Gairdner Emergency Department Obstetric Guidelines



Delivery of a baby in ED

Preparation for the birth of the baby

- 1. PPE**
 - a. Wear full face visor
 - b. Plastic apron
 - c. Sterile gloves
- 2. Assemble equipment for birth, placing it within easy reach**
- 3. Consider:**
 - a. Swabbing downward from urethral orifice to anal area
 - b. Placing drape under woman's buttocks
 - c. Clean pad over anal area

Birth of the baby

1. Encourage the woman to minimise active pushing using gentle verbal guidance. The use of controlled slowed or shallow maternal breathing should be used to birth the baby slowly.
2. Support the perineum with the dominant hand.
3. Apply gentle counter pressure to the fetal head with the non-dominant hand to control the fetal head, allowing progress whilst preventing uncontrolled expulsion.
4. Once the head has birthed, wait for restitution to occur. Note the time the head has birthed.



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5. Continue to support the perineum as you provide gentle verbal guidance to the woman to push gently to birth the shoulders. In the event that the shoulders do not deliver spontaneously, remove the dominant hand and apply gentle traction to release the anterior shoulder.
6. Allow the posterior shoulder to be released following the curve of Carus, continuing to protect the perineum.
7. Provide support to the baby's body by moving both hands.
8. Support the baby's body and assist placing the baby on the woman's abdomen/chest (skin-to-skin) if she wishes.
9. Note time of birth.
10. Following delivery of the baby AND the placenta administer 10 units of oxytocin IM.