

When Baby Arrives Before the Midwife

Birth is a normal process of life. It is not to be feared. Most women can birth alone without complications. It is always important to be prepared, however, in the event an emergency does occur. The following is a list of steps for the doula, husband or birth supporter to be familiar with prior to such an event.

1. If the midwife is en route call her, if possible, and place the phone on speaker next to you.
2. Make sure the mother is in a comfortable position. Likely, she will have already chosen the most conformable position for herself and if birth is eminent will not desire to move.
3. If birth is proceeding exceptionally fast have her lie on her left side with leg raised or move to the hands and knees position. Both positions will help to slow the descent of the baby and allow for you to be able to see what is occurring.
4. Make sure all fans are off and room is warm and free from cross drafts. Make sure dry blankets and/or towels are available to cover both the mom and baby after birth.
5. Place a clean dry chux pad or towel under her to catch birth fluids.
6. Place the birth kit within close proximity.
7. Place a bowl of warm water and clean wash cloths within reach of mother.
8. Wash your hands and place on gloves.
9. As the baby begins to crown, or the head emerges, ask the mother to place her hands on the baby's head to gently guide the baby out. If she cannot, then you can gently place a warm cloth on her perineum and provide support.
10. If feces is present place a clean cloth or 4x4 over her anus to keep contamination at bay. Be sure not to touch fecal matter in the process and contaminate your own hands.
11. Remind the mother to breathe and if at all possible to not push but rather allow her uterus to bring the baby down gently.
12. When the head emerges ask the mother to gently press the baby's head toward her bottom to allow for the anterior shoulder to deliver. If she cannot, you can gently guide the baby's head towards the mother's bottom until the shoulder is delivered. Then just as gently guide the baby back toward the mother's abdomen.
13. Remember!! Babies are slippery. Do not drop.
14. PLACE ON MOTHER'S ABDOMEN
15. Note the time of birth.
16. Once the baby is on the mother's chest/abdomen be sure the umbilical cord is not being pulled. If it is, have the mother maneuver the baby lower.
17. Cover the baby with a warm blanket.
18. Ask the mom to cuddle, stroke and talk to the baby.

Assessment One

1. Is baby pink?
2. Is baby crying?
3. If yes, then continue to encourage the mother to bond with the baby through touching, caressing and talking.

4. If no, gently but firmly rub the baby's back stroking up and down the spine and flick the soles of their feet.
5. If the baby has not responded within 1 minute after birth, continue to warm and stimulate, ask someone to call 911, and deliver breaths of air to baby. Do not blow into the baby's mouth but rather give gentle puffs of air from your cheeks.

Assessment Two

1. Between 3-10 minutes after delivery the placenta usually separates.
2. Have you seen a gush of blood from the mother's vagina?
3. Has the cord lengthened?
4. Is she feeling contractions?
5. If so, ask the mother to come up on her knees, protect her uterus with her left hand by placing the palm of her hand just above her pubic bone, feeling for her uterus and pulling up and in. With her right hand have her gently take hold of the cord and both pull and push with the next contraction.
6. Gently but firmly massage the mother's uterus until it is firm.
7. Remember!! **Do not clamp and cut the cord until it has completely stopped pulsing and has turned white in color.** It is even better if you wait until the midwife arrives.
8. If the mother starts to bleed **after the delivery of the placenta** check to be sure her uterus has contracted and is firm. If not, massage deeply enough on the top and along the edges to assure it firms up. Be sure, but gentle.
9. Be sure the mother does not have a full bladder.
10. Breath

NOTE: This is an emergency procedure guideline. It is only a guideline and serves strictly in an emergency situation where professionals are not yet on scene for the birth and immediate postpartum.