

## CMG 26(a) - UNSCHEDULED NORMAL FIELD BIRTH

(Revised: May 2017)



### UNSCHEDULED NORMAL FIELD BIRTH

The preferred management is usually birth at a hospital – but if birth is imminent, reassure the mother and help her to a comfortable position.

Gain a full patient and pregnancy history (refer to the mother's antenatal card if available). If the labour is premature (20 to 34 weeks gestation), consider bypassing the closest hospital and transporting the patient/s straight to the Centenary Hospital for Women & Children birthing suite (at TCH). Otherwise, transport to the closest hospital or the hospital into which the mother is booked (paramedic clinical judgement). Pre-notify the destination as appropriate.

Provide analgesia as required (methoxyflurane only, but have the mother discontinue use after delivery, due to uterine relaxation effects).

Support the neonate's head while it is delivered. Encourage the mother to control her breathing to make sure the head is delivered slowly and gently.

Ensure the cord is not around the neonate's neck; if it is around the neck, assess whether the neonate can be delivered through the cord. If this is not possible, attempt to slip the cord over the neonate's head being careful not to stretch or tear the cord. If cord is too tight to slip over the head, clamp cord in two places and carefully cut the cord.

Support head to allow shoulders to be birthed. Gentle downwards guidance may be required to deliver the anterior (top) shoulder, followed by gentle upward pressure to guide delivery of the posterior (lower) shoulder. The rest of the body will deliver quickly after the shoulders. **If the shoulders do not deliver within 60 seconds of head delivery, manage as for "shoulder dystocia".**

Once neonate is delivered, place the neonate immediately onto mother's chest and dry to maintain normothermia. Cover mother and neonate with blanket. Note time of birth. (*Mother and the neonate each require a separate PCR*).

Provide tactile stimulation, and assess APGAR at 1 and 5 minute intervals. Encourage breast feeding.

Clamp cord three times: first clamp approximately 10cm from the neonate, second clamp 15cm from the neonate, and third clamp close to the mother's perineum. Cut between the first and second clamps.

Carefully assess neonate's heart rate and respiration – refer to the newborn resuscitation CMG as required.

Assess for any significant post-partum haemorrhage (and treat as appropriate).

Be mindful of the delivery of the placenta, but do not delay transport unnecessarily waiting for this. If the placenta is delivered out of hospital, ensure it is presented for assessment at hospital.