

Obstetrics Imminent Vertex Delivery

Designation of Condition: Pregnant patient in active labor with delivery imminent as evidenced by crowning (or other presenting part), urgent desire to push, urge to move bowels, continuous intense contractions, membrane rupture, bloody show.

B	<p>ABC's</p> <p>Vital sign monitoring</p> <p>Oxygen titrated to a saturation of $\geq 90\%$</p> <p>Open an OB kit</p> <p>Don sterile gloves, and create field for delivery</p> <p>If membranes are ruptured, look for meconium, identify presenting part, and prepare to treat appropriately</p> <p>Proceed with delivery:</p> <p>If abnormal presentation at delivery, e.g., breech or shoulder dystocia go to Breech Delivery or Abnormal Birth Emergencies and contact MCEP</p> <ul style="list-style-type: none">•Control delivery of head with one palm.•Sterile towel in other hand at perineum will protect infant's mouth/nose from anal contamination.•Gently wipe baby's face. Suction mouth then nose— if noted obstruction to nares/oropharynx•Assist delivery of anterior shoulder by exerting very mild downward pressure.•Then, a very gentle upward lift of the head to aid in delivery of posterior shoulder.•The remainder of the body usually follows without difficulty.•Do not exert traction or try to pull baby from birth canal, as this may result in injury.•Follow Post-Delivery guidelines•Place sterile clamps at approximately 6–8 inches from infant's abdomen, and cut between them using sterile scissors or scalpel. (Never use non-sterile equipment to cut cord.) If possible cut cord approx 1–2 minutes after delivery— do not delay if infant appears limp or in distress. <p>Post-Delivery Mother Care:</p> <ul style="list-style-type: none">•The placenta should deliver spontaneously (often preceded by a sudden gush of blood) within 5–10 minutes of delivery.•As the placenta passes through the introitus, gently lift away with both hands employing a slight twisting motion.•Never exert traction on the cord to pull placenta from uterus.•When expelled, place placenta in plastic bag or other container and give to personnel at receiving hospital.•If placenta has delivered, and uterus does not feel firm, massage the uterine fundus by supporting the lower uterine segment with one hand just above the symphysis pubis, and massaging the uterus with the other hand.•Reassess vital signs and monitor for postpartal hemorrhage.•If noted continued hemorrhage despite fundal massage, place infant to breast, continued fundal massage <p>DO NOT DELAY TRANSPORT FOR DELIVERY OF PLACENTA</p>
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I	<p>IV/IO if time permits prior to delivery</p> <p>If severe bleeding noted, start second IV/IO</p>
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