

CHILD BIRTH

SYMPTOMS:

Not all may be present

- lower abdominal cramp-like pains at regular intervals
- an urge to push down when the baby is ready to be born
- a feeling of excitement mixed with anxiety

FIRST AID:

Assist the mother into a suitable position

- Assist her to lie down on a bed, or the floor, if delivery seems to be imminent.
- Place a piece of plastic covered by old sheets or towels under the mother to protect the bed or floor.
- Reassure the mother that help is coming and that you will stay with her.

Call 111 for an ambulance and a midwife, if there is one nearby.

If due to some unforeseen situation ambulance is unable to come, you may have to deliver the baby:

1. **Get comfortable.** If you're not able to go to the hospital right away, then mom needs space. Get her some pillows and a spot on the floor. Put some clean sheets down so baby doesn't touch the dirty floor. Mom will need at least one pillow under her hips. She can lay on her side until delivery. Prop up mom's back and support her during contractions.
 - Baby is going to be very slippery. Putting mom on the floor makes sure that baby doesn't fall very far if you don't keep a good grip on him or her!
2. **Wash your hands.** Baby will be born with very little immune system and is susceptible to infections. Follow [universal precautions](#) and wear [personal protective equipment](#) if you have it. Remember once you've washed your hands not to touch anything but mom, baby and the bedding.
3. **Check for crowning.** As the cervix dilates, the baby's head moves down the birth canal and becomes visible. If you can see baby's head, then birth is imminent.
1. You should be able to see the head clearly once it's visible. If it is obscured by a membrane stretched across it, then pinch the membrane with clean hands and twist. The membrane is the amniotic sac, which should already have broken. If not, it will break easily when pinched and release the amniotic fluid. After that, things will move quickly!
4. **Guide the baby.** Put your hand in front of the baby's head and let it come out nice and slow. Don't try to hold the baby back, but don't let it explode from the vagina either.
1. The baby will slide out slowly in waves as mom's uterus contracts. As the baby comes out, it will turn to the side naturally. There is no need to try to force the baby or help it.
2. Putting some gentle pressure on the base of the vagina near the perineum will help baby's head pass.
5. **STOP!** Baby's head is out and mom needs to stop pushing (easy for me to say). Clean baby's nose and mouth with a bulb syringe. If you don't have a bulb syringe, use a clean towel to wipe away fluid and membrane from baby's airway.
1. If you see the umbilical cord [wrapped around the baby's neck](#), try to slip the cord over the baby's head. This is important, but there is a possibility you will not be able to release the cord. If the cord won't go, deliver the baby anyway.

6. **Deliver the placenta.** After the baby is delivered, the placenta will come. Don't try to force it or pull on the umbilical cord. The placenta will naturally deliver in about ten or fifteen minutes.
 7. **Get to the hospital.** Now that the fun part is over, it really is time to get to the hospital. There are still some important steps to make sure that baby and mom are fine. Those steps need to be performed at the hospital.
 - You still have the [placenta](#) attached to the newborn by the [umbilical cord](#). That will be fine for a few more minutes. There is very little to hurry about.
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8. **Guide the shoulders.** Do **NOT** pull on the baby, but guide its shoulders out, starting with the top shoulder. If there is difficulty, you can put pressure on mom's abdomen just above the pubic bone to encourage the top shoulder to deliver.
 - Once the shoulders are out, baby is going to slip right through. Hold on tight; the baby is slippery and will probably wiggle.
 9. **Wrap baby up.** Other than clearing the airway, the most important thing you can do for the baby is keeping it warm. Make sure to cover from head to toe, but leave the face open so the baby can breathe