



- iv. Continue with delivery as normal once the anterior shoulder is delivered
- b. Prolapsed umbilical cord
 - i. Placed gloved hand into vagina and gently lift head/body off the cord
 - 1. Assess for pulsations in cord, if no pulses are felt, lift the presenting part off the cord
 - 2. Wrap the prolapsed cord in moist sterile gauze
 - 3. Maintain until relieved by hospital staff
 - ii. If previous techniques are not successful, mother should be placed in prone knee-chest position or extreme Trendelenburg with hips elevated
- c. Breech birth
 - i. Place mother supine, allow the buttocks, feet, and trunk to deliver spontaneously, then support the body while the head is delivered
 - ii. If needed, put the mother in a kneeling position which may assist in the delivery of the newborn
 - iii. Assess for presence of prolapsed cord and treat as above
 - iv. If head fails to deliver, place gloved hand into vagina with fingers between infant's face and uterine wall to create an open airway. Place your index and ring fingers on the baby's cheeks forming a "V" taking care not to block the mouth and allowing the chin to be tilted toward the chest flexing the neck
 - v. When delivering breech, you may need to rotate the baby's trunk clockwise; or sweep the legs from the vagina
 - vi. Once the legs are delivered support the body to avoid hyperextension of the head; keep the fetus elevated off the umbilical cord
 - vii. NEVER pull on the body, especially a preterm or previable baby – just support the baby's body while mother pushes when she feels the urge to
- d. The presentation of an arm or leg through the vagina is an indication for immediate transport to hospital
- e. Nuchal cord
 - i. After the head has been delivered, palpate the neck for a nuchal cord, if present, slip over the head
 - ii. If the loop is too tight to slip over the head, attempt to slip the cord over the shoulders and deliver the body through the loop
 - iii. The cord can be doubly clamped and cut between the clamps; the newborn should be delivered promptly
- f. Excessive bleeding during active labor may occur with placenta previa or placental abruption
 - i. Obtain history from patient – known previa, recent pre-eclampsia symptoms, hypertension history, recent trauma, drug use especially cocaine
 - ii. Placenta previa most likely will prevent delivery of infant vaginally
 - iii. Place large bore IV and administer IV fluids as indicated
 - iv. If available, transfusion or the administration of whole blood as indicated
 - v. C-Section most likely needed – transport emergently
- g. Postpartum hemorrhage
 - i. Obtain history from patient – history of prenatal or delivery complications, recent trauma, prescription anticoagulants, drug use especially cocaine
 - ii. Perform fundal massage