



Delivery Instructions

Listed below are some basic instructions to follow in the unlikely event that your baby is born before the midwife arrives to assist. Post this in your home or place on top of your birth kit.

1. **Try to stay calm.** If her water is broken, see the document that she has posted in the house; "If your bag of water breaks" on one side "When to call your midwife" on the other.
2. Stay close and reassure the laboring mom that you are there to help her. Keep in mind: quick labors are usually straight-forward, uncomplicated situations requiring little intervention.
3. If the mother is having a rapid labor and you think the baby is coming soon and you have not called the midwife yet, do so now.
4. Remember to breathe deeply and relax. Help the laboring mother to breathe and relax. Getting her into the birth tub (or warm bath) will help her deal with contractions. She can probably birth the baby there, as well.
5. Turn the heat up to at least 75 degrees if the room is not already toasty warm. Close windows and turn off fans. Wash your hands very thoroughly.
6. Gather your birth supplies. The most important items to have are; gloves, lots of clean linens (washcloths, towels, receiving blankets) to gently dry and/or cover the baby to keep it warm, and the blue absorbent pads from your birth kit (or any piece of plastic large enough, with a towel laid on top) to place under the mother to catch amniotic fluid and blood during and after the birth. Position a clock where you can see it from where baby is born, and pen and paper.
7. Instruct the woman not to push until she can no longer resist the urge to do so.
8. If she has an irresistible urge to push and/or you see the woman's bottom (perineum) bulging, wash your hands and be ready to catch the baby. Cleanliness is important but it is not necessary to be sterile. The bulk exam gloves in the large box in your birth kit are fine.
9. If you feel that it would help either you or the mother, get your midwife on speakerphone.
10. If you begin to see the top of the baby's head emerging (it normally appears with deep wrinkles in the scalp) tell the woman to pant or blow to help ease the baby out slowly. Nudging the baby out little by little can help prevent tears, so have her give very short little pushes, and she should continue to breathe through her pushes, not hold her breath. (If you see feet instead of a head, do not pull on them - tell the midwife! Call 911 if you cannot reach her.)
11. As the baby's head is being born you can use one hand and a clean wash cloth to support the mother's perineum with gentle counter-pressure. Encourage her not to push at all as the last of the baby's head comes out, so it doesn't "pop" out and cause a tear. Slow and gentle.
12. The baby's head usually emerges from the vagina face down (unless the mother is on her hands and knees; in that case the baby will be face up). Once the head is born you will usually see the face rotate toward one of the mother's inner thighs. Support the baby's head gently through this. **Do not pull or twist on the baby's head.**
13. Feel around the baby's neck for the umbilical cord by running your finger down the nape of the baby's neck, fingernail side against baby's skin, and hooking your finger. If you find the

cord wrapped around the neck, either loop it over the head if there is enough room, or just let the baby's body be born through it, taking care not to pull on the cord. If the cord is very tight, roll (somersault) baby out with his face close to mom's thigh so cord is not tugged. The cord around the neck happens fairly often during birth. A loose cord around the neck is not an emergency.

14. When the baby's head is out, look at the clock and note the time. The general rule is that the baby's body needs to be born within 4 minutes of the head. If baby's shoulders are stuck and will not come out within 2 minutes with mother's pushing and putting one or both knees up (this will seem like a very long time), be gentle but firm and rotate the baby's posterior shoulder forward; gently insert 2 fingers along baby's back, and press against the back of baby's shoulder to rotate it toward baby's chest (remember what I showed you in childbirth class). Do not press the shoulders backward, only forward. If a hand is near the face, it can be gently pulled out in the direction of the other shoulder by sweeping it across the baby's chest, not by pulling up or back.
15. As the baby's body emerges, grasp the chest gently with both hands and hold on (babies can be slippery). Note the time again, and as soon as you can please write down the time of birth.
16. Carefully place the baby on the mother's belly or chest. If the cord is short the baby may not reach the mother's chest. **Do not pull on the cord, especially the end attached to the baby.** Do not cut the cord, it is still providing the baby with **oxygen**, blood, and stem cells!
17. Cover the baby with warm blankets or towels. Keep baby skin-to-skin with mother. If needed, you can dry the baby's head, back, belly and legs as gently as possible. Baby should stay on mom's chest, and left to look at mom.
18. If the baby is not yet crying or breathing well, you can stimulate it by rubbing the back slowly and firmly from the bottom up. Drying the baby is good stimulation. Hearing the baby cry is one sure way of knowing that it is breathing, however not all babies cry immediately after being born. This does not necessarily mean there is a problem. It is very important for the baby to hear his mother's voice now, so encourage her to talk to baby.
19. Other ways to tell if the baby is okay is to look for the rise and fall of its chest and to feel a good heartbeat in the umbilical cord (do **not** squeeze it, just feel). Other reassuring signs are good skin color (pink except for hands and feet) and good muscle tone (not floppy).
20. Help mom get comfortable with blankets, pillows, water to drink, etc. Do not clamp or cut the cord, especially if it is still pulsing. Leave it alone, and the midwife will help you with it when she arrives (any minute now!). If there is excessive bleeding, use the hand tourniquet I showed you.
21. To help prevent bleeding, put the baby to the breast as soon as possible (or provide nipple stimulation) Placentas typically deliver on their own shortly after the baby is born (usually within 15-60 minutes). There is a period of rest with no contractions, followed by contractions and a small gush of blood. This is a sign the placenta is detaching from the uterus. Have a salad bowl or a blue absorbent pad nearby to catch the placenta. Having mom change positions and squat over the bowl or sit on the toilet can help with delivery of the placenta. **Do not pull on the cord,** just catch the placenta as it comes out of the vagina. Place the placenta close by so there is enough slack in the cord for mom to hold baby comfortably.

Call 911 if you need immediate assistance and the midwife has not arrived yet.

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