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MED

# Field delivery - first aid basics

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# Learning objectives

- Student will learn which tools are needed for a delivery in the field.
- Student will learn the basics of childbirth management.

# Introduction

- delivery (childbirth, labour) is the ending of the pregnancy when one or more babies are born
- mostly around 40 weeks of pregnancy
- **First stage:** contractions, full dilatation of the cervix
- **Second stage:** the birth itself
- **Third stage:** placenta delivery



# Delivery

- for contractions with an interval of **more than 5 minutes**
  - call EMS, possible to get to the hospital by yourself
- for contractions with an interval **under 5 minutes**
  - always call EMS and discuss the procedure, delivery on the field highly suspected
- in case of the symptoms: full dilatation of the cervix, strong, frequent contractions, significant pressure on the rectum
  - call EMS immediately
  - delivery on the field is necessary

# Field delivery

## Call EMS

### Ask the parturient:

- number of deliveries in the past
- week of pregnancy
- interval of contractions
- water breaking

### TO DO:

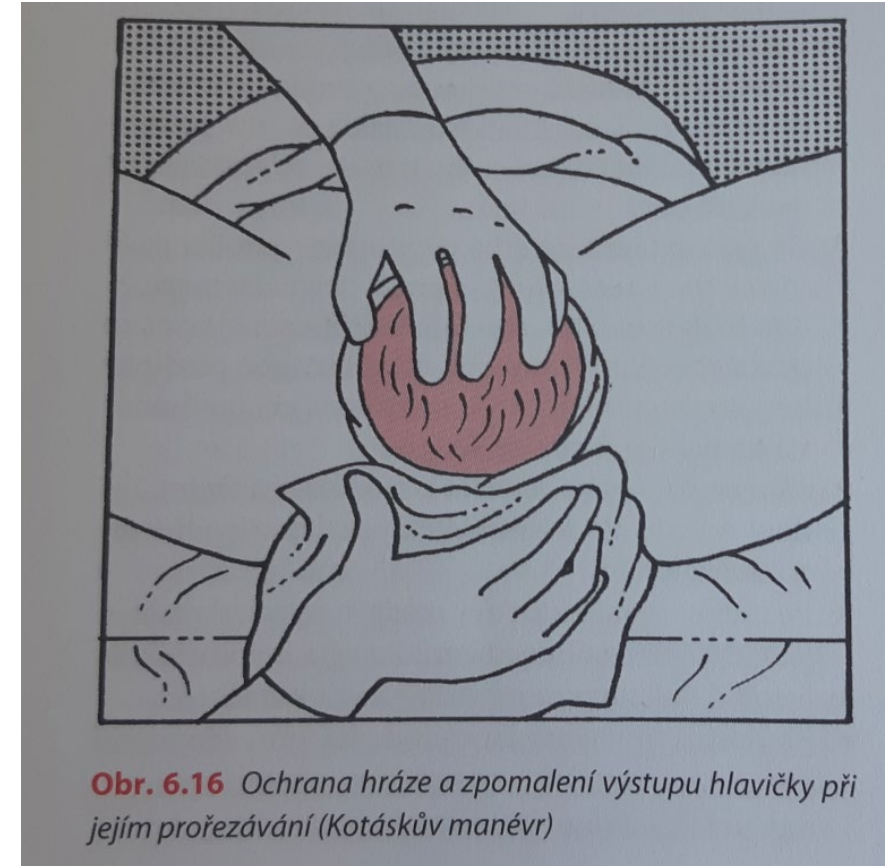
- ensure privacy and clean environment for woman
- semi-seat position with bent legs
- calm her down and support

### Preparation of the tools for:

- **mother:** scissors/knife, 3 pieces of clean strings, clean coverage (sterile)
- **newborn:** any clean material for drying the baby and for packing it into a dry
- **you:** hand disinfection, gloves, face mask

# Field delivery

- We encourage the mother to push during the contractions, to breathe out of the contractions.
- We protect the perineum by catching it between the thumb and forefinger with a veil, we prevent it from tearing.



# Field delivery

- do not rotate baby's head
- do not rotate the baby in any way, just hold it and help in its natural movement through the birth canal
- we finally hold the newborn's head and thigh so that it does not fall out



# Field delivery

- when the umbilical cord is wrapped around the neck - it must be carefully unwound
- do not raise the newborn significantly above the level of the mother's abdomen

**If the newborn does not start breathing and screaming immediately, it is necessary to start resuscitation of the newborn !!!**



# Field delivery

- in case of resuscitation of the newborn / mother - it is necessary to ligate and interrupt the umbilical cord as soon as possible, **OTHERWISE WE DO NOT LIGATE IT!**

(place 1<sup>st</sup> garter 10cm from the newborn's navel (the garter can be doubled), 2<sup>nd</sup> garter another 10 cm to the mother – cut it between with a sterile tool and cover both ends sterile)

- dry the newborn who is breathing, prevent it from getting cold by wrapping it in blankets (especially the head) and give it to the mother

# Placenta

- do not expel the placenta actively!!!
- it can come out on its own, otherwise we leave the birth of the placenta to health professionals
- risk of severe bleeding! (always call EMS)

# Learning outcomes

- Student knows what aids need to be prepared for delivery in the field.
- Student is able to recognize when it is necessary to proceed with field delivery.
- Student knows the basics of birth delivery management in the field.

# Resources

- AUSTIN, Margaret, Rudy CRAWFORD a Barry KLAASSEN. First aid manual: the Authorised Manual of St John Ambulance, St Andrew's First Aid and the British Red Cross. Revised 10th edition. London: DK, 2016. ISBN 978-0-2412-4123-3.
- HÁJEK, Zdeněk, Evžen ČECH a Karel MARŠÁL. Porodnictví. 3., zcela přepracované a doplněné vydání. Praha: Grada, 2014. ISBN 978-80-247-4529-9.
- REMEŠ, Roman a Silvia TRNOVSKÁ. Praktická příručka přednemocniční urgentní medicíny. Praha: Grada, 2013. ISBN 978-80-247-4530-5.
- ŠEBLOVÁ, Jana a Jiří KNOR. Urgentní medicína v klinické praxi lékaře. 2., doplněné a aktualizované vydání. Praha: Grada, 2018. ISBN 978-80-271-0596-0.

**Thank you for your attention.**

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