Giving Birth "In Place": A Guide to Emergency Preparedness for Childbirth

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EDITOR'S NOTE

What can midwives do to help women who are at risk of giving birth without a trained attendant? The following document from the American College of Nurse-Midwives is available on the ACNM web site at *http://www.midwife.org/focus/inplace.cfm*, and although written for families in developed countries, the content can be adapted to any setting. This document can be used as a patient handout or it can be used by health care providers who are not experienced in attending births.

Although most women do not go into labor during emergencies and most of those who do can get to a hospital or birth center, recent events have raised concerns about what to do if travel is not possible. Being prepared can help. The information here includes a list of supplies (Table 1) and directions for managing a normal labor and delivery while taking shelter in place.

This is not a "do-it-yourself"guide for a planned home birth, nor is it all the information you need for every emergency. It is not meant to replace the knowledge and skills of a doctor or midwife. The information is a basic guide for parents-to-be who want to be ready in case they have to give birth before they can get to a hospital or birth center.

CALL FOR HELP

If you think you are in labor, try to get to a hospital, birth center, or clinic. If you are alone or travel seems unwise, call the emergency number in your community and ask for help. After you have called for help, keep your front door unlocked so that rescue workers can get in if you are unable to come to the door. Call a neighbor to come and help the family. If the phones are working, keep talking to emergency services or your health care provider who can "talk you through" a labor and birth.

If your labor is going fast and birth seems near, stay at home and have your baby in a safe place rather than in the back seat of the car. Fast labors are usually very normal, and the mothers and babies can both do well. Slow labors will give you time to get to a hospital or birth center, or for a health care provider to get to you. Get out your supply kit and put the supplies where you can easily reach them.

As the helper, your job is to

Keep mom comfortable. It is good for her to walk, take a shower, get a massage, and move even if she is in bed.

Be sure she drinks lots of fluids. Water, tea, and juice are the best.

Be sure she goes to the bathroom every hour.

Say and do things that create a calm feeling, even if you are very nervous.

Wear gloves if you are going to be touching blood.

Wash your hands or gloves often.

Do not let pets into the labor and birth room.

Talk to mom about the sounds of childbirth. Making groaning or crying noise during labor is ok and can help the mom-to-be. It can scare the helpers. So mom has to try to not scream and lose control, and the helpers have to let mom make the noise that helps her cope.

Decide how to help other members of the family. Will they be present for the birth? What do they need to feel safe?

PREPARE THE BED

To keep the mattress from getting wet, cover it and the sheets with a shower curtain and then cover the shower curtain with another clean sheet, plastic-backed under pads and lots of pillows for comfort. The mother may want to spend a lot of time in bed, or she may prefer to be on her feet or in a chair. Whatever feels best is okay.

WHEN THE BABY'S HEAD IS COMING FIRST

If you know your baby has been head down during the last weeks of pregnancy, chances are good that the baby will be head first at birth. This is the most common position for a baby. First labors can last for 12 hours or more, whereas the next babies can come much faster.

The Urge to Push

The longest part of labor is the time it takes for the cervix to open wide enough for the baby to pass into the birth canal or vagina (first stage). You can tell the cervix has

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Table 1. Supplies for Giving Birth "In Place"

The following list is not a "do-it-yourself" list of supplies for a planned home birth, nor is it all the information you need for every emergency.

The following supplies can be found at most drugstores, cost about $70, and should be kept in a waterproof bag away from children and pets. Keep them in a tote bag in case you leave home.

1. Baby size bulb syringe (made of soft plastic, often called an ear syringe; should not be a nasal syringe as the plastic tip does not fit into a baby-sized nose).
2. A bag of large-sized under pads with plastic backing to protect sheets from messy fluids
3. Small bottle of isopropyl alcohol
4. Package of large cotton balls
5. Box of disposable plastic or latex gloves
6. White shoe laces (to tie umbilical cord)
7. Sharp scissors (to cut umbilical cord)
8. Twelve large sanitary pads
9. Chemical cold pack (the kind you squeeze to get it cold)
10. Hot water bottle (to help keep baby warm)
11. Six disposable diapers
12. Pain pills such as Tylenol or Advil
13. Small bar of antibacterial soap or liquid antibacterial hand sanitizer

Additional items you will use

1. Shower curtain
2. Four cotton baby blankets
3. Newborn cap
4. Medium-sized mixing bowl
5. Four towels
6. Wash cloth
7. Blankets to keep mom warm
8. Pillows
9. Five large trash bags for dirty laundry
10. Two medium-sized trash bags for the placenta
11. Instructions for CPR for adults and babies
12. Emergency contact information

If you think you are going to have to give birth at home, put the scissors and shoe laces in a pan of boiling water for 20 minutes. When done, pour off the water but do not touch the items until needed. If there is no way to boil water, wash the scissors and laces with soap and water and soak them in alcohol during the labor.

opened all the way (fully dilated) when the mother has a very strong need to push (second stage). She cannot hold back that urge and may make sounds like she is going to the bathroom. Once she starts pushing, the baby can be born in a few minutes or a couple of hours. As birth gets closer, the area around the vagina begins to bulge out until the top of the baby's head can be seen at the vaginal opening. The mother should be encouraged to push the baby's head out gently in any position that is comfortable for her. She does not have to lie on her back in bed, but you will feel safer if she is lying down or squatting so the baby can slip gently onto a soft surface.

Put on your gloves and get in a place where you can see the baby come out. Remind mom to push gently even when she wants to push hard. As the baby comes out, mom will feel a lot of burning around the vagina and this is when she may make a lot of noise. After the head is born, look and feel with your fingers to find out if the cord is around the baby's neck. If you find a cord around the neck, this is not an emergency! Gently lift the cord over the baby's head, or loosen it so there is room for the body to slip through the loop of cord.

The baby's head will turn to one side and with the next contraction the mother should push to deliver the body. If the body does not come out, push on the side of the baby's head to move the head toward the mother's back. The shoulder will be born. The rest of the body slips out easily followed by a lot of blood-colored water.

If the Head Is Born but the Body Does Not Come Out After Three Pushes

The mom must lie down on her back, put two pillows under her bottom, bring her knees up to her chest, grab her knees, and push hard with each contraction. After the baby is born, place her or him on the mother's chest and tummy, skin to skin, and cover both with towels. If the baby is not crying, rub her back firmly. If she still does not cry, lay her down so that she is looking up at the ceiling, tilt her head back to straighten her airway, and keep rubbing. Not every baby has to cry, but this is the best way to be sure the baby is getting the air she needs.

If the Baby Is Gagging on Fluids in Her Mouth and Turning Blue

Use the baby blanket to wipe the fluids out of her mouth and nose. If this does not help, use the bulb syringe to help clear things out. Just squeeze the bulb, place the tip in the nose or mouth, and release the squeeze. This will suck fluid into the bulb. Move the bulb away from the baby and squeeze again to empty the bulb. Repeat until the fluid is removed.

If the baby is still not breathing, follow the CPR directions.

THE UMBILICAL CORD

There is no rush to cut the cord. All you have to do is keep the baby close to the mom so the cord is not pulled tight. If you pick the cord up between your fingers, you can feel the baby's pulse. Within about 10 minutes the pulse will stop. At that time you can tie and cut the cord. Remember the cord is connected to the placenta (afterbirth) which is still inside the mother.

THE BABY

At the time of birth, most babies are blue or dusky. Some cry right away and others do not. Do not spank the baby, but rub up and down her back until you know she is taking deep breaths. Once the baby starts to cry, her color will be more like her mom, but her hands and feet will still be blue. Now is the time to keep the baby warm. Remove the wet towel that is over the baby and put another dry towel and

blanket over the mother and baby. Put a hat on the baby. The mother can help keep the baby warm with her body heat.

Put the baby to breast. Even if you did not plan to breastfeed, one of the safest things you can do for mom and baby is put the baby to breast. A breastfeeding baby helps keep the mother from bleeding too much and gets the food it needs right away. If the cord is too short to allow the baby to reach the breast, it is ok to wait until you cut the cord.

CUTTING THE CORD

There are no nerve endings in the cord so it does not hurt either the baby or the mother when it is cut. It is very slippery so take your time because there is no rush. Wash your hands, put on gloves and then get the container with the scissors and shoelace. Tie one of the laces around the cord very tightly with a double knot about 3 inches from the baby's tummy. The baby will cry when she is uncovered because she is cold, not because it hurts. Tie the other shoelace around the cord about 2 inches from the first knot.

Pick up the scissors by the handle without touching the blades. Cut between the knots you have tied. It is rubbery and tough to cut especially if you have dull scissors. After it is cut, place the end of the cord that is still connected to the mother's placenta into the mixing bowl. Cover the baby again to keep her warm.

THE PLACENTA OR AFTERBIRTH (THIRD STAGE)

The placenta looks like a big piece of raw meat with a shiny film on one side. On the other side it has membranes that are attached to the placenta (the membranes look like skin that has been peeled off). When the placenta is ready to come, you will see a gush of blood from the vagina and the cord will get a little longer. Put the bowl close to the mother's vagina and put more waterproof pads under her bottom. Ask the mother to sit up and push out the placenta into the bowl.

There will be a lot of blood and water coming after the placenta. Firmly rub the mother's stomach below her belly button until most of the bleeding stops. This will hurt but needs to be done. The heaviest bleeding should stop in a minute and then the bleeding will be more like a heavy period. If the bleeding increases again, very firmly rub the mother's lower belly until the bleeding slows. When it is firm, you will be able to feel the uterus (womb), which is the size of a large grapefruit, in the lower belly. A firm uterus is a good thing because it will stop the mom from bleeding too much (see Figure 1).

Mom's bottom and her uterus may be sore. You may see places where the mother's skin has torn around her vagina. Most of these tears will heal without any problems. Mom will feel better when you put an ice pack on her bottom where the baby came out and then put the sanitary pad on top of the ice pack. She may want to take a couple of pain pills at this time.

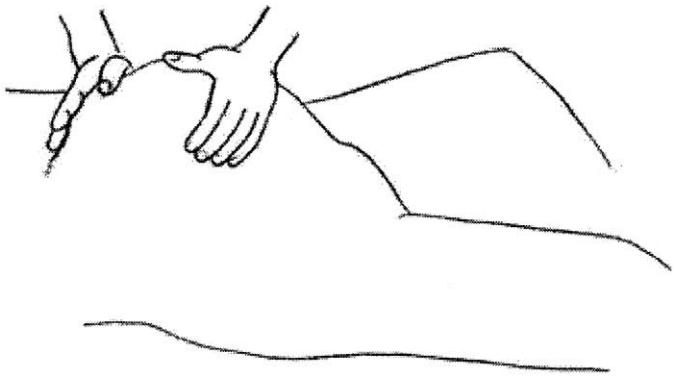

Figure 1. After the placenta is delivered rub the uterus to control bleeding.

Put the placenta in a medium-sized trash bag and wipe off any blood on the outside of the bag. Put this bag into a second trash bag. Take the placenta with you to the hospital or birth center. If you cannot leave the house for more than 4 hours, put the bagged placenta in a container with a lid and put it in the freezer.

CLEAN UP

After the mother has delivered the placenta and the bleeding has slowed down, give her a drink of juice, soup, or milk and something to eat like crackers and cheese or a peanut butter and jelly sandwich. Put on gloves to clean up the bed. Roll up the sheet and pads inside the shower curtain and put in a large plastic bag. Have clean under pads ready to cover the sheets and a sanitary pad for the mother.

The dirty sheets and towels can be washed in cold water with bleach or ammonia added. Wear gloves when touching items that are bloody. Put a diaper on the baby or you will be sorry!

BREASTFEEDING

It is important for the mother to breastfeed the baby in the first hour after birth and at least every 2 hours until her milk comes in.

- Breastfeeding will keep the uterus firm and decrease bleeding.
- Colostrum, the liquid that is in the breasts right after birth until the milk comes in, will give the baby all of the food she needs and it will help prevent infection.
- Even if the emergency situation continues for days, weeks, or months, there will always be a ready supply of safe and perfect food for the baby.

Getting Started With Breastfeeding

A newborn will nurse best in the first hour after birth when she is awake and alert. The mother may be more comfortable if she lies on her side with pillows under her head. The mother and baby should be face-to-face and belly-to-belly.

The baby will also nurse better if they are skin-to-skin (see Figure 2).

The mother should place her nipple and breast against the baby's lips. The baby will lick and try to nurse. The mother needs to help out by placing her nipple into the baby's open mouth. It may take a few tries before the baby can start sucking. If the baby is sleepy, rub her belly and back firmly to wake her up. If the baby is too sleepy, try uncovering her for a short time and rubbing the mother's nipple against the baby's lips. If the mother gets tired, take short breaks and start again. Once the baby nurses for the first time it gets easier.

If the baby sucks a few times and then lets go and the mom has large breasts, mom may need to help the baby breathe by using her finger to hold some breast tissue away from the baby's nose.

What to Avoid

- Don't use a pacifier or a bottle to start the baby sucking. It confuses some babies because they do not suck the same on the mother's breast and a bottle or pacifier.
- Do not separate the mother and baby for very long. The more they stay together, including when they sleep, the sooner breastfeeding will be well established.

CARE OF THE MOTHER

If you still cannot get to the hospital or birth center to be checked, the mother should go to the bathroom within an hour after the baby is born.

If the room is cold, you can use the hot water bottle to help keep the baby warm. Just wrap the warm bottle in a blanket and place it next to the baby's back.

Figure 2. Breastfeeding: face-to-face and belly-to-belly.

After birth in a hospital, women are usually offered Tylenol or Advil for pain every 3 to 4 hours as needed. This would be a good choice at home if the mother does not have an allergy to this medication.

When a new mother gets out of bed for the first time, she may feel dizzy. It is important to have her leave the baby on the center of the bed and get up slowly:

- Sit up on the side of the bed to see how she feels.
- Have an adult take her to the bathroom and wait to be sure that she is not feeling faint.
- If she says she is going to faint, believe her and have her lie down on the floor. Do not attempt to walk her back to bed. You have about 10 seconds to get her down on the floor before she passes out and bangs her head on the way down! Once she is down flat, she will wake up and feel better. Just wait a few minutes and then carefully help her back to bed.

In a couple of hours the mom may want to take a shower. Be sure she has had something to eat and is not dizzy when she gets up. It is good to have someone close by because dizziness can return quickly.

WHAT TO DO FOR THE MOTHER AND BABY IN THE FIRST 2 to 3 DAYS

If you still are unable to get professional health care for several days, you can take care of yourself and your baby during this time by remembering the basic needs: eat, drink fluids, rest, and feed and care for the baby.

Keep someone with you as a helper so you can rest most of the time. The helper should see that you always have plenty of fluids at your bedside and something to eat each time you breastfeed the baby.

Keep ice on the vagina where the baby came out for the first 24 hours. To keep the area extra clean, pour warm water over the vagina every time you go to the bathroom.

Check the uterus for firmness every few hours until the gushes of blood and/or clots stop and the baby is breastfeeding every 2 to 3 hours.

Change the baby's diaper every few hours. The baby's first bowel movements will be black and sticky (meconium), so be sure that the diaper is snug! The baby needs to wet at least once every 24 hours until the mother's milk comes in. After the milk is in, the baby will wet six to eight diapers a day. If the baby is not wetting, nurse the baby more often.

Each time you change the diaper, clean off the umbilical cord with cotton balls soaked with alcohol. The diaper should be placed below the umbilical cord to help keep it clean and dry (it turns dark as it dries). If the cord has a bad smell, a sign of infection, clean it with alcohol until the smell is gone.

WHAT IF THE BABY IS COMING BOTTOM FIRST?

A few babies are born bottom first. You will probably not know this is the case until mom pushes and you see a bottom or feet and not a head coming out. At that time you must

Bring the mom's bottom to the edge of the bed and have her legs pulled up to her chest.

Prepare a soft landing spot for the baby on the floor.

Let the baby's body (arms too) come out without touching the baby. You will be looking at the baby's back. Yes, you have to let her little bottom hang down toward the floor even if you are afraid she will fall. If you have to touch something, grab another pillow for the landing zone.

When the head slips out, grab the baby under the arms and bring her up to the mom.

If the baby's arms are out but the head does not come with the next contraction, you should have the mother get out of bed, squat, and push.

KEY POINTS

All parents-to-be should go to

- Childbirth education classes
- Infant/child CPR (cardiopulmonary resuscitation) classes
- Breastfeeding classes

Parents-to-be should keep the family car

- In good repair
- Filled with gas

If you have to labor at home during a terrorist attack or other emergency

- Call your midwife or physician
- Call for an ambulance
- Call a neighbor to help you
- Unlock the front door
- Keep these instructions and the birth supplies handy!

Women in labor need lots of encouragement and need helpers who are calm, positive, and caring. No matter what is happening in the rest of the world, it is important to keep the room peaceful and to focus on the mother's needs. She needs support and reassurance to do the hard work of labor. Be there for her and her baby.

DISCLAIMER

The information provided in this document is not a do-it-yourself guide for a planned home birth, nor is it all the information you need for every emergency. Following these directions will not replace the knowledge and skills of a doctor or midwife and cannot ensure a safe outcome. The information is a basic guide for parents-to-be who want to be ready in case they have to give birth before they can get to a hospital or birth center. In all cases, it is critical that you attempt to make contact with a trained health care professional.

Adapted with permission from the American College of Nurse-Midwives.