Registered Nurse Initiated Activities
Decision Support Tool No. 6:
Birth in the Absence of a Primary Care Provider

Decision support tools are evidenced-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems. When practice support tools are used to direct practice, they are used in conjunction with clinical judgment, available evidence, and following discussion with colleagues. Nurses also consider client needs and preferences when using decision support tools to make clinical decisions.

The Nurses (Registered) and Nurse Practitioners Regulation:	**Regulation: (6)(1)(h.1)** authorizes registered nurses to "manage labour in an institutional setting if the primary maternal care provider is absent."
Indications:	When RNs are the most appropriate health care professional to assist at an imminent birth
Related Resources, Policies, and Standards:	NRP provider course
Definitions and Abbreviations:	**Crowning**–top of fetal head can be seen at vaginal orifice as the widest part of head distends the vulva

Assessment

A woman presents at the institutional setting in late second stage of labour exhibiting signs of imminent birth or when labour progresses rapidly and the PCP does not have sufficient time to attend the birth

Signs and symptoms of imminent birth may include:

- Increased bloody show
- Uncontrollable urge to push/bear down
- Separation of the labia, bulging perineum and rectum
- Presenting part is crowning
- Woman states that birth is imminent

Using the philosophy of protecting, promoting and supporting normal birth the RN will:

- Call for assistance and remain with the woman
- Assess cervical dilatation including presenting part, station
- Assess– (may require 2nd assistant to perform)
  - Contraction frequency, duration, intensity and resting tone
  - FHS by IA for women without risk factors or EFM when risk factors present
  - Maternal vital signs
- If time permits:
  - Perform abdominal palpation to determine lie, presentation, position and attitude of fetus
  - EDD
  - GTPAL (post vaginal or CS birth)
  - Ruptured of membranes and colour of fluid
  - GBS swab
  - Health concerns for woman and fetus

Nursing Diagnosis

- Delivery is imminent

Special Considerations and Precautions

- Provide safe care and guide woman and her support person(s) through the birth experience
- Support and debrief the woman regarding unexpected outcomes
- Potential complications may include:
  - Newborn
    - ◊ Compromised at birth and requires resuscitation
  - Woman
    - ◊ Perineal and or labial tears (greater than second degree)
    - ◊ Retained placenta
    - ◊ Post partum hemorrhage

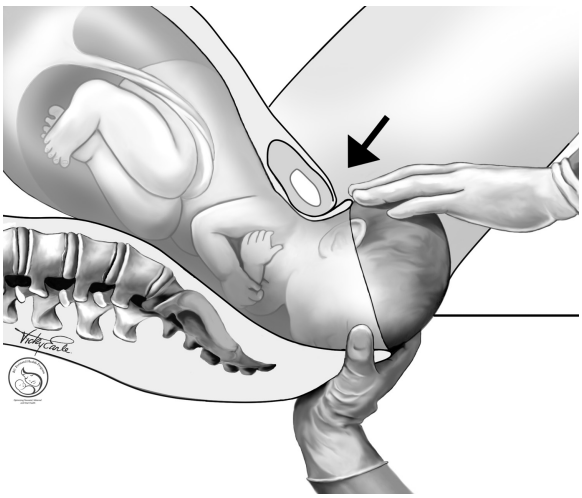
Interventions

1. Remain calm, stay with the woman, summon assistance and notify PCP as time allows
2. Assist the woman into a safe and comfortable position, there is no need to break the bed
3. Prepare equipment for delivery, do not leave the perineum unattended

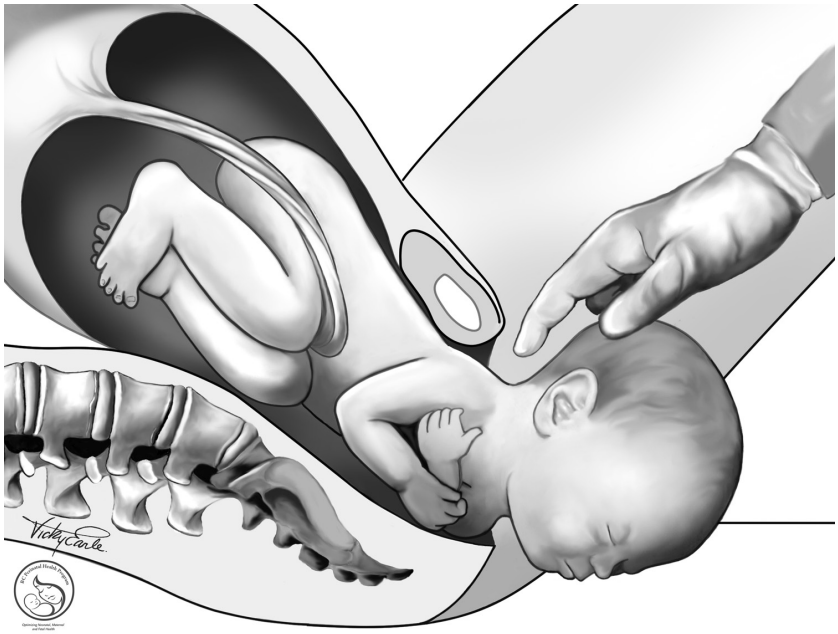
EMERGENCY DELIVERY KIT

Gloves, eye protection
4 Kelly clamps
1 pair of scissors
Towels
Basin for placenta
Oxytocin-syringe, needles
Sponges
Cord clamp
Cord blood tubes
Cord gas syringes
Blankets, baby hat

4. 2nd assistant (if available) prepare infant warmer including neonatal resuscitation equipment
5. With one hand, apply gentle downward pressure on the infant's head to guide its delivery,

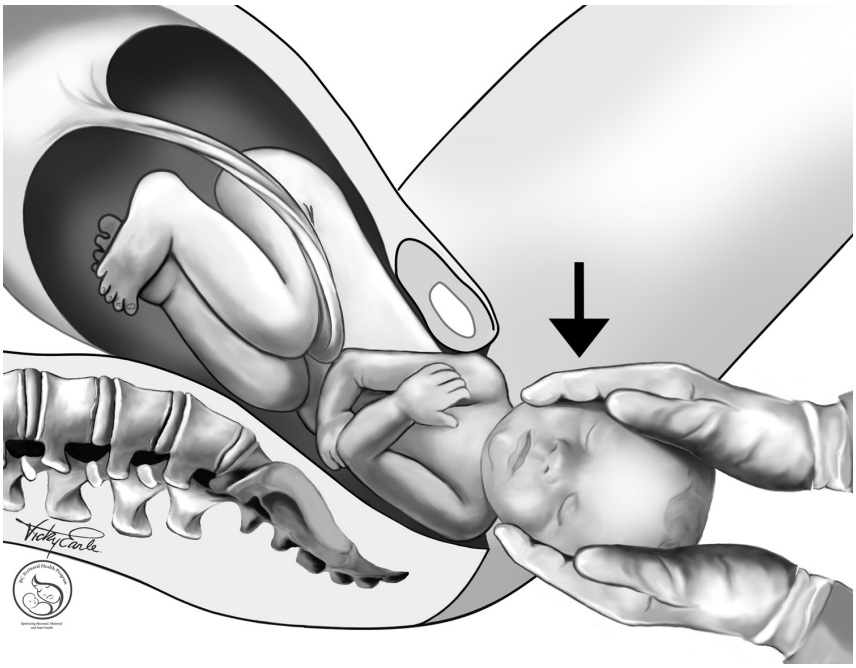


6. Support the perineum with your other hand
7. Ask the woman to pant or blow during contraction as the head is crowning
8. Move your hands to support the infant's head as it emerges
9. After birth of head, ask the woman to pant; check for the presence of loop(s) of cord around the neck



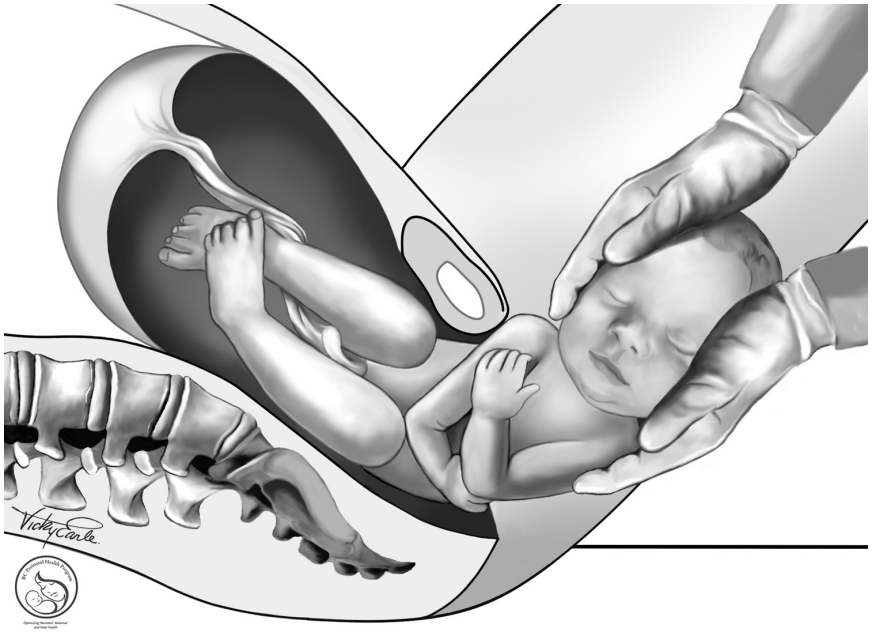
- If the cord is loose – gently slip it over the baby's head or shoulder
- If cord is tightly wrapped and the baby is unable to be delivered, carefully apply two clamps to the cord and cut between the clamps

10. Allow the head to restitute and rotate
11. Wipe mucous or secretions from infant's face prn – As per NRP (no suction required)
12. Once external rotation has occurred, place a hand on either side of head (fingers flat and keep hands away from the face) and apply GENTLE downward pressure with a contraction. Do not pull on fetal head.

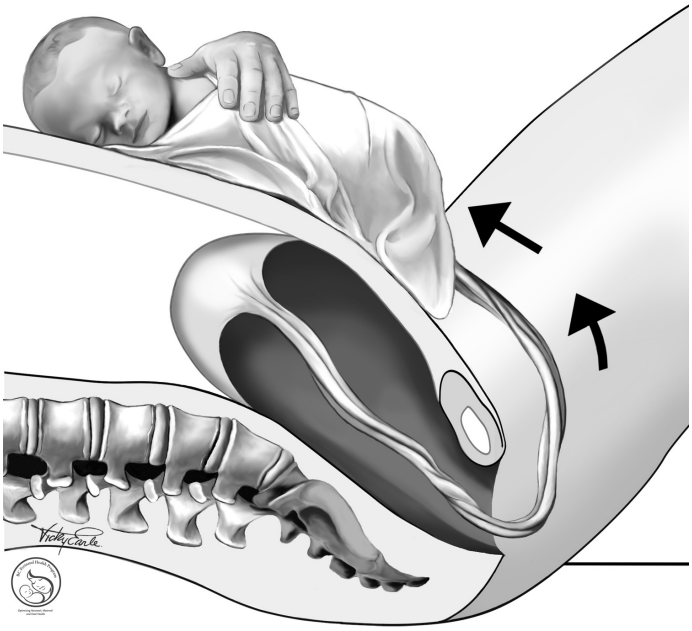


13. Encourage mother to give a gentle push to assist with delivery of the anterior shoulder

14. Keep hands in same position and in upward motion. As the posterior shoulder is being delivered, move hand downward to support the posterior shoulder and allow the body to deliver, and encourage the woman to pant.



15. Place the baby on the mother's abdomen skin to skin, cover with warm blankets



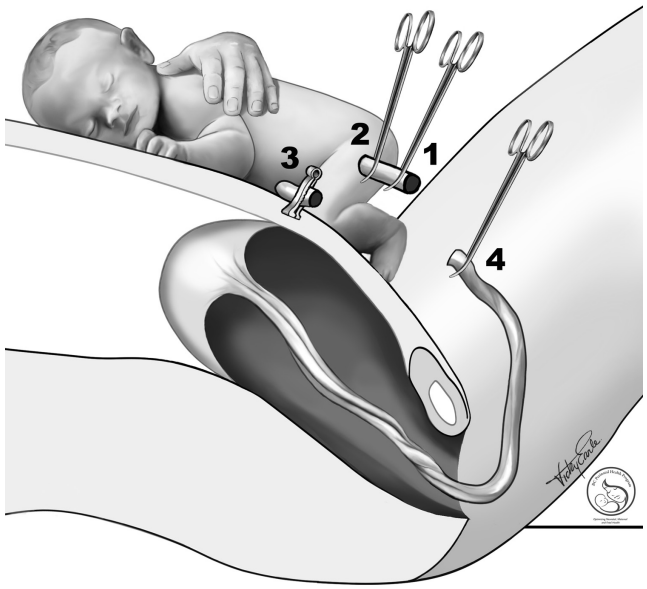
16. Note the time of birth

17. Perform initial steps of Neonatal Resuscitation

18. Timing of umbilical cord clamping

- For the vigorous neonate, delay cord clamping for at least 60 seconds if at term and at least 30 seconds if preterm.
- If the neonate is not vigorous, clamp the cord after assessment and provide the initial steps of neonatal resuscitation

19. Double clamp the umbilical cord at least 10 cm and again at 3–4 cm from the baby's abdominal wall. Cut the cord between the double clamps with sterile scissors. Collect cord blood gases from the isolated section immediately or set aside for later sampling.



20. Determine APGAR scores at 1 and 5 minutes, if 5 minute Apgar score is less than 7, additional scores should be assigned every 5 minutes for up to 20 minutes

21. Until the placenta delivers, avoid uterine massage or manipulation

22. Monitor for the signs of placental separation

- Gush of blood from vagina
- Lengthening of umbilical cord (do not pull on cord)
- Uterine fundus rising up in the abdomen
- Uterus becomes more firm

Note: Intramuscular oxytocin (10 IU) is the medication and route of choice for the prevention of PPH in low risk vaginal deliveries. If ordered and available, administer oxytocin as soon as possible after the delivery of the anterior shoulder. Before oxytocin is administered, caregivers must be certain that multiple birth is not present.

23. Ask the woman to bear down to deliver the placenta

- If oxytocin is given and uterine tone is present the PCP may assist placental delivery, while the woman is pushing, by gentle cord traction with one hand while applying uterine counter traction with the other hand.
- If oxytocin is not given **do not** apply any cord traction and wait until the woman spontaneously delivers the placenta.

24. After expulsion of placenta, visually inspect it for completeness and retain for the PCP's review

25. Check firmness of uterus; massage the fundus

26. Assess blood loss

27. Check perineum for tears (apply pressure if tear noted)

28. Clean mother as required, provide pericare

29. Ensure mother and newborn are comfortable and stable

30. Administer to mother analgesia prn (An order from a PCP required)

31. Administer Erythromycin and Vitamin K to newborn after skin-to-skin (An order from a PCP required)

32. Document

Please Note: Orders required from PCP

- Oxytocin
- Erythromycin
- Vitamin K
- Analgesic

Intended Outcomes

Mother and newborn will have a safe birth and experience no variances/complications during and following the nurse assisted birth

- Mother will have
  - Intact perineum, 1st or 2nd degree tear
  - Delivery of intact placenta
  - Minimal blood loss
- Newborn remains stable and is not separated from the mother and skin-to-skin is maintained to promote breastfeeding
- Woman and her support person(s) are included, empowered, and reassured throughout the birth to support a positive perception of the birth experience

Education

- Provide a debriefing opportunity for the woman and her support person(s)

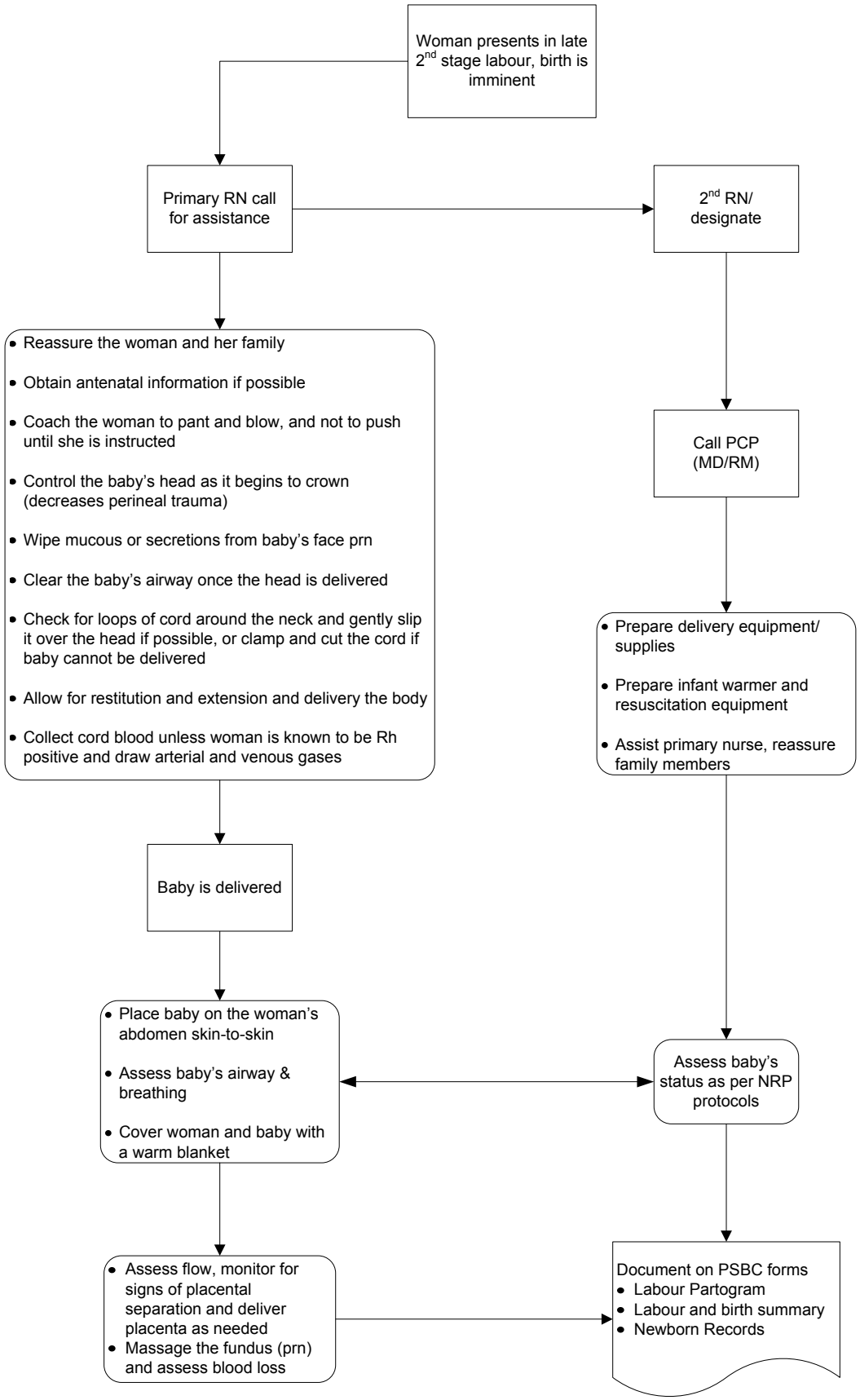
Documentation

Document on:

- Labour Partogram (PSBC 1583)
- Labour and Birth Summary Record (PSBC 1588)
- Newborn Record (PSBC 1585A) and
- Interprofessional notes as per facility protocol

Decision Support Tool:

Registered Nurse Assisted Birth in the Absence of the Primary Care Provider



References

Lowdermilk, D.L., Perry, S.E., Cashion, K., & Alden, K.R. (2012). *Maternity & women's health care.* (10th ed.). St. Louis, MO: Mosby Elsevier.

Martin, E. J. (2002). *Intrapartum management modules: A perinatal education program* (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Pool, J. H., & White, D. (2005). *Obstetrical emergencies for the perinatal nurse* (2nd ed.). White Plains, NY: March of Dimes Birth Defects Foundation.

SOGC Clinical Practice Guideline No. 235. (October 2009). Active management of third stage of labour: Prevention and treatment of postpartum hemorrhage.

Society of Obstetricians and Gynaecologists of Canada (SOGC). (2010). Advances in Labour and Risk Management (ALARM) Course Syllabus, SOGC. Ottawa, Ontario.