



SECTION 3

Basic Clinical Interventions for Maternal and Newborn Complications

**Session 5-1:
Steps to follow in providing
care during labor, childbirth
and immediate postpartum**

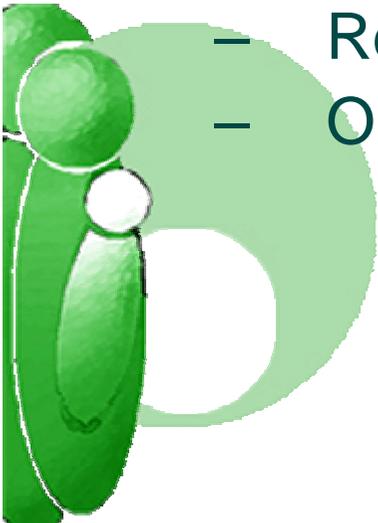
Steps to follow:

1) Do a quick check for emergency signs.

2) Make the woman comfortable.

3) Assess the woman in labor.

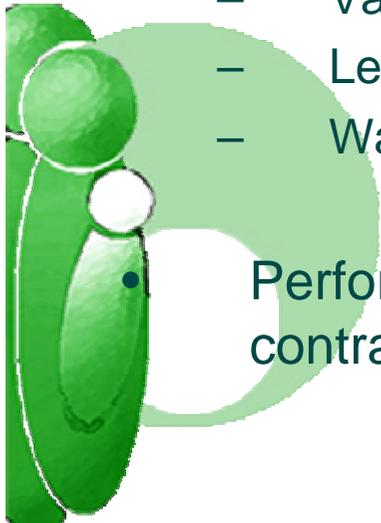
- Take the history of labor and record on the labor form.
- Review Mother and Child Book.
- Observe the woman's response to contractions.



Steps to follow:

4) Determine the stage of labor.

- Explain to the woman that you will perform a vaginal examination and ask for her consent.
- Inspect the vulva for:
 - Bulging perineum
 - Any visible fetal parts
 - Vaginal bleeding
 - Leaking amniotic fluid; if yes, is it meconium stained, foul smelling?
 - Warts, keloid tissue or scars that may interfere with delivery?
- Perform gentle vaginal examination (do not start during contraction).



Determining Stage of Labor

| Signs | Classify | Manage |
|--|-------------------------|---|
| <ul style="list-style-type: none"> • Bulging thin perineum • Vagina gaping and head visible • Full cervical dilation | Imminent Delivery | <ul style="list-style-type: none"> • Manage second stage of labor • Record in partograph |
| <ul style="list-style-type: none"> • Cervical dilation -Multigravida ≥ 5 cm - Primigravida ≥ 6 cm | Late Active Labor | <ul style="list-style-type: none"> • Manage first stage of labor • Record in partograph • Record in labor record |
| <ul style="list-style-type: none"> • Cervical dilation at ≥ 4cm | Early Active Labor | <ul style="list-style-type: none"> • Manage first stage of labor • Record in partograph • Record in labor record |
| <ul style="list-style-type: none"> • Cervical dilation at 0-3 cm • Contractions weak and < 2 in 10 minutes | Not yet in Active Labor | <ul style="list-style-type: none"> • Record in labor record |

Steps to follow:

5) Decide if the woman can safely deliver.

- If there is no indication for referral:
 - continue to take care of her.
 - if woman is in late active labor, deliver the baby but prepare for immediate referral if still necessary.
 - if woman is in early labor and the referral hospital can be timely reached, refer urgently.

If the woman or her family refuses referral, continue to take care of her but explain the possible consequences.



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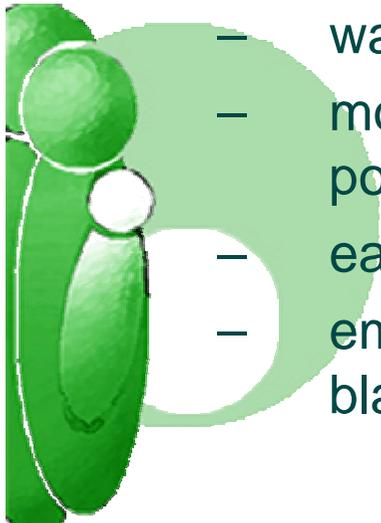
Steps to follow:

6) Give supportive care throughout the labor.

- Explain procedures, seek permission and discuss findings with the woman and her family.
- Examine the woman in a place where she is not exposed to people other than the examining person and her choice of companion.

Encourage woman to:

- wash from her waist down or take a bath at the onset of labor.
- move freely, respect and support her choice of a birthing position.
- eat and drink as she wishes, throughout labor.
- empty her bladder and bowels. Remind her to empty her bladder every 2 hours.



Steps to follow:

7) Monitor and manage labor.

- First stage: not yet in active labor, cervix is dilated 0-3 cm and contractions are weak, less than 2 in 10 minutes
 - Check every hour for emergency signs, frequency and duration of contractions, fetal heart rate, mood and behavior.
 - Check every 4 hours for fever, pulse, blood pressure and cervical dilatation.
 - Record findings in labor record.
 - Record time of rupture of membranes and color of the amniotic fluid.
 - Assess progress of labor.

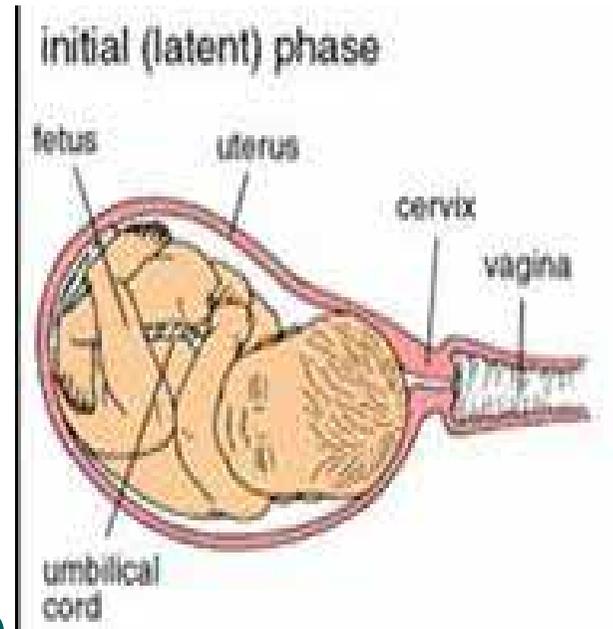
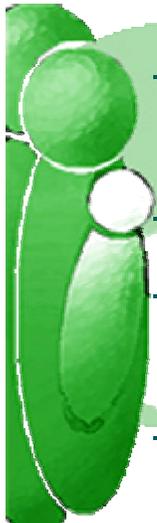


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Steps to follow:

Cont...7) Monitor and manage labor.

First stage: in active labor, cervix is dilated at 4 cm or more

- Check every 30 minutes for emergency signs, frequency and duration of contractions, fetal heart rate, mood and behavior.
- Check every 4 hours for fever, pulse, blood pressure and cervical dilatation.
- Record time of rupture of membranes and color of the amniotic fluid.
- Record findings in labor record and partograph.

active phase

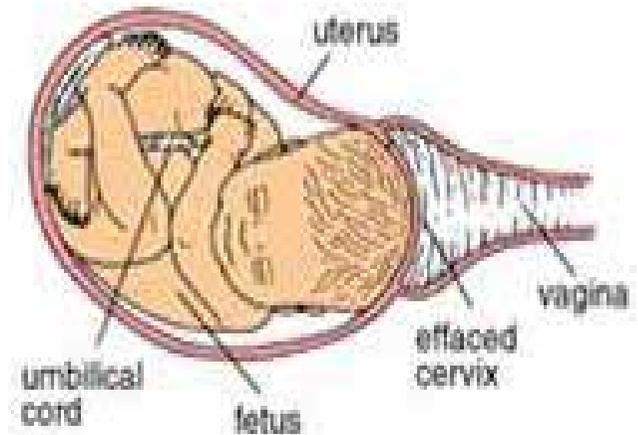
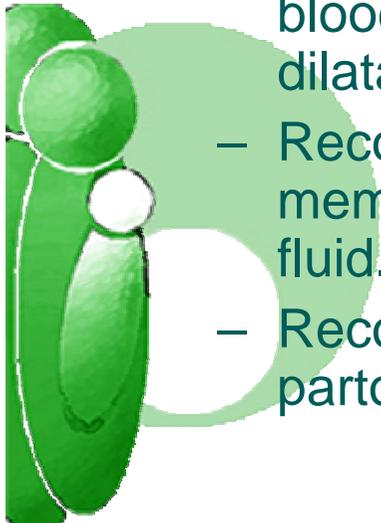


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Steps to follow:

Cont...7) Monitor and manage labor.

- Second stage, cervix dilated 10 cm or bulging thin perineum and head is visible
 - Check every 5 minutes for perineum thinning and bulging, visible descend of the head during contraction, emergency signs, fetal heart rate and mood and behavior.
 - Continue recording in the partograph.

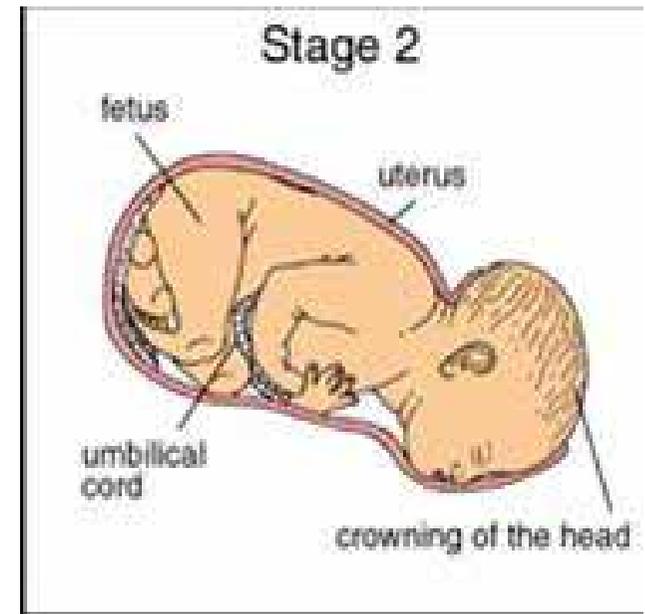
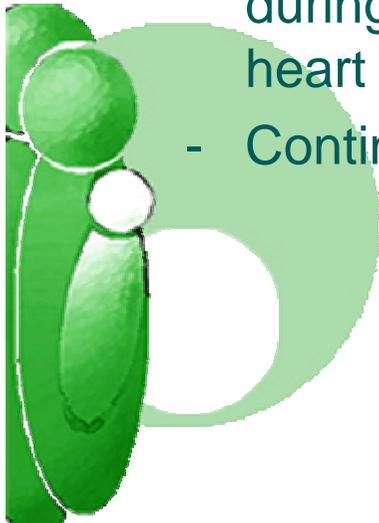


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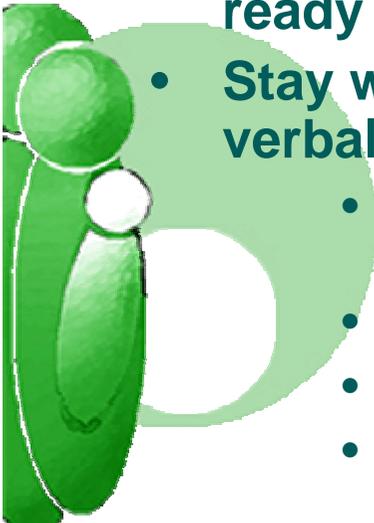


Steps to follow:

Cont...7) Monitor and manage labor.

Assist the delivery.

- Ensure all delivery equipment and supplies are available and place of delivery is clean and warm.
- Ensure bladder is empty.
- Position the woman comfortably where she will deliver.
- When delivery is imminent, wash hands, open delivery kit, ready oxytocin 10 IU and put on gloves just before delivery.
- Stay with the woman and encourage her. Maintain constant verbal and eye contact.
 - Await for spontaneous pushing efforts by the woman. Do not rush her.
 - Deliver the baby.
 - Give oxytocin 10 IU IM.
 - Watch for vaginal bleeding.



Steps to follow:

Cont...7) Monitor and manage labor. Delivering the baby

- **Ensure controlled delivery of the head.**
 - **Keep one hand on the head as it advances with contractions.**
 - **Support perineum with other hand and cover anus with pad held in position by heel of hand during delivery.**
 - **Discard pad and replace when soiled to prevent infection.**
 - **Leave the perineum visible between thumb and index finger.**
 - **Ask the woman to breathe steadily and not to push during delivery of the head.**
 - **Encourage rapid breathing with mouth open.**



Cont...7) Monitor and manage labor.

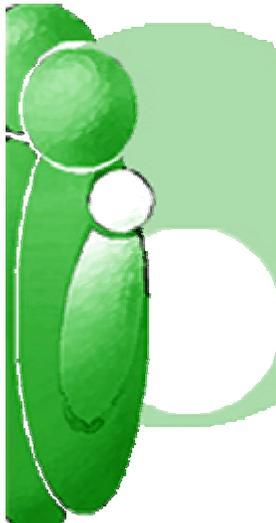
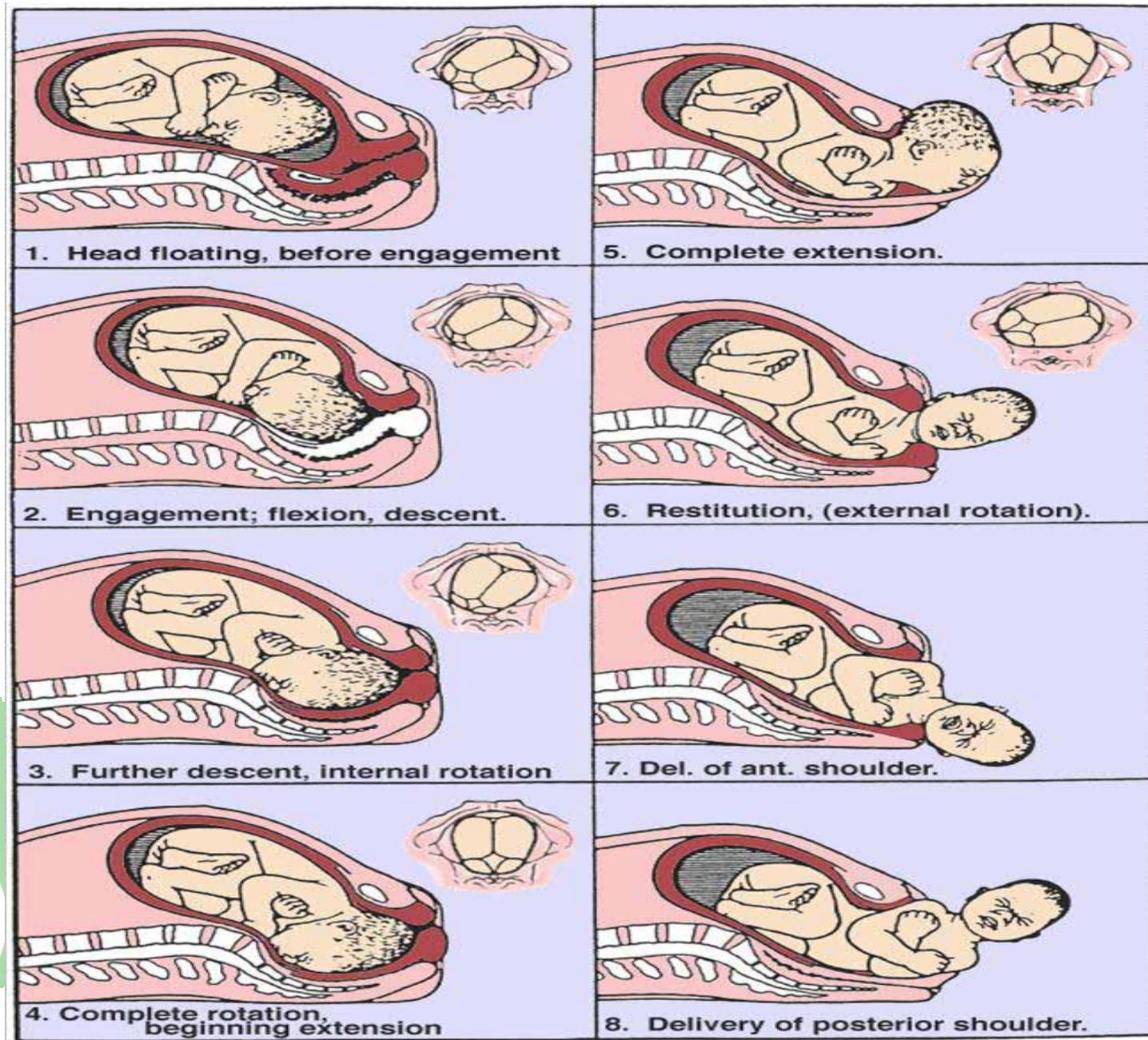


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Steps to follow:

Cont...7) Monitor and manage labor.

Delivering the baby

- **Feel gently round the neck for the cord.**
 - **If cord is present and loose, deliver the baby through the loop of cord or slip it over the baby's head.**
 - **If cord is tight, clamp and cut the cord and unwind it from around the neck.**
- **Gently wipe the baby's face with a clean gauze or cloth.**
- **Await spontaneous rotation of the shoulders to the antero-posterior position (within 1-2 minutes).**
- **Apply gentle downward pressure to deliver top shoulder then lift baby up to deliver lower shoulder.**

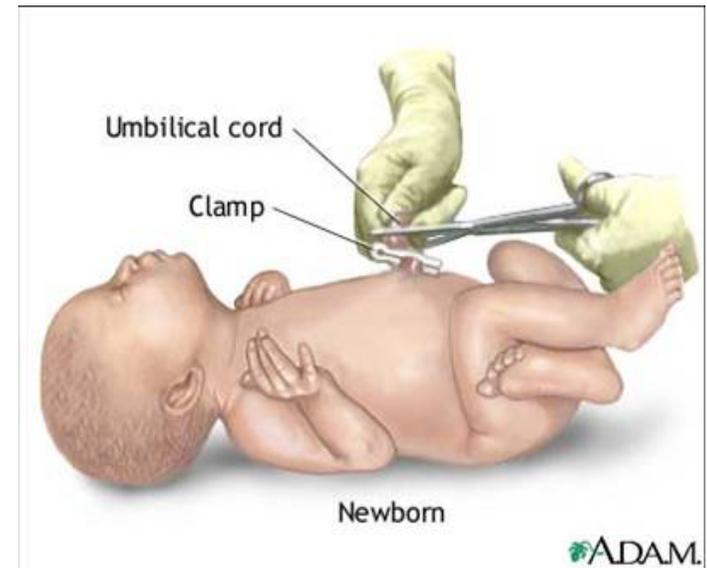


Steps to follow:

Cont...7) Monitor and manage labor.

Clamp and cut the cord.

- Change gloves. If not possible wash gloved hands with bubbling soap and water.
- Put ties tightly around the cord at 2 cm and 5 cm from the baby's abdomen.
- Cut between ties with a sterile instrument.
- Observe stump for blood oozing.
- Do not bandage or bind the stump. Leave it open.



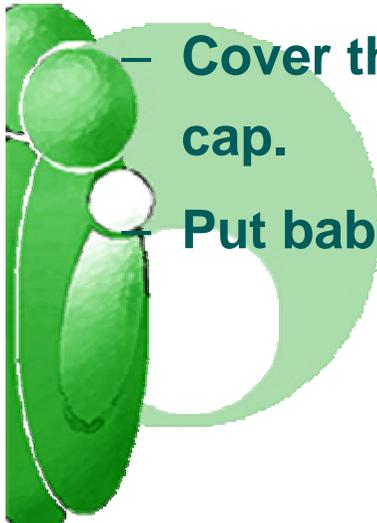
Steps to follow:

Cont...7) Monitor and manage labor.
Keep the baby warm.

- Thoroughly dry the baby.
- Leave baby on the mother's chest in skin-to-skin contact.
- Cover the baby; cover the head with a cap.
- Put baby to mother's breasts.



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Steps to follow:

Cont...7) Monitor and manage labor.

- Third stage, between birth of the baby and delivery of the placenta
 - Deliver the placenta by controlled cord traction.
- Check that the placenta and membranes are complete.
- Put the placenta into a container for disposal.

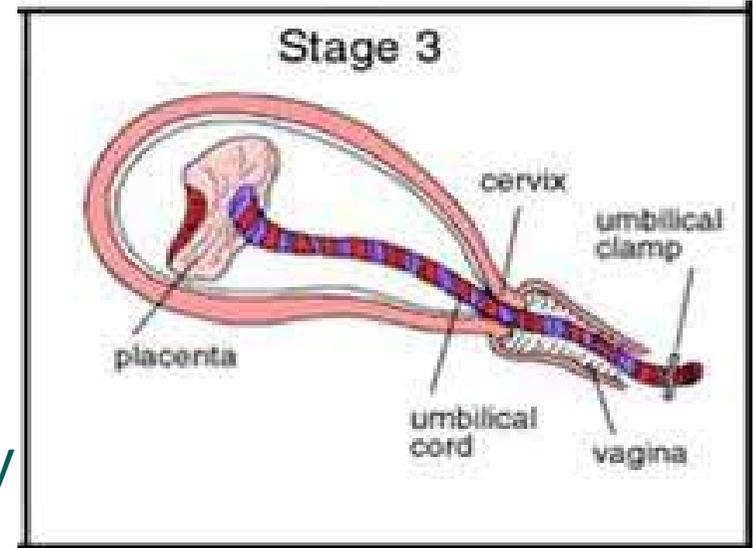
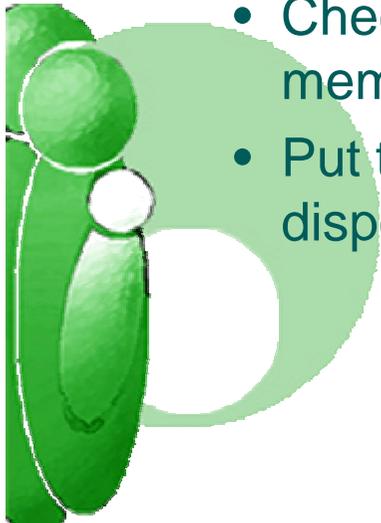


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Steps to follow:

8) Monitor closely within one hour after delivery and give supportive care.

- For the mother
 - Check for vaginal tears and bleeding.
 - Clean the woman and make her comfortable.
 - Initiate breastfeeding within one hour when the baby is ready. Help her to put the baby to her breasts.
 - Encourage her to eat and drink high-energy foods that are easily digestible.
 - Check every 15 minutes for emergency signs and uterine contraction.



Steps to follow:

8) Monitor closely within one hour after delivery and give supportive care.

For the newborn

- Gently clean the baby's eyes with clean water and wipe dry with clean cloth. Apply a small amount of 1% tetracycline ointment on the inside lower lids.
- Examine the baby thoroughly.
 - **Assess breastfeeding**
 - **Observe movements, are the limbs moving symmetrically?**
 - **Look for swelling and bruises of the presenting part**
 - **Feel feet, are they cold?**
 - **Look at palms and soles, are there blisters?**
 - **Look at the umbilicus for bleeding**
 - **Look at the tongue for pallor**
 - **Look for malformations**
 - **Weight the baby, is the weight less than 2,500 g?**
- Give Vitamin K 0.1 mg IM.
- Keep the baby in skin-to-skin contact with the mother.



Steps to follow:

9) Continue care after one hour postpartum. Keep watch closely for at least two hours.

For the mother

- Encourage her to eat and drink high-energy food that are easily digestible.
- Encourage her to pass urine. Check for bladder distension if unable to void.
- Ensure that she has clean cloth/napkin to collect vaginal blood.
- Advise postpartum care and hygiene.
- Give vitamin A 200, 000 IU, one capsule. (once within 1 month postpartum)



Steps to follow:

9) Continue care after one hour postpartum. Keep watch closely for at least two hours.

For the mother

- Give iron/folate, 60 mg/400ug tablet, 1 tablet daily.
- Ask her companion to watch her and to call you for bleeding or pain, if mother feels dizzy or for any other problem.
- Check at 2, 3 and 4 hours, then every 4 hours for emergency signs and uterine contraction. If there is any complication also measure temperature, BP and pulse every 30 minutes.
- Encourage the mother to wash from waist down or have a sponge bath or a shower with warm water each morning or when she feels like it.
- Use guava leaves decoction (*Psidium guajava* L.) if woman prefers, for her wash or bath.



Steps to follow:

9) Continue care after one hour postpartum. Keep watch closely for at least two hours.

For the newborn:

- Keep the baby in the room with the mother, in her bed or within easy reach.
- Support exclusive breastfeeding on demand, day and night, as often and as long as the baby wants.
- Immunize according to the EPI schedule.
- Ask the mother and her companion to watch the baby and alert you if there is breastfeeding difficulty, difficulty of breathing, cold feet and bleeding from the cord.
- Check at around 4 and 8 hours and then daily for cold feet, breastfeeding and breathing difficulty.



Steps to follow:

10) Educate and counsel on family planning and provide the family planning method if available.

- Ask what are the couple's plans regarding having more children.
- Give relevant information and advice.
- Advice that exclusive breastfeeding is the best contraceptive in the first six months.
- Help her to choose the most appropriate method for her and her partner.
- If method of choice is not available in the clinic, inform her where she can get it and when to go there.



Steps to follow:

11) Inform, teach and counsel the woman on important MCH messages.

- Talk to the woman when she is rested and comfortable.
- Also give important information and advice to her companion.
- Take time to explain, use visual aids, and demonstrate important lessons.
- Encourage them to participate actively in discussions and to ask questions.



Steps to follow:

12) If the woman delivered in the RHU, discharge the woman and her baby.

- The woman and her baby may be discharged 24 hours after delivery.
- Ensure that the woman is able to breastfeed successfully before discharge.
- Repeat important health information.
- Give iron/folate, 60 mg/400ug tablet, 1 tablet daily for 3 months.
- Give mebendazole 500 mg tablet, 1 tablet, single dose if none was given in the past 6 months.
- Give Vit A 200,000 IU single dose.
- Do a pre-discharge examination.

