Childbirth:

Definitions -*Match the following terms with their definitions:*

____Antepartum	A) a woman who has given birth two or more times
____Postpartum	B) a pregnancy that has reached 40 weeks gestation
____Primigravida	C) a woman who is pregnant for the first time
____Multigravida	D) a woman who has had two or more pregnancies
____Nullipara	E) the maternal period before delivery
____Primipara	F) a woman who has given birth once
____Multipara	G) a woman who has never given birth
____Term	H) the maternal period after delivery

Anatomy - *Describe their anatomical location and list their functions:*

Amniotic fluid -

Amniotic sac -

Birth Canal -

Bladder -

Cervix -

Endometrium -

Fallopian Tubes -

Fetus -

Myometrium -

Ovary -

Perineum -

Placenta -

Rectum -

Symphysis pubis -

Umbilical Cord -

Urethra -

Uterus -

Vagina -

"Ready or not...here it comes"

First Stage of Labor - Begins _____
_____
Ends _____
_____

During this stage of labor the infant is beginning its descent into the birth canal which may allow the mother to feel relief in the upper abdomen. Sometimes a mucous plug has formed in the cervix which would be discharged in this stage of labor producing a "bloody show." As the contractions become more prevalent and closer together the amniotic sac should rupture and the amniotic fluid released. This stage of labor will usually last 8 to 12 hours in a first time mother. With a multiparous mother this time could be greatly reduced.

Second Stage of Labor - Begins _____
_____
Ends _____
_____

During this stage the baby's head enters the birth canal and the mother's contractions become more intense and frequent. The sign of imminent delivery will be when the baby's head is "crowning." If the baby is crowning then you must immediately prepare for delivery. In a first time mother this stage could last for up to 2 hours. With a multiparous mother it could last for less than 30 minutes.

Third Stage of Labor - Begins _____
_____
Ends _____
_____

The length of this stage will vary from 5 to 60 minutes regardless of parity.

Signs of Imminent Delivery -1)Regular contractions lasting 45-60 seconds at 1-2 minute intervals. Contractions are time from the beginning of a contraction until the beginning of the next.
2)Mother has an urge to bear down or have a bowel movement.
3) There is a large amount of bloody show.
4) **CROWNING OCCURS**

"Are you just gonna sit there or what"

Assisting with the Delivery -

1) Universal precautions with sterile gloves
2) When crowning occurs apply gentle palm pressure to the baby's head to prevent an explosive delivery. If the amniotic sac is still intact, gently tear the sac.
3) After head delivery inspect neck for a looped umbilical cord (nuchal cord). If present try and remove cord or clamp and cut cord if necessary.
4) Suction infant's mouth first and then the nose. Suction when the head appears and before the next contraction.
5) Support infant's head as it rotates for shoulder presentation. Most babies present face down and then rotate to the left.
6) Gently apply pressure downward to deliver the top shoulder and then upward to deliver the bottom shoulder.
7) Carefully grasp the infant and keep it level with the mother's vagina until the cord is clamped and cut.
8) Repeat suctioning if necessary.
9) Dry the infant with sterile towels and keep the baby warm.
10) Record information and take appropriate APGAR scores.

A.P.G.A.R. - When drying the infant you are providing tactile stimulation to initiate respirations. If there is no need to provide resuscitation then an APGAR score needs to be taken at 1 minute and 5 minutes post delivery.

Fill in the boxes below:

	EVALUATION	**0**	**1**	**2**
APPEARANCE	Color			
PULSE	Heart rate			
GRIMACE	Stimulation			
ACTIVITY	Muscle tone			
RESPIRATION	Respiratory rate			

"Oh, it had to happen on my shift!"

Complications - *Match the following terms with their definitions:*

____ Painless bleeding in the third trimester of pregnancy
____ Hypertension, proteinuria, and visual disturbance in the third trimester
____ Severe abdominal pain, shock, and easily palpable fetal parts
____ Painful third trimester bleeding
____ Third trimester seizure after a new onset of HTN
____ Abdominal pain, scant vaginal bleeding, and shock in the first trimester
____ Fetal stool in the amniotic fluid
____ The buttox is the first part of the infant to present
____ Spontaneous termination of a pregnancy within 20 gestational weeks
____ The umbilical cord has presented prior to the baby's birth

A. Miscarriage
B. Abruptio placentae
C. Breech presentation
D. Cord presentation
E. Eclampsia
F. Ectopic pregnancy
G. Meconium staining
H. Placenta previa
I. Preeclampsia
J. Uterine rupture

Questions -

1. What is the difference between preeclampsia and eclampsia?

2. What is the difference between abruptio placentae and placenta previa?

3. In what position should you transport a mother who is in the third trimester of pregnancy and is NOT going to delivery? Why?

4. Describe the procedure to clamp and cut the umbilical cord?

5. Besides medications, what EMS actions will minimize the risk of seizures in a preeclampsic patient?

6. What is considered a normal amount of blood loss for the mother during delivery? What can the EMT due to limit blood loss?

7. What equipment is commonly found in a commercial OB delivery kit?