



What to do if the Baby is Coming NOW

Most important step: Take a deep breath, relax. Her body knows what to do, trust the birth process.

Supplies you should carry in the car or with the laboring woman:

1. Clean towels and/or baby blankets
2. Baby hat
3. Rubber ear syringe (also called a bulb syringe)
4. Cell phone if you have one
5. Midwife's phone numbers
6. Phone number of nearest hospital labor and delivery unit to your home
7. Obstetrical record (yellow card)

Signs that birth is imminent:

1. Mother says "It's coming!" or "I have to push!"
2. Sudden passage of stool from the rectum
3. Bulging of the rectum, skin between the rectum and vagina, and/or vaginal opening
4. Mother bears down involuntarily as if straining to use the toilet
5. Mother makes grunting sounds involuntarily
6. Infant's head is visible at the vaginal opening

What to do to help the mother and baby:

1. Call 911 as soon as it is safe to do so (i.e., pull over if you're driving) and page the midwives (number is at top of page).
2. Help mom to the best position for the circumstances (i.e. car, bathroom, bedroom). She can give birth on her side, standing, squatting, on hands and knees, lying down – whatever works.
3. Place clean towels under her hips and clean baby blankets next to her.
4. As the head appears, use the flat part of your fingers to GENTLY press against the baby's head while asking mom to give "little pushes" so the head comes out steadily but slowly.
5. Support the baby's head as it comes out – don't let it flop.
6. As soon as the baby's head is completely out, gently wipe off excess mucus from the baby's face with a towel.
7. Feel around the neck to see if the cord is there. If so, gently slip it over the baby's head. If the cord is too tight to slip over the baby's head, see "Cord around the neck" below for more information. Don't panic.
8. The baby is usually looking toward the mother's rectum when the head comes out. Occasionally the baby will come out looking toward the pubic hair.
9. Once the head is out, it will slowly turn 90 degrees to the right or left – usually with the next contraction. Let it turn by itself.
10. Once the head turns, place one hand on either side of the baby's head (over the baby's ears) so that your fingers are pointing toward the baby's face and laying on the cheeks.
11. Put steady but gentle pressure downward (toward the mother's rectum) on the baby's head while asking mom to push (DO NOT PULL ON THE BABY'S HEAD). Look for the baby's shoulder to appear and slide out from under the pubic bone.

12. Once you see the first shoulder, give gentle pressure on the baby's head in the opposite direction to deliver the other shoulder. The mother should always be pushing during this time.
13. Hold the baby's head with one hand and slide the other down the baby's back to the legs to support the body as the rest of the baby comes out.
14. Place the baby on the mother's abdomen or chest, either face down or lying on its side.
15. Remove mucus from the baby's mouth with your finger or the bulb syringe. After the mouth is clear, then suction or clear the nose. (Mouth first, nose second.)
16. Take the dry blankets and dry the baby thoroughly, especially the head. LEAVE THE CORD ATTACHED. (Most newborns are bluish-colored at birth and may be limp and quiet. Drying the baby will stimulate it to cry as well as protect it from heat loss. The baby should be getting pink and making noise by 60-90 seconds after birth.)
17. Put the baby skin-to-skin with mom and cover both with DRY blankets or towels.
18. Put the hat on the baby's head.

Special considerations

A. Bag of waters

1. The bag of water will probably break before or while mom is pushing.
2. If the fluid is greenish or yellowish-colored, you will need to suction the baby's mouth (first) and nose (second) after the head is out BUT BEFORE THE SHOULDERS.
3. If the bag doesn't break, you will see a shiny, whitish membrane coming out of the vagina first. Stay to the side. Once it breaks, all that water can spray you in the face. If it doesn't break on its own, try to tear it with your fingers.
4. If the bag won't tear, deliver the baby and then break a hole in it.

B. Cord around the neck

1. If the cord is tight and won't slip over the baby's head, try to slip it backward over the shoulders toward the baby's belly button as the baby comes out.
2. If that won't work, "somersault" the baby as it is delivered so the head stays very close to the opening of the vagina. (Once you see the shoulders, flex the baby's chin to its chest and hold the head next to the vagina as the rest of the body slides out. Then unwrap the cord after the baby is out.)

C. Placenta

1. You do not have to clamp or cut the cord immediately. Wait for sterile supplies.
2. When the placenta is ready to come out, the mother's uterus will feel very hard and rise up in her abdomen (about the size of a large grapefruit). You may also see a gush of blood from the vagina. She will most likely feel a cramp.
3. Ask mom to push while you put VERY GENTLE traction on the cord by pulling it downward and outward. BE SURE YOU ARE NOT PULLING ON THE SIDE ATTACHED TO THE BABY. THERE SHOULD BE NO TENSION ON THE CORD WHERE IT IS ATTACHED TO THE BABY.
4. Do not pull on the cord or ask mom to push unless the uterus feels hard.
5. Once the placenta comes out, wrap it in a towel and set it next to the baby.
6. Feel mom's uterus through her belly. It should be hard and there should be only a little bleeding from her vagina. If there is a lot of bleeding OR if her uterus is soft, rub it firmly through her belly until it gets hard again. Also, mom can get the baby to latch onto the breast and that helps prevent bleeding.

Okay. YOU CAN BREATHE AGAIN NOW. Congratulations!!!