

# Unplanned Birth at Rural Sites: Preparing for Deliveries

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THE UNIVERSITY OF BRITISH COLUMBIA

**Continuing Professional Development**

Faculty of Medicine

# LAND ACKNOWLEDGMENT



# DISCLOSURES

- Registered Midwife Haida Gwaii, a remote site without surgical capacity with a midwifery-led model. MABC Rural and Remote Consultant, Northern Health Midwifery Lead
- No relationships with commercial interests



# LEARNING OBJECTIVES

- Review preparation, supplies, and documents needed for unplanned births
- Summarize resources available for support
- Review the basics of birth and early postpartum care

# PERINATAL SERVICES BC REQUIREMENTS - TIERS OF SERVICE

*"All sites are required to have the capability to respond, stabilize and provide initial care to pregnant women and individuals, manage common obstetric and any neonatal conditions. Utilizing the Patient Transfer Network, all sites need to have the capability to transfer patients to higher level of care if and when required."*

- Trained personnel to respond to unplanned delivery or OB emergency.
- Clear transfer/transport process identified and available to personnel.
- Process to provide care to pregnant women and individuals <20 weeks and >20 weeks.
- Medication to manage OB/PP/Neonatal emergencies available and on-hand.
- Equipment to support maternal and neonatal emergencies.
- Linkage to regional sites for clinical support and specialist consult.

## Transport when Possible



# What are the minimum requirements for unplanned delivery sites?



- Know where your supplies and equipment are
- Ask for help
- Review the basics



# WHAT CONTRIBUTES TO SAFE BIRTHING?

- Collaboration with patients/staff team
- Respect
- Good and open communication, non-judgmental
- Knowing scope of practice
- Follow-up
- Same guidelines for staff and MDs
- Buddy shifts in larger centres (more experience/consolidation of skills)
- Collaboration with patients in decision making
- Interdisciplinary work, communication and respect
- Recognizing potential hierarchy communication barriers

# WHAT CONTRIBUTES TO SAFE BIRTHING? CONT'D

- Appropriate staffing
  - Educated Skilled staff/updated practice
  - Regular ongoing Education Skills
- Equipment up to date and organized
- Understanding and problem solving
- More than one mat trained RN in the building
- Knowing where to find pre-printed orders/algorithms
- Regular checks in the Room/Familiarity

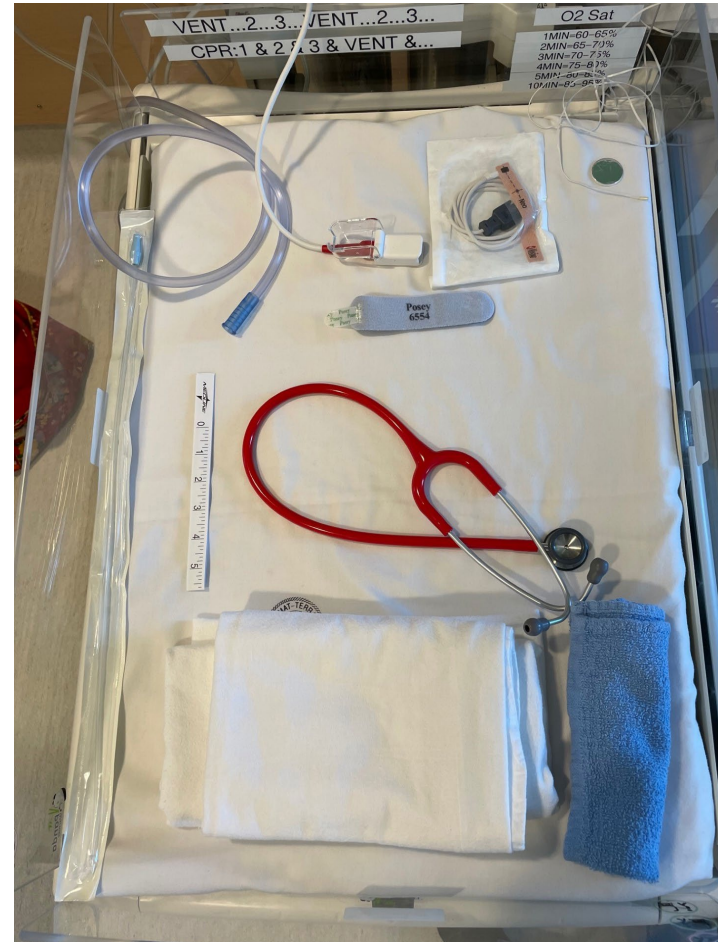
# SUPPORTS THE PROVISION OF SAFE CARE

Communication and Collaboration

TEAM-based care

- **Preplanning and Preparation (Supplies & Documentation)**
- Prenatal Risk Assessment
- **Consultation Referral and Transfer (Supports)**
- **Skilled and Supported Providers (The basics!)**

# SUPPLIES & DOCUMENTATION

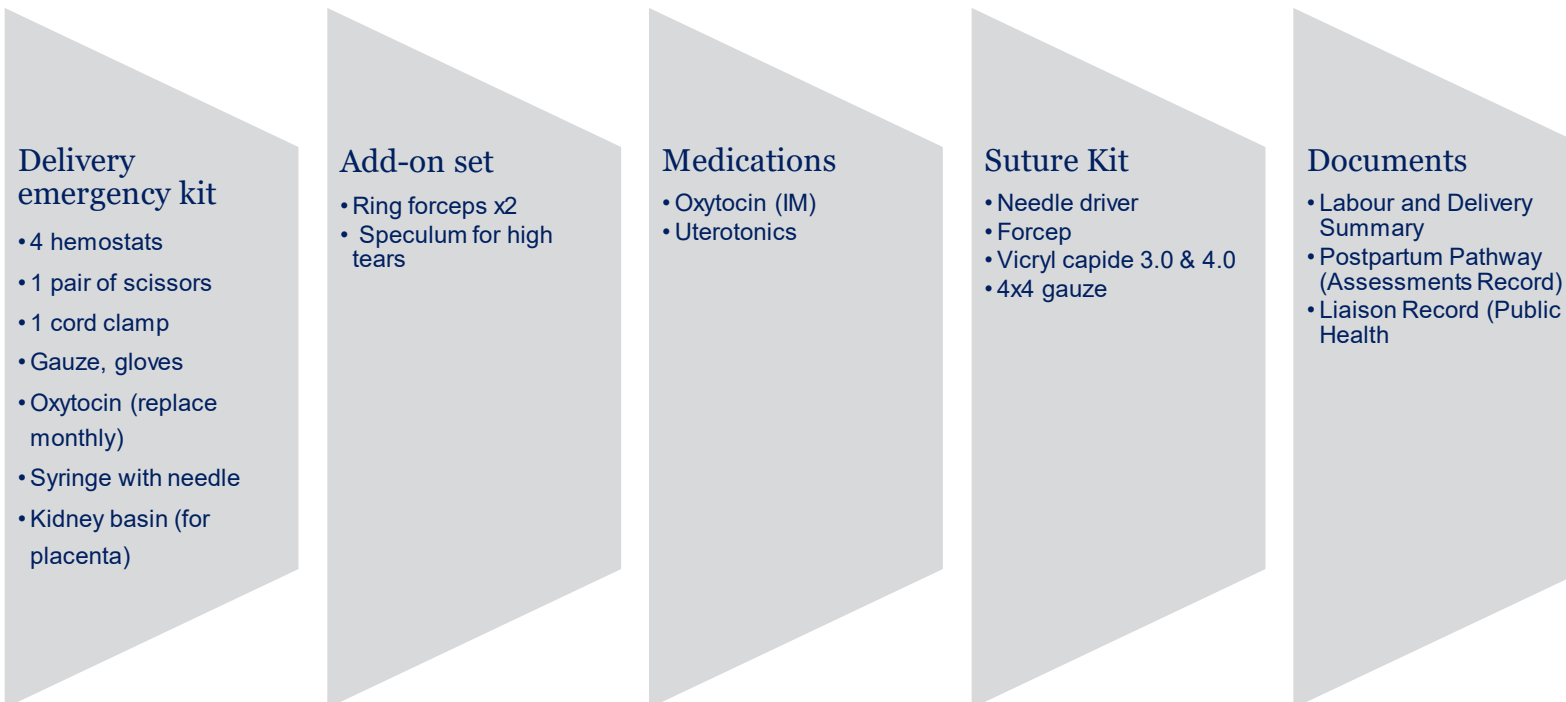


# BASIC SUPPLIES BIRTH (*MAY NOT BE COMPLETE!*)

**Pre delivery:** Doppler, gel, vitals

**Documents:** Classification Tool, Triage Assessment Record, Partogram

**Delivery emergency kit:** Derived from BCCNM Required Equipment and Supplies for Homebirth



# BASIC SUPPLIES BABY (*MAY NOT BE COMPLETE!*)

## Baby Immediate (>90%)

- Newborn stethoscope
- Cord clamps x 2
- Receiving Blankets
- Small hat

## Basic Neonatal resuscitation (<10%):

- BVM with 3 mask sizes (term, preterm, and very early PT)
- *BVM must have pressure gauge*
- Straight Suction (without port) 10F, 12F
- 8F feeding tube (orogastric tube) and 20ml syringe
- LMA Size 1
- Co2 detector
- Sat monitor probes for newborn
- Resuscitation Record

## Medications:

- Vitamin K (IM) within 6h of birth
- Erythromycin (eye ointment) TBD

## Documents:

- Newborn Records 1 and 2 (newborn exam)
- Newborn Pathway (NB Assessments Record)
- Newborn Liaison Record (for Public Health)
- Notice of Birth (Vital Statistics)

# Maternal and Fetal Levels of Service Classification Tool

## ADDRESSOGRAPH

1.0 Admission Assessment Date \_\_\_\_\_ Time \_\_\_\_\_

RN  MD  RM Name \_\_\_\_\_ Signature \_\_\_\_\_

2.0 LOS	<input type="checkbox"/> <b>Normal</b> No maternal/fetal well-being concerns	<input type="checkbox"/> <b>Level 1</b> Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>not anticipated to impact well-being</b>	<input type="checkbox"/> <b>Level 2a</b> Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>could impact well-being</b>	<input type="checkbox"/> <b>Level 2b</b> Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>impacting well-being: not life threatening</b>	<input type="checkbox"/> <b>Level 3</b> Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>seriously impacting well-being: not anticipated to be life threatening</b>	<input type="checkbox"/> <b>Level 3+</b> Maternal and/or Fetal medical, surgical, social and obstetrical needs: <b>critically impacting well-being: are life threatening</b>
3.0 Maternal	<input type="checkbox"/> Maternal age > 16 and < 40 <input type="checkbox"/> Term pregnancy (37 <sup>0</sup> –41 <sup>6</sup> ) <input type="checkbox"/> Anticipated NSVD and post partum progress <input type="checkbox"/> BMI > 18.5 < 30 <input type="checkbox"/> Assessment and care of women < 20 weeks <input type="checkbox"/> Other:	<input type="checkbox"/> Maternal age < 16 or ≥ 40 <input type="checkbox"/> PTL (36 <sup>0</sup> –36 <sup>6</sup> ) <input type="checkbox"/> Post-term ≥ 42 weeks <input type="checkbox"/> Planned VBAC <input type="checkbox"/> PROM <input type="checkbox"/> Group B Strep+ <input type="checkbox"/> Undiagnosed pregnancy <input type="checkbox"/> Planned C-sect <sup>a</sup> <input type="checkbox"/> Augmentation/induction of labour <input type="checkbox"/> BMI 30–38 <input type="checkbox"/> Diagnosed chronic health needs; stable <input type="checkbox"/> Mental Health, substance use, psycho-social ± IPV considerations; stable <input type="checkbox"/> GDM, diet controlled <input type="checkbox"/> Other:	<input type="checkbox"/> Previous preterm birth or history of PTL <input type="checkbox"/> PTL with cervical changes and positive fFN <input type="checkbox"/> Confirmed PPRM <input type="checkbox"/> Antepartum hemorrhage <input type="checkbox"/> BMI > 38 <input type="checkbox"/> Gestational HTN (without adverse features) <input type="checkbox"/> Pre-existing HTN, no systemic involvement <input type="checkbox"/> GDM, insulin controlled <input type="checkbox"/> Acute/episodic health concern, eg: pneumonia, pyelonephritis <input type="checkbox"/> Other:	<input type="checkbox"/> Severe gestational HTN <input type="checkbox"/> Pre-existing HTN requiring pharmacologic treatment; mild systemic involvement <input type="checkbox"/> Pre-pregnancy diabetes impacting the fetus with no maternal systemic involvement <input type="checkbox"/> Diagnosed chronic health needs; unstable ie: mild renal effect of lupus <input type="checkbox"/> Other:	<input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> HELLP syndrome <input type="checkbox"/> Serious Medical and/or Surgical conditions requiring inpatient admission e.g. pulmonary edema, cardiac/renal <input type="checkbox"/> Pre-pregnancy diabetes with significant maternal systemic involvement <input type="checkbox"/> Requiring emergency rescue cerclage <input type="checkbox"/> Other:	<input type="checkbox"/> High order multiple pregnancy <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Level 1 trauma <input type="checkbox"/> Intubation/ventilation <input type="checkbox"/> Other:
4.0 Fetal	<input type="checkbox"/> Gestational age ≥ 37 weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Normal FHS <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 36–36 <sup>6</sup> weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Fetal anomaly not requiring immediate intervention at birth <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Mild IUGR <input type="checkbox"/> Uncomplicated dichorionic-diamniotic twin <input type="checkbox"/> Meconium <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age ≥ 32–35 <sup>6</sup> weeks <input type="checkbox"/> Breech at term/trial of labour <input type="checkbox"/> Moderate IUGR <input type="checkbox"/> Dichorionic-diamniotic twins <input type="checkbox"/> Moderate polyhydramnios, deep vertical pockets, 8–10 cm <input type="checkbox"/> Moderate oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 30–31 <sup>6</sup> weeks <input type="checkbox"/> Fetal anomaly(ies), requiring evaluation after birth <input type="checkbox"/> Breech preterm (>2500 g) <input type="checkbox"/> Complicated dichorionic-diamniotic twins <input type="checkbox"/> Monochorionic-diamniotic twins <input type="checkbox"/> Severe IUGR <input type="checkbox"/> Severe polyhydramnios <input type="checkbox"/> Severe oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age < 30 weeks <input type="checkbox"/> Fetal anomalies requiring immediate care at birth <input type="checkbox"/> Complicated monochorionic-diamniotic twins <input type="checkbox"/> Uncomplicated triplets <input type="checkbox"/> Other:	<input type="checkbox"/> Any gestational age <input type="checkbox"/> Complicated multiples <input type="checkbox"/> Twin-twin transfusion syndrome <input type="checkbox"/> In utero interventions <input type="checkbox"/> Hydrops <input type="checkbox"/> Congenital Diaphragmatic Hernia <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Other:

Admission Status  Yes  No  Other:

Please see the Guide for Completion at [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)

1. Background

Personal Health Number \_\_\_\_\_ Physician / midwife name \_\_\_\_\_

Gravida \_\_\_\_ Term \_\_\_\_ Preterm \_\_\_\_ Abortus \_\_\_\_ Living \_\_\_\_ LMP (dd/mm/yyyy) \_\_\_\_\_ EDD (dd/mm/yyyy) \_\_\_\_\_ by:  US  IVF GA (wks/days) \_\_\_\_\_

Recent infectious disease / contact:  No  Yes (specify, e.g. MRSA, VRE, Varicella, HSV, HepB, TB) \_\_\_\_\_

ARO screen completed:  No  Yes (initials) \_\_\_\_\_ ARO swab taken:  N/A  No  Yes (dd/mm/yyyy) \_\_\_\_\_

Falls Risk Screen:  Reviewed and no concerns  At risk for falls →  Falls prevention care plan completed

"Purple Dot" point-of-care violence risk assessment:  Low risk  High risk

2. Initial Assessment

<b>Contractions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below) Start date (dd/mm/yyyy) _____ Start time (hh:mm) _____ Type: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Intensity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong Frequency (#/10 min) _____ Duration (sec) _____	<b>Membranes:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Query <input type="checkbox"/> Ruptured (specify details below) Date (dd/mm/yyyy) _____ Time (hh:mm) _____ Colour: <input type="checkbox"/> Clear <input type="checkbox"/> Meconium stained <input type="checkbox"/> Bloody	<b>Bleeding/show:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below) Start date (dd/mm/yyyy) _____ Start time (hh:mm) _____ Amount: <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large Colour / consistency _____	<b>Fetal movement:</b> <input type="checkbox"/> Normal <input type="checkbox"/> ↑ (specify details below) <input type="checkbox"/> ↓ (specify details below) Date (dd/mm/yyyy) _____ Time (hh:mm) _____
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Triaged as:  OTAS 1 – Resuscitative  OTAS 2 – Emergent  OTAS 3 – Urgent  OTAS 4 – Less Urgent  OTAS 5 – Non-Urgent

Triaged to:  LDR  Assessment room  Waiting room  Other

3. History / Risk Factors

<b>Allergies</b> (incl. reactions) <input type="checkbox"/> None ABO _____ Rh factor _____ Date RhIG given (dd/mm/yyyy) _____ Current medications: <input type="checkbox"/> None <input type="checkbox"/> Vitamins only <input type="checkbox"/> Medications recorded on Med. Rec. Form Complementary therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Previous admission this pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify reason) _____ Antenatal corticosteroid administered: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (dd/mm/yyyy) _____ External cephalic version attempted: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (dd/mm/yyyy) _____ Planned mode of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Primary C/S <input type="checkbox"/> Repeat C/S VBAC eligible this delivery: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (specify reason) _____ GBS results: <input type="checkbox"/> Unk <input type="checkbox"/> Neg <input type="checkbox"/> Pos GBS swab taken: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (dd/mm/yyyy) _____ Postpartum hemorrhage risk assessment: <input type="checkbox"/> Low risk <input type="checkbox"/> Increased risk	<b>Antenatal Record Part 1 &amp; 2</b> <input type="checkbox"/> Reviewed (option to skip to section 4) <input type="checkbox"/> Not available (complete below) Pregnancy concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Past obstetric concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Medical/surgical/anesthetic concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Psychosocial concerns: <input type="checkbox"/> No <input type="checkbox"/> Lifestyle/social <input type="checkbox"/> Substance use <input type="checkbox"/> Mental health <input type="checkbox"/> Other _____
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Last ate (dd/mm/yyyy) _____ (hh:mm) _____ Last drank (dd/mm/yyyy) _____ (hh:mm) _____	Height (cm) _____ Pre-preg. Wt (kg) _____ Pre-preg. BMI _____ Current Wt (kg) _____	Presentation _____ Lie _____ Position _____ Engagement: <input type="checkbox"/> No <input type="checkbox"/> Yes	Symphysis-fundal height (SFH) (cm) _____ SFH consistent with GA: <input type="checkbox"/> No <input type="checkbox"/> Yes Fetal surveillance: <input type="checkbox"/> IA (specify reason) _____ <input type="checkbox"/> EFM (specify reason) _____ <input type="checkbox"/> NST (specify reason) _____
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4. Assessment

<b>FHR</b> Time (hh:mm) _____ FHR (per min) _____ Rhythm / variability _____ Accelerations _____ Decelerations _____ Classify as _____ Initials _____	<b>Vaginal Exam</b> Time (hh:mm) _____ Cx dilation (cm) _____ Cx length (cm) _____ Fetal station _____ Cx consistency (firm, medium, soft) _____ Cx position (posterior, middle, anterior) _____ Examined by (name) _____

ifs Care provider (name) \_\_\_\_\_



# British Columbia Postpartum Clinical Path

**1 Birth Summary**

G \_\_\_ T \_\_\_ P \_\_\_ A \_\_\_ L \_\_\_ Birth: \_\_\_/\_\_\_/\_\_\_ Time \_\_\_

Delivery:  SVD  Vacuum  Forceps

Perineum:  Intact  Laceration degree \_\_\_  Episiotomy

C/S emergent  C/S elective

Blood loss:  500-1000 mL  >1000 mL

Epidural catheter removed:  N/A

Date \_\_\_ Time \_\_\_ By \_\_\_

Catheter intact  Yes  No

**Allergies:**  NKA  Yes \_\_\_\_\_

**2 Clinical Observation**

Date																				
Time																				
Blood pressure	190																			
Systolic v	180																			
Diastolic ^	160																			
Pulse •	150																			
Temp x	140																			
Respiratory rate	130																			
O <sub>2</sub> sat	120																			
Sedation scale	110																			
Pain	100																			
Fundal tone	90																			
Fundal height	80																			
Lochia amount	70																			
Lochia colour	60																			
Abdominal incision	50																			
Initials																				

**Legend (For any variance \* = see Variance Record/Progress Notes)**

<b>Pain scale (0-10)</b> 0 = No pain ↓ 10 = Worst pain possible	<b>Sedation scale</b> 1 = Fully awake and oriented 2 = Drowsy 3 = Eyes closed but rousable to command 4 = Eyes closed but rousable to mild physical stimulation (earlobe tug) 5 = Eyes closed but unrousable to mild physical stimulation For scores of 5 or more – Call attending physician/anesthesiologist	<b>Abdominal incision</b> DI = Drsg dry intact Oz = Drsg oozing H = Wound healing DR = Drsg removed S/R = Sutures/staples removed N/A = Not applicable	<b>Fundal tone</b> F = Firm M = Firm with massage B = Boggy	<b>Fundal height</b> 0 = Umbilicus ↑ = Above 0 ↓ = Below 0	<b>Lochia-colour</b> R = Rubra S = Serosa A = Alba	<b>Lochia-amount</b> Sc = Scant S = Small M = Moderate H = Heavy CL = Clots
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BARCODE (IF USED)

\* = Record variance/concern on Variance Record/Progress Notes

**2. Apgar Score**

	0	1	2	1 Min.	5 Min.	10 Min.
<b>Heart Rate</b>	Absent	< 100	> 100			
<b>Resp. Effort</b>	Absent	Weak Cry Hypo-ventilation	Good Crying			
<b>Muscle Tone</b>	Limp	Some Flexion	Active Motion			
<b>Resp. to Stim</b>	None	Grimace	Active Withdrawal			
<b>Colour</b>	Blue Pale	Acro-cyanosis	All Pink			
<b>Apgar Total Score</b>						

**3. Transition to One Hour of Age**

Positioned:  Skin-to-Skin  Radiant Warmer  Other: \_\_\_\_\_

Amniotic Fluid:  Clear  Meconium  Bloody

Suction:  Oropharyngeal  Trachea  Mec. Below Cords  Stomach Aspirated

Oxygen:  None  Free Flow Start \_\_\_\_\_ min. Stop \_\_\_\_\_ min.  
 IPPV per mask Start \_\_\_\_\_ min. Stop \_\_\_\_\_ min.  
 See Expanded Resuscitation Form

Cord Gases:  Done (see lab results)  Not Done

Temperature: \_\_\_\_\_ °C Pulse Oximetry:  Yes  No

Heart Rate: \_\_\_\_\_ Time to HR >100 \_\_\_\_\_ min. \_\_\_\_\_ sec.

Respirations: \_\_\_\_\_ Time to Spontaneous Breathing \_\_\_\_\_ min. \_\_\_\_\_ sec.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 RM/RN \_\_\_\_\_ RM/RN \_\_\_\_\_ MD \_\_\_\_\_

**4. Delivery**

Birthdate: dd mm yyyy Time \_\_\_\_\_

Delivery Type \_\_\_\_\_ Newborn Hospital # \_\_\_\_\_

Identified at Birth by: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ RN/RM \_\_\_\_\_

Identified at Transfer by: (if applicable) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ RN/RM \_\_\_\_\_

Voided  Yes  No Passed Meconium  Yes  No

Breastfeeding Planned  Yes  No

**8. Physical Examination at Birth** (Including Stillbirths)

Gestational Age from Antenatal History \_\_\_\_\_ wks. Gestational Age by Exam (see reverse Part 2) \_\_\_\_\_ wks.  Male  Female  Undifferentiated

	Normal	Abnormal	Comments
1. General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
2. Skin	<input type="checkbox"/>	<input type="checkbox"/> Pallor <input type="checkbox"/> Bruising <input type="checkbox"/> Petechiae <input type="checkbox"/> Mec. Staining <input type="checkbox"/> Peeling <input type="checkbox"/> Jaundice	
3. Head	<input type="checkbox"/>	<input type="checkbox"/>	
4. EENT	<input type="checkbox"/>	<input type="checkbox"/> Cleft Lip/Palate <input type="checkbox"/> Micrognathia <input type="checkbox"/> Suspected Choanal atresia	
5. Respiratory	<input type="checkbox"/>	<input type="checkbox"/> Grunting <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Retracting <input type="checkbox"/> Shallow Breathing <input type="checkbox"/> Tachypnea	
6. CVS	<input type="checkbox"/>	<input type="checkbox"/> Murmur <input type="checkbox"/> Central Cyanosis <input type="checkbox"/> Abn./ Delayed Femoral Pulses <input type="checkbox"/> Abnormal Rate/Rhythm	
7. Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Scaphoid <input type="checkbox"/> Distended <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Abnormal Mass	
8. Umbilical Cord	<input type="checkbox"/>	<input type="checkbox"/> Mec. Stained <input type="checkbox"/> 2 Vessels <input type="checkbox"/> Thin	
9. Genito-rectal	<input type="checkbox"/>	<input type="checkbox"/> Hypospadias <input type="checkbox"/> Imperforate Anus <input type="checkbox"/> Undescended Teste(s)	
10. Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/> Spine <input type="checkbox"/> Hip Abnormality <input type="checkbox"/> Extremity Abnormality	
11. Neuro-logical	<input type="checkbox"/>	<input type="checkbox"/> Hypotonia <input type="checkbox"/> Cry <input type="checkbox"/> Jittery <input type="checkbox"/> Reflexes	
12. Other			

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**5. Routine Procedures**

Cord Blood  Rh  Other \_\_\_\_\_

Eye Prophylaxis  Erythromycin  Other: \_\_\_\_\_ Time \_\_\_\_\_  
 Informed Refusal

SIGNATURE \_\_\_\_\_ RN/RM \_\_\_\_\_

Vitamin K  PO  IM Dosage \_\_\_\_\_ Site \_\_\_\_\_ Time \_\_\_\_\_  
 Informed Refusal

SIGNATURE \_\_\_\_\_ RN/RM \_\_\_\_\_

**6. Evaluation of Development**

(growth chart and curve on reverse)

Birthweight	g	%
Length	cm	%
Head Circumference	cm	%

Preterm  Term  Postterm  SGA  AGA  LGA

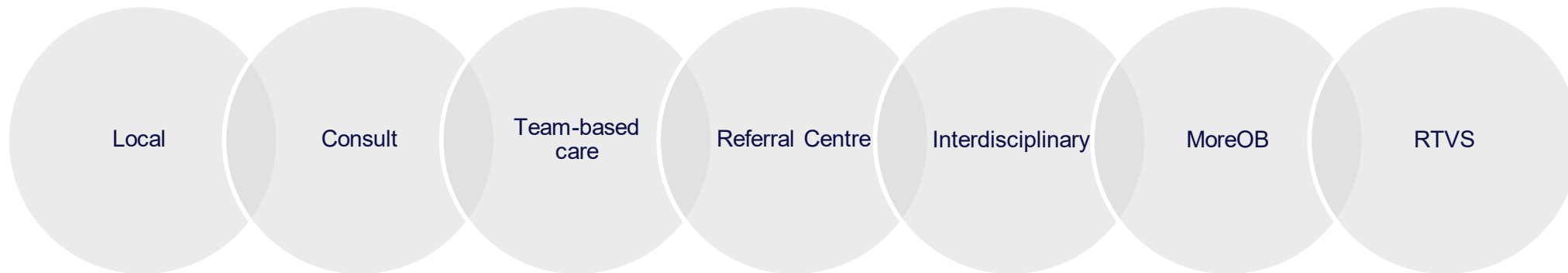
**7. Stillbirth**

	No	Yes
Macerated	<input type="checkbox"/>	<input type="checkbox"/>
IUGR	<input type="checkbox"/>	<input type="checkbox"/>
Retroplacental Clot	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Autopsy Consented	<input type="checkbox"/>	<input type="checkbox"/>
Obvious Anomaly (describe below):	<input type="checkbox"/>	<input type="checkbox"/>

# RESOURCES AND SUPPORTS

Share your angst

Use your resources





# Call MaBAL



MaBAL

The Real-Time Virtual Support Maternity and Babies Advice Line (MaBAL) is free and friendly and available to doctors, residents, nurses, midwives, nurse practitioners and other providers.



## Ask a question

Have a question about pregnancy, labour, or early postpartum care? Reach out anytime. We're available 24/7.

## Get a prescription

Is your sick patient also pregnant? Consult with a MaBAL doctor for advice on prescription and over the counter medications.



## Prenatal testing and ultrasounds

Do you have questions about a test or ultrasound result? Are you unsure about discussing a result with your patient? MaBAL providers can help.

## Infant nutrition and infant feeding

Ask us! MaBAL providers can connect your patient with virtual breast/chest-feeding advice and support.



## Women's health and contraception

MaBAL providers are here to support you and your patients with questions around family planning and any general women's health issues.



Real-Time Virtual Support

## We're here for you

MaBAL providers are passionate about providing maternity care to rural, remote and Indigenous communities. Whether you are a nurse at a nursing station, a midwife, or a doctor, nurse practitioner or resident serving a rural community, you are welcome to call.



MaBAL: Add Zoom account: mabal1@rccbc.ca | Phone: 236.305.7364

Visit [rccbc.ca/initiatives/rtps/mabal](http://rccbc.ca/initiatives/rtps/mabal) for details or to get started.



# Call CHARLIE



CHARLIE

Real-Time Virtual Support Child Health Advice in Real-time Electronically (CHARLIE) is free and friendly and available to doctors, residents, nurses, midwives, nurse practitioners and other providers.



## Ask a Question

Have a question about a neonatal, pediatric or teenage patient? Reach out anytime. CHARLIE is available 24/7.

## Medication

Does your young patient need medication and you're not sure what dose to use? Consult with a CHARLIE Pediatrician for advice on medications.



## Need a Full Consult?

When a pediatric patient presents at your rural site, you may want an immediate pediatric consult. CHARLIE Pediatricians are available via Zoom or — if you are at an FNHA nursing station — telehealth cart, to assist with this.

## I want to call CHARLIE, what should I do?

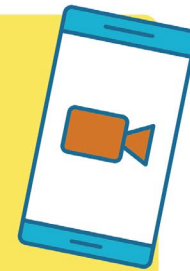
- Ideally, start a video call over Zoom or arrange to have CHARLIE call into your telehealth cart if you have one.
- Have the patient's name, PHN and DOB ready.



Real-Time Virtual Support

## We're Here For You

CHARLIE providers are passionate about providing pediatric care to rural, remote and Indigenous communities. Whether you are a nurse at a nursing station, midwife, nurse practitioner, resident or doctor serving a rural community, you are welcome to call.



CHARLIE: Add Zoom contact: charlie1@rccbc.ca | Phone: 236.305.5352

Visit [rccbc.ca/initiatives/rtps/charlie](http://rccbc.ca/initiatives/rtps/charlie) for details or to get started.

# WHEN BIRTH IS IMMINENT – MORE OB

- **Crowning of the presenting part**
- **Person says "baby is coming"**
- **Uncontrollable urge to push/bear down**
- **Sensation of need to have a bowel movement**
- **Separation of the labia, bulging perineum and rectum**
- **Increased bloody show**
- **Passage of stool**

# IMMINENT BIRTH

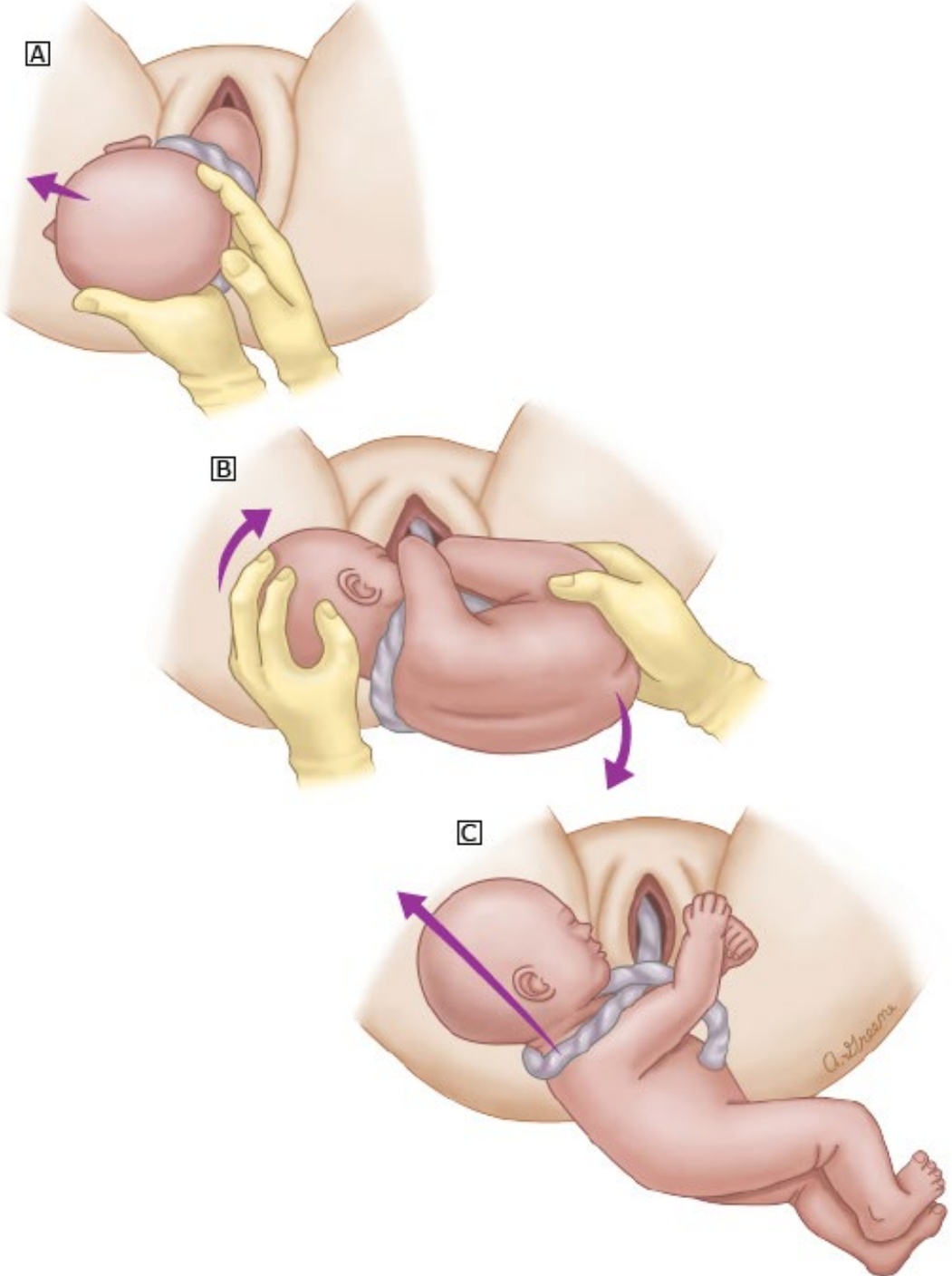
- **Reassure** person and yourself and team.
- **Call for assistance** on site and off site (MaBal)
- Locate the **Delivery and Newborn kits**
- Assist person into a safe **quiet space** and in a **comfortable position** (side-lying is nice)
- Ask person or partner to help with **bottoms off** and cover with sheet

# IMMINENT BIRTH

- **Questions** as you go
  - **Ask Between Contractions.** First baby? Term (>37 wks)?
  - Been feeling baby move?
  - Any problems this or previous pregnancy?
- Prepare **10 IU oxytocin (IM) Receiving blankets and baby stethoscope**
- Listen to **Fetal Heart Rate**-if possible, as soon as possible **after a contraction for a full minute** (110-160 bpm between contractions)
- **Get your gloves on**
- Birth of baby - **Deliver onto person's belly - Skin to Skin**

# SOMMERSAULT

UP TO DATE







## POSTPARTUM AND NEW BORN CARE

- 3rd Stage: Birth of Baby to Delivery of Placenta
- 4th Stage: First hour + after birth of placenta
- Active management of 3rd stage: Uterotonic, CTT with contraction and counter traction to support the uterus
- Massage uterus only after the placenta is born and only if needed (low tone)



## THIRD STAGE CARE AND ASSESSMENTS

- Time of Birth
- Oxytocin 10 IU IM maternal thigh or buttock
- Breathing/Crying, Tone, Term (appropriate size for gestational age)
- Dry and Stimulate (30s), Heart rate >100 bpm
- Resus by 1 minute if HR<100 or not breathing
- APGAR 1, 5, 10 minutes
- Replace wet towel with warm dry towel
- Count Full minute of Newborn Resps
- Vitals on birthing patient and baby q 15 for first hour
- Clamp and cut cord
- Assist with first latch

# BASIC BIRTH

## THIRD STAGE CARE AND ASSESSMENTS CONT'D

- Document time for Delivery of placenta
- Maternal fundal check (firm and central) and Lochia < 500ml and vitals stable
- Cord gases?
- Newborn exam (See Newborn 1 form) while birthing patient up to void and shower (with assistance)
- Newborn medications (Vitamin K)

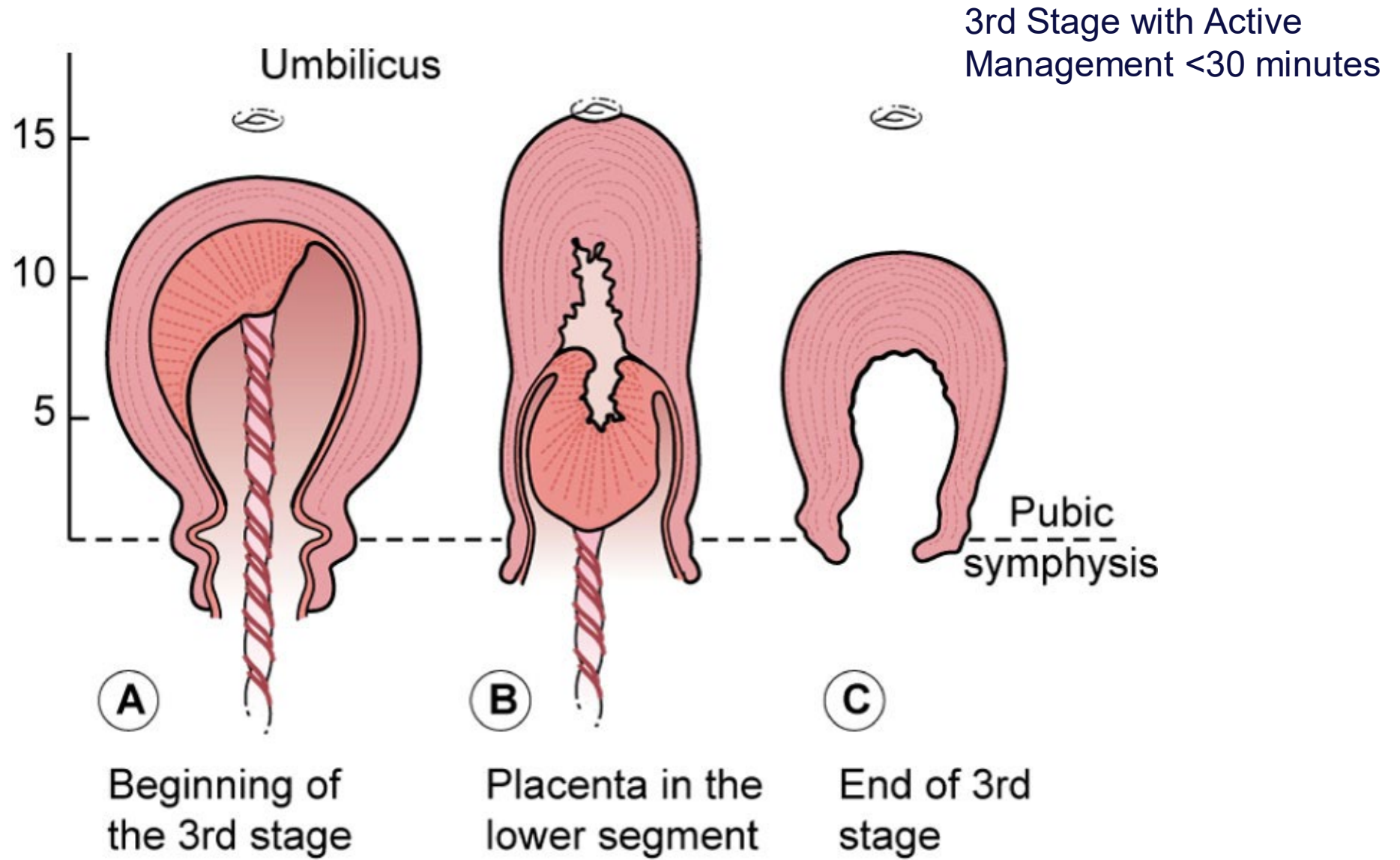


Fig. 18-5. Fundal height relative to the umbilicus and symphysis pubis.

## HOW ARE RISKS OF PPH REDUCED?

- TONE:
  - Oxytocin! Breastfeeding, skin to skin, Uterotonic
  - Uterine massage if indicated
  - Empty Bladder
- TISSUE:
  - Delivery of the placenta
  - Examination of the placenta for retained tissue
- TRAUMA:
  - Examine and repair lacerations requiring hemostasis
- THROMBIN:
  - History, Labs

Active management addresses which of the T's?

**Ask for Help**

**Reassure**

**Bottoms Off!**







**Gloves On!**

**No time for FHR**



**Time of birth-Oxytocin**

**Deliver to belly**



**Ready for Placenta**

**Breathing & Heart Rate >100**

**Replace wet Blanket**

**Dry and Stimulate**

**Vitals q 15**

**Delivery Kit**

# KEY TAKEAWAYS

**Pre-plan:** Meet to build a local plan and organize supplies and equipment before it happens

- Have a delivery and newborn kit with documents
- Know what is in them and where to find them
- Have a system to recheck kits on a time schedule and with new team members

**Prepare:**

- Do all staff know where to find Delivery and Newborn Kits?
- Do all members have access and know how to connect to RTVS pathways?
- Practice: Do an OBs or Neonate Drills

**Calm**

**Communicate** with patient

**Collaborate** with team

**Consult** with higher level of care

**Call** MABAL or CHARLIE

Transfer

# Q&A

POST YOUR QUESTIONS IN THE CHATBOX



# RESOURCES MENTIONED

- Real Time Virtual Support MaBal and Charlie- <https://rccbc.ca/initiatives/rtvs/>
- Perinatal Services BC- <http://www.perinataleservicesbc.ca/health-professionals/guidelines-standards/standards/core-competencies-for-management-of-labour>
- <http://www.perinataleservicesbc.ca/health-professionals/forms>
- More OB Chapter on Vaginal Birth Assessment When Birth is Imminent  
<https://sghub.salusglobal.com/servlets/sfs?t=/Unified/Library/chapter&storyID=1283348046493>
- ‘Building Blocks’ Sustaining 1A Maternity Sites in BC PhD Jude Kornelsen
- UpToDate <https://www.uptodate.com/contents/nuchal-cord>
- Birth Story in Photos Inside Edition-Photos by Little Leaping photos

