



Figure 39-18 Gently guide the head upward to allow delivery of the lower shoulder.



Figure 39-19 Once the shoulders are delivered, the baby's trunk and legs will follow rapidly.

and support the infant as it emerges, keeping in mind an important fact: *Newborn babies are wet and slippery.*

9. Once the baby is delivered, lay the baby along your arm and grasp it like a football, with one arm and shoulder between your fingers and the head held dependent to aid drainage.
10. Wipe any blood or mucus from the baby's nose and mouth with a sterile gauze. Use the rubber bulb aspirator to suction

Notes from Nancy

Babies are slippery!



the baby's mouth and nostrils. Be sure to squeeze the bulb *before* inserting the tip, and only *then* place the tip in the baby's mouth or nostril and

release the bulb slowly. Withdraw the bulb, expel its contents into a waste container, and repeat suctioning as needed.

11. Dry the baby with sterile towels (wet babies lose heat faster than dry ones), place the infant in the foil bunting, and wrap with a dry blanket.
12. Record the time of birth for your PCR.

In a normal delivery, the baby will usually be breathing on his or her own, if not shrieking, by the time you finish suctioning the airway. Babies are usually born blue, but with a few good howls they should turn a nice pink, although their extremities may remain dusky.

Apgar Scoring

The [Apgar scoring system](#) (devised by Virginia Apgar, MD) is a useful means of evaluating the adequacy of a newborn's vital functions immediately after birth; such information will prove useful to those who take over the care of the baby after your delivery. In this system, five parameters—heart rate, respiratory effort, muscle tone, reflex irritability, and colour—are each given a score from 0 to 2 both 60 seconds and then 5 minutes after birth. The majority of infants are vigorous and have a total score of 7 to 10; they cough or cry within seconds of delivery and require no further resuscitation. Infants with a score in the 4 to 6 range are moderately depressed; they may be pale or

blue 1 minute after delivery, with poorly sustained respirations and flaccid muscle tone. Such infants will require some form of resuscitation (discussed in Chapter 40).

Cutting the Umbilical Cord

Once the infant has been delivered and is breathing well, the umbilical cord can be clamped and cut, as it is no longer necessary for the infant's survival.

1. Handle the umbilical cord with care. It tears easily.
2. Tie or clamp the cord about 20 cm from the infant's navel, with two ties (or clamps) placed 5 cm apart. Cut the cord between the two ties or clamps. There is evidence for delaying cord clamping for at least 1 minute in term and preterm newborns not requiring resuscitation. However, do not delay cord clamping if the newborn requires resuscitation.
3. Examine the cut ends of the cord to be certain there is no bleeding. If the cut end attached to the infant is bleeding, tie or clamp the cord *proximal* to the previous clamp, and examine it again (do *not* remove the first clamp). There should not be any oozing from the infant's end of the cord.
4. Once the cord is clamped and cut, wrap the baby in a dry blanket and place him or her at the mother's breast. This gives the mother a chance to attempt breastfeeding and allows for bonding between the mother and child. The suckling reflex also triggers the uterus to contract, which will speed the delivery of the placenta and reduce bleeding.

Delivery and Management of the Placenta

With the delivery of the baby, the second stage of labour is complete, and the third stage—delivery of the placenta—begins. The placenta is usually delivered within 20 minutes of the baby's arrival. Your job is to make stimulating conversation with the mother and bystanders as you wait patiently for the placenta to begin to separate spontaneously. Do not attempt to speed delivery of the placenta by pulling on the umbilical cord.

The first sign that the placenta is separating from the uterine wall is usually the patient's complaint that her contractions are starting again. The uterus rises in the abdomen and feels hard to palpation. The end of the umbilical cord protruding