176 Wyndham Street N, Suite 3
Guelph, ON N1H 8N9
T: 519-823-9785 / F: 519-823-9251
info@guelphmidwives.com

EMERGENCY PROCEDURES

Midwives provide care during pregnancy, labour, birth and postpartum to low risk, healthy women and their babies. We view pregnancy and birth as normal, healthy processes and expect that most of the time things will progress well. We also recognize that occasionally emergencies arise and know that we need to be prepared for them. We always set up and double check all emergency equipment and medications at every birth and are re-certified bi-annually in emergency skills and annually in neonatal resuscitation. We believe that although we do not anticipate encountering these circumstances at your birth, it is better to discuss them in advance when you are not in labour. That way, you can ask questions and be prepared for situations that require your full cooperation, should they arise. Please feel free to discuss your questions or concerns with us. Know that if any of these circumstances arise at the birth, we may need to react quickly and may not have the opportunity at that time for a detailed discussion, as we do in clinic, but we will inform you of what is happening and will have that more detailed talk with you after the urgent situation has been dealt with.

1. **Non-reassuring fetal heart rate**: We will be listening to the baby's heart rate regularly throughout labour. This is the best indication of how well the baby is coping with labour. There is a range of normal for fetal heart rates, rhythms and patterns. If we hear something that is abnormal, we will want to monitor the baby more closely and will take specific actions to try and correct it. These may include directing you into position changes, breathing oxygen through a mask, placing a wedge under one hip, etc. Often these measures will address the concern and we will carry on. If the fetal heart rate abnormalities persist or are particularly concerning, we will do continuous monitoring and consult with an obstetrician.
   If the birth is imminent and the heart rate is not reassuring, we may cut an episiotomy to speed the birth of the baby. We will discuss all of this with you and keep you apprised of what we are finding. If the non-reassuring fetal heart persists, the birth will be assisted by forceps, vacuum, or emergency c-section as appropriate.

Shoulder dystocia: Shoulder dystocia occurs when the baby's shoulder gets stuck behind the mother's pubic bone after the birth of the baby's head. This prevents:

1. the body from being delivered in the usual way. The incidence of shoulder dystocia is related to the size of the baby and ranges from 0.3% of births of babies under 4000 gm to up to 7% of births of babies over 4000 gm. That said, shoulder dystocia can occur at any birth, so we prepare for it at every birth and discuss it with all of our clients in pregnancy. There are a number of maneuvers that we can perform in order to release the stuck shoulder. These will often require position changes from you, for example moving to a hands and knees position or laying back flat and bending your thighs into your chest. It is important that position changes happen quickly. We will instruct and assist you in the position needed while informing you of what is happening.

2. **Postpartum hemorrhage:** Postpartum hemorrhage (PPH) is any amount of blood loss following birth that causes a woman to exhibit signs and symptoms of shock. The incidence of PPH is between 5-15% of births. The most common cause is failure of the uterus to contract effectively enough to control the bleeding. We will be checking your uterus regularly after you give birth to assess how contracted it is and will be monitoring the amount of blood loss you have. If we feel the blood loss is too great and your uterus is not well contracted, we will use medications, such as oxytocin and ergonovine, to contract the uterus. We will also massage your abdomen to produce a contraction and expel any blood clots from your uterus. Again, we will keep you informed of what we are doing and why. Active management of the third stage of labour has been shown to reduce the risk of PPH significantly and is available to you. We will discuss this with you in detail at a clinic visit.

3. **Newborn resuscitation:** We will be assessing the baby from the moment of birth to check for heart rate, breathing, colour and muscle tone. If we are concerned about how the baby is making the transition to "life on the outside" we may move the baby to a pre-prepared area for detailed assessment and possible resuscitation. If the baby does require resuscitation, it is likely that she or he will need to be admitted to the special care nursery at the hospital for a period of observation.

4. **Emergency Cesarean Section:** Most women will have uncomplicated, vaginal deliveries. However, some women will develop complications that will require an emergency c-section. If there are concerns about you or your baby's health such as heavy bleeding in labour, prolonged pushing with no progress or an unfavorable

position such as breech, a consultation with the obstetrician on-call will be necessary. After an obstetrical assessment, a decision will be made as to the need for a c-section. You will be informed at all times about your situation. We will discuss the benefits and risks of the surgery with you. Your midwife will be present in the operation room. In most cases, your partner or support person can remain with you during the surgery. We understand that an unexpected cesarean section creates a stressful situation to deal with in labour. You will be better prepared for this outcome by reading the chapters in pregnancy books about c-section. Your midwife will act as an advocate and support during this difficult time.