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# CHAPTER 12
# Pushing: stage 2 of labor

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# Pushing: stage 2 of labor

CHAPTER 12

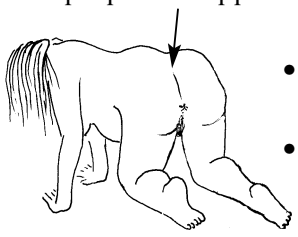
Stage 2 is the part of labor when the mother pushes the baby out of the womb and down the vagina, and the baby is born. Stage 2 begins when the cervix is completely open and ends when the baby is outside of the mother. It is normal for stage 2 to be as short as a few minutes or as long as 2 hours.

## Watch for signs that stage 2 is near or starting


It is safe for the mother to start pushing her baby out when her cervix has opened all the way **and** she has a strong urge to push. The only way you can be certain the cervix is open all the way is to do a vaginal exam (see page 339). But remember: vaginal exams can cause infection. It is better not to do a vaginal exam. With experience, you can usually tell when the mother is ready to push without doing an exam.

Instead of doing a vaginal exam, look for the following signs. If the mother has 2 or more of these signs, she is probably in stage 2.

- The mother feels an uncontrollable urge to push (she may say she needs to pass stool). She may hold her breath or grunt during contractions.
- Contractions come less often. But the contractions stay strong or get stronger.
- The mother's mood changes. She may become sleepy or more focused.
- A purple line appears between the mother's buttocks as they spread apart from the pressure of the baby's head.



- The mother's outer genitals or anus begin to bulge out during contractions.
- The mother feels the baby's head begin to move into the vagina.

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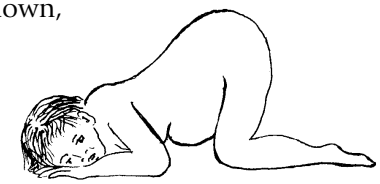
### Pushing too early

If the mother starts pushing before her cervix is fully open, the baby will not be able to come out because the partially closed cervix will block the way. Pushing too early can also make the cervix swell and stop opening. This will make labor longer. Even if you know that the cervix is fully open, do not encourage the mother to push until she is overwhelmed by the urge. Pushing too early will only tire the mother.

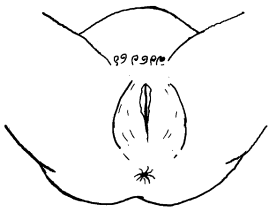
If the mother has been pushing without progress for more than 30 minutes and you have been trained to do vaginal exams, you can do one now. If you feel even a little of the cervix, put the mother in the knee-chest position. This position lifts the baby off the cervix so that the swelling can go down, and the cervix can start opening again.



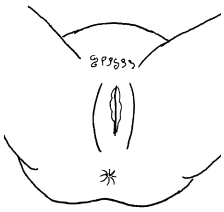
Help the mother stay in this position without pushing for an hour or so. When the cervix is fully open, she can try pushing again.

## What happens during stage 2 of labor

During stage 2, when the baby is high in the vagina, you can see the mother's genitals bulge during contractions. Her anus may open a little. Between contractions, her genitals relax.



Genitals bulge **during contractions.**

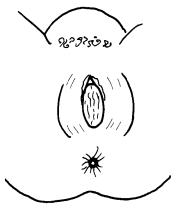


Genitals relax **between contractions.**

Each contraction (and each push from the mother) moves the baby further down. Between contractions, the mother's womb relaxes and pulls the baby back up a little (but not as far as he was before the contraction).

After a while, you can see a little of the baby's head coming down the vagina during contractions. The baby moves like an ocean tide: in and out, in and out, but each time closer to birth.

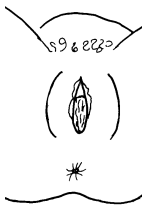
Each contraction brings the baby closer to birth.



During a contraction, the baby's head shows.

Between contractions, the baby's head goes back inside the vagina.

A little more of the baby's head shows with each contraction.



The head slips back but not as far as before.

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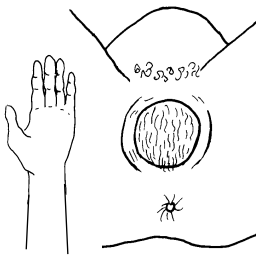
When the baby's head stretches the vaginal opening to about the size of the palm of your hand, the head will stay at the opening — even between contractions. This is called crowning.

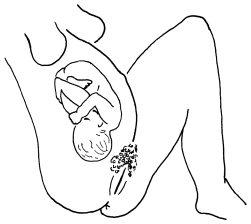
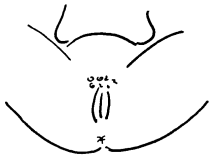
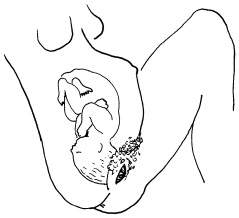
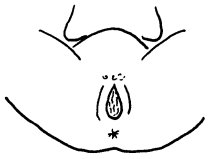
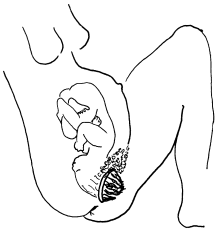
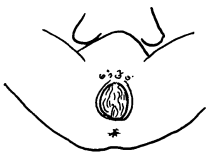
Once the head is born, the rest of the body usually slips out easily with 1 or 2 pushes.



When the head crowns, the vaginal opening is a bit larger than the palm of a hand.

## How the baby moves through the vagina

Babies change position as they move through the vagina. These pictures show only part of the mother's body, so you can more easily see how the baby moves inside.

| This is what happens inside: | | This is what you see outside: |
|---|---|---|
|  | First **the baby tucks his head down**, chin to chest. This makes it easier for the head to fit through the mother's pelvis. |  |
|  | The baby's head is squeezed and changes shape as it comes through the mother's pelvis. **The baby turns his face toward the mother's back.** |  |
|  | **The baby begins to lift his chin** when he gets near the vaginal opening. This is called extension. |  |
|  | The baby lifts his chin more when **his head crowns**. |  |

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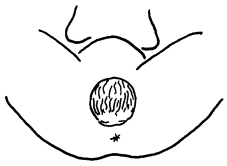
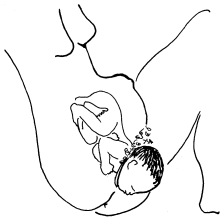
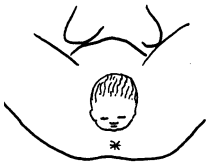
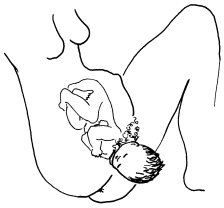
The baby continues to lift his chin as the **head comes out**. This way the head is born smoothly.



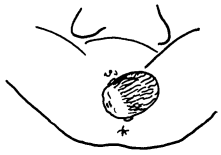


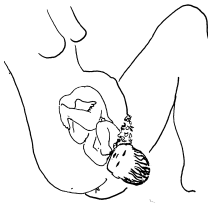
The baby continues lifting his chin until his head is born. At first, the baby's face is still toward the mother's back, while his shoulders are turned at an angle.

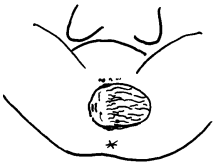


Soon **the baby's head turns toward the mother's leg**. Now the baby's face is lined up with his shoulders.



Then **the baby's whole body turns inside the mother**. The baby's shoulders are now straight up and down. The baby faces the mother's leg.

The rest of the baby slips out easily.

***Note:*** Babies move this way if they are positioned head-first, with their backs toward their mother's bellies. But many babies do not face this way. A baby who faces the mother's front, or who is breech, moves in a different way. Watch each birth closely to see how babies in different positions move differently.

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# Help the mother have a safe birth

## Check the mother's and baby's physical signs

### The mother's physical signs

Check the mother's blood pressure and pulse every 30 minutes or so during stage 2 for signs of pre-eclampsia, infection, or bleeding. Write down the numbers each time.

If the mother's blood pressure is 140/90 or higher she may have pre-eclampsia (see page 180). If it suddenly drops more than 15 points in the bottom number, she may be losing blood (see page 183). If her pulse is faster than 100 beats a minute between contractions, she may be dehydrated (see page 159), have an infection (see page 179), or be losing blood (see page 183).

### The baby's physical signs

The baby's heartbeat is harder to hear in stage 2 because it is usually lower in the mother's belly.

An experienced midwife with good equipment may be able to hear the baby's heart between contractions. You can hear it best very low in the mother's belly, near the pubic bone. It is OK for the heartbeat to be as slow as 70 beats a minute during a pushing contraction. But it should come right back up as soon as the contraction is over.

If the baby's heartbeat does not come back up within 1 minute, or stays slower than 100 beats a minute for more than a few minutes, the baby may be in trouble.

Ask the mother to change position (see the next page), and check the baby's heartbeat again. If it is still slow, ask the mother to stop pushing for a few contractions. Make sure she takes deep, long breaths so that the baby will get air. See page 172 to find out some reasons why the heartbeat may be slow.

If the baby's heartbeat is fast, see page 173.

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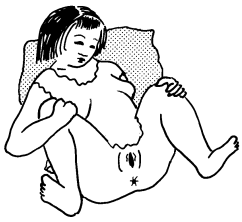
## Support the mother's pushing

When the cervix is open, the mother's body will push the baby out. Some midwives and doctors get very excited during the pushing stage. They yell at mothers, "Push! Push!" But mothers do not usually need much help to push. Their bodies push naturally, and when they are encouraged and supported, women will usually find the way to push that feels right and gets the baby out.

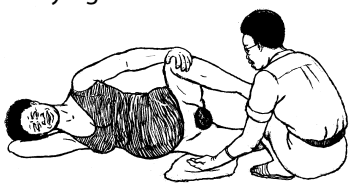
### Let the mother choose the position that feels good to her

Half-sitting



This position may be the most comfortable, and makes it easier for the midwife to guide the birth of the baby's head.

Lying on the side



This position is relaxing and helps prevent tears in the vagina.

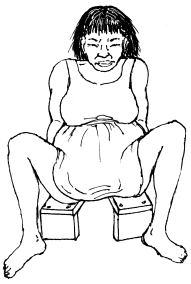
Hands-and-knees

This position is good when the woman feels her labor in her back. It can also help when the baby's shoulders get stuck (see page 211).

Standing

Squatting or sitting on a pillow

Sitting on lap or birth chair



These 3 positions can help bring the baby down when the birth is slow.

***Note:*** It is usually not good for the mother to lie flat on her back during a normal birth. Lying flat can squeeze the vessels that bring blood to the baby and the mother, and can make the birth slower. But if the baby is coming very fast, it is OK for the mother to lie on her back.

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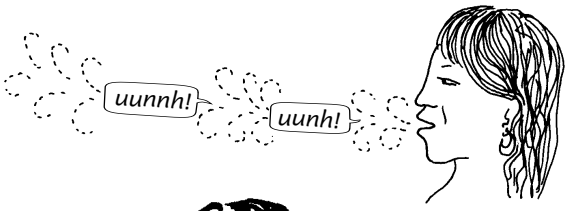
## If the mother needs help pushing

A woman's own urge to push usually brings the baby down best. But sometimes a mother needs suggestions for comfortable positions and methods of pushing. She may need help if she does not get an urge to push even after her cervix has been completely open for several hours — or if the way she is pushing does not seem to be bringing the baby down. Tension and fear can make it hard for her to open up and let the baby out. Or she may need help pushing when the baby is in trouble (his heartbeat is too slow) and the birth must happen very fast.

Here are 3 ways of pushing that often work well:

**Pant pushing:** The mother pants and gives several short, strong pushes during each contraction.



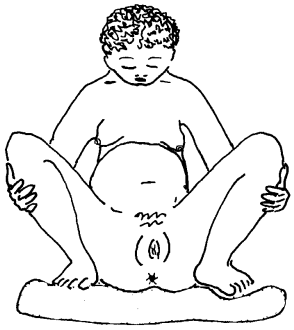

**Moan or growl pushing:** The mother takes a deep breath. Then she gives a long, low moan or growl and a strong push during the contraction.


**Hold-the-breath pushing:** The mother takes 2 deep breaths, holds the second breath, and then during the contraction, pushes as hard and long as she can. She should keep her chin on her chest. This may be the best method if the baby is coming slowly.


During each push, the mother should keep her mouth and legs relaxed and open, her chin down on her chest, and her bottom down.

Sometimes women push down and pull up at the same time. This pulling holds the baby in instead of pushing her out. Pulling slows progress and makes labor more painful. Encourage the mother to hold her bottom down and keep her thighs relaxed and open. She can also try the hold-the-breath method for pushing.

**YES!**
This mother is pushing her bottom down.



**NO!**
This mother is lifting her bottom up.

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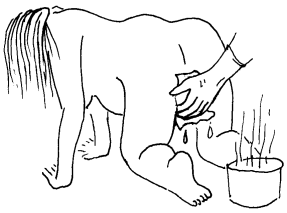
If the mother is tense or having trouble pushing, these things may help:

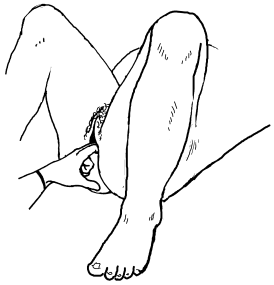
Ask the mother to change positions.

Ask the mother to open her mouth and relax her jaw.


Apply clean, warm, wet cloths to her genitals.



Put a gloved finger about 2 centimeters into her vagina and press straight down towards her bottom. (Do not rub the vagina.)



Ask the mother to pull her knees up towards her body.

### *Support the mother's pushing*

If a mother has difficulty pushing, do not scold or threaten her. And **never insult or hit a woman to make her push**. Upsetting or frightening her can slow the birth. Instead, explain how to push well. Each contraction is a new chance. Praise her for trying.

Tell the mother when you see her outer genitals bulge. Explain that this means the baby is coming down. When you see the head, let the mother touch it. This may also help her to push better.


# Watch for warning signs

## Watch the speed of the birth

Watch the speed of each birth. **If the birth is taking too long, take the woman to a medical center**. This is one of the most important things a midwife can do to prevent serious problems or even death in women.

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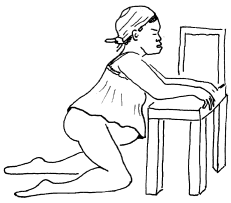
First babies may take a full 2 hours (and sometimes more than 2 hours) of strong contractions and good pushing to be born. Second and later babies usually take less than 1 hour of pushing. Watch how fast the baby's head is moving down through the birth canal. As long as the baby continues to move down (even very slowly), and the baby's heartbeat is normal, and the mother has strength, then the birth is normal and healthy. The mother should continue to push until the head crowns.



But pushing for a long time with no progress can cause serious problems, including fistula (see page 273), torn womb, or even death of the baby or mother. If you do not see the mother's genitals bulging after 30 minutes of strong pushing, or if the mild bulging does not increase, the head may not be coming down. If the baby is not moving down at all after 1 hour of pushing, the mother needs help.

## Baby is not born after 1 or 2 hours of strong contractions and good pushing

If you do not see signs that the baby's head is coming down, or if the baby seems to be stuck, find out what is causing the slow birth. Some causes of a slow or stuck pushing stage are:

- the mother is afraid.
- the mother is exhausted.
- the mother has a full bladder.
- the mother needs to change positions.
- the baby is in a difficult or impossible birth position.
- the baby does not fit through the mother's pelvis.

Page 191 suggests ways to help a woman whose labor is slow because she is afraid or exhausted.

### *Mother has a full bladder*

A full bladder can slow labor or even stop it completely. Laboring for many hours with a full bladder can lead to fistula or other problems. Help the mother urinate or, if necessary, put in a catheter (see page 352).

### *Mother needs to change positions*

If one position does not bring the baby down, try other positions. The position that usually works best is squatting. Squatting opens the pelvis, and uses gravity to help the baby move down.

Try giving the mother something to hold on to. For example, she can hold on to a door knob or a rope tied to the ceiling, and pull down as she pushes.

Squatting can help bring the baby down.

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### *Baby is in a difficult or impossible birth position*

See page 190 for a description of difficult or impossible birth positions.

If the baby is lying facing the mother's stomach, it may be easier for the mother to push in either the hands-and-knees position or in the squatting position. This may help the baby turn to face the mother's back as he comes down.

Sometimes the baby's head is tucked down the way it should be but it is off to one side (asynclitic). It may help if the mother walks, lifting one leg up at a time — as if she were walking up stairs or a steep hill.

If the baby is face first or forehead first, the birth may be difficult or impossible. If you think this may be the problem, get medical help right away. While you are traveling, help the mother stop pushing (see page 207).

### *Baby is unable to fit through the mother's pelvis*

If the inside of a mother's pelvis is very narrow, or a baby's head is very big, the birth may slow or stop. (The size of the outside of the mother's hips does not matter.) If the mother keeps pushing for hours with no progress, her womb may tear open, she may get a fistula (see page 273), or she and the baby may die of exhaustion.

If the baby cannot fit through the mother's pelvis, the first stage of labor was probably longer than normal too.

## If there is no progress — get medical help

If you have tried different methods for bringing the baby down — better pushing, different positions, emptying the bladder, rehydration drink, acupressure, and any other methods you know — and you still see no progress after 1 hour of good pushing, take the mother to a medical center. It is not safe to wait until more warning signs appear.

If you are far from a medical center, do not wait more than 1 hour — get medical help right away. **Thousands of women die every year because they did not get medical help soon enough.**

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While you are traveling, help the mother stop pushing (see page 207). Put her in the knee-chest position (or some other position with her hips up) to take some of the pressure off the baby's head.

> ***WARNING!*** **Never push on the mother's belly to hurry the birth.** Pushing on the belly can make the placenta separate from the womb, or tear the womb. This can kill the baby or the mother!

## Watch for bleeding during pushing

A small amount of blood from the vagina, especially bloody mucus, is normal during stage 2. It is a sign that the baby is moving down. But a gush of fresh blood can be a sign of a detached placenta or a torn womb (see page 184).

### Detached placenta (abruption)

If the mother has signs of detached placenta (a sudden gush of blood from the vagina, very fast or very slow baby's heartbeat, tense or sore womb, shock) go to a hospital or medical center right away.

If the birth is near and you cannot get to a medical center, have the mother push as long and as hard as she can. Get the baby out fast — you may have only a few minutes. If necessary, cut the mother's birth opening to make it larger so the baby can come out faster (see page 354). If the baby takes too long to be born, he and the mother can both die.


Be ready! This baby may need extra help to start breathing (see page 240), and the mother may bleed heavily after birth (see page 224). Get help so that someone can care for the baby while you care for the mother.

### Torn womb

If the mother has a torn womb, her contractions will stop and she may feel very strong, constant pain. The baby's heartbeat will get very slow and then stop. If you think the womb may have torn, treat the mother for shock (see page 239). **Get medical help immediately, even if it is far away.**

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# Help the mother give birth

## Help prevent tears in the vaginal opening

The birth of the baby's head may tear the mother's vaginal opening.

Some midwives do not touch the vagina or baby at all during the birth. This is a good practice because interference can lead to infection, injury, or bleeding. But you may be able to prevent tears by supporting the vagina during the birth.

Often tears happen whether you try to prevent them or not.

**Cutting a circumcision scar**

In some communities, circumcision of girls (also called female genital cutting) is common. Female genital cutting (FGC) causes scars that may not stretch enough to let the baby out.

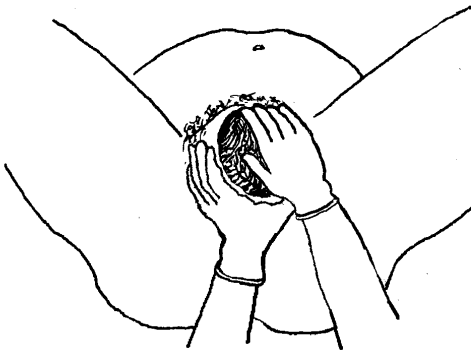
If the mother has been circumcised, you may need to cut open the scar of the circumcision before the baby's head starts to crown. Page 367 explains more about female genital cutting, and how to cut a circumcision scar.

**You should not cut the opening of the vagina to let the baby out, except in an emergency or for a woman who has had FGC.** See page 354 to learn how to cut the opening of the vagina in an emergency.

### Support the vaginal opening

These instructions can be used when the baby is in the most common position — facing the mother's back.

1. Wash your hands well and put on sterile gloves.
2. Press one hand firmly on the perineum (the skin between the opening of the vagina and the anus). This hand will keep the baby's chin close to his chest — making it easier for his head to come out. Use a piece of cloth or gauze to cover the anus.
3. Use your other hand to gently move the top of the baby's head down towards the mother's bottom and out of the vagina.



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## Use very warm cloths

Warm cloths around the vaginal opening help bring blood to the skin, making it more soft and stretchy:

1. Boil a pot of water for 20 minutes to kill any germs. If possible, add a little disinfectant (like iodine or betadine). If you do not have a disinfectant, add a little salt to the water. Let the water cool a little before you use it. The water should be hot, but not hot enough to burn the mother.
2. Dip a clean cloth in the water and squeeze it out.
3. Press the cloth gently on the mother's genitals.

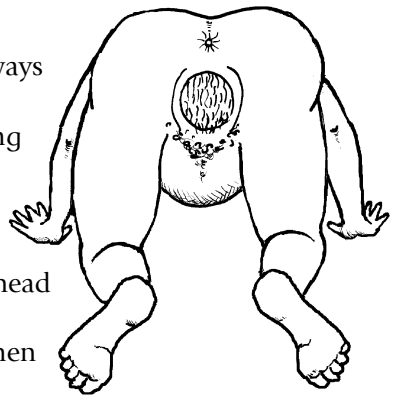
## Slow the birth of the head

If the head is born slowly, the mother's vagina has more time to stretch and may be less likely to tear. To slow the birth of the head, help the mother stop pushing right before the baby's head crowns.

### *To help the mother stop pushing*

The need to push can be very strong, so it is not always easy for the mother to stop. It is best to warn the mother that you are going to ask her to stop pushing before the baby crowns.

When you want the mother to stop pushing, tell her to blow hard and fast. (It is difficult to blow and push at the same time.) Or, if the baby's head is not coming out and the mother can control her pushing, ask her to give a very small push — and then stop and blow. This gives her skin time to stretch. Each small push should move the head no more than 1 centimeter farther out of the mother.
A centimeter is this long: |←→|



This mother should **stop pushing**. The baby's head is about to crown.

After the widest part of the head comes out, the rest of the head may come out without any pushing at all.

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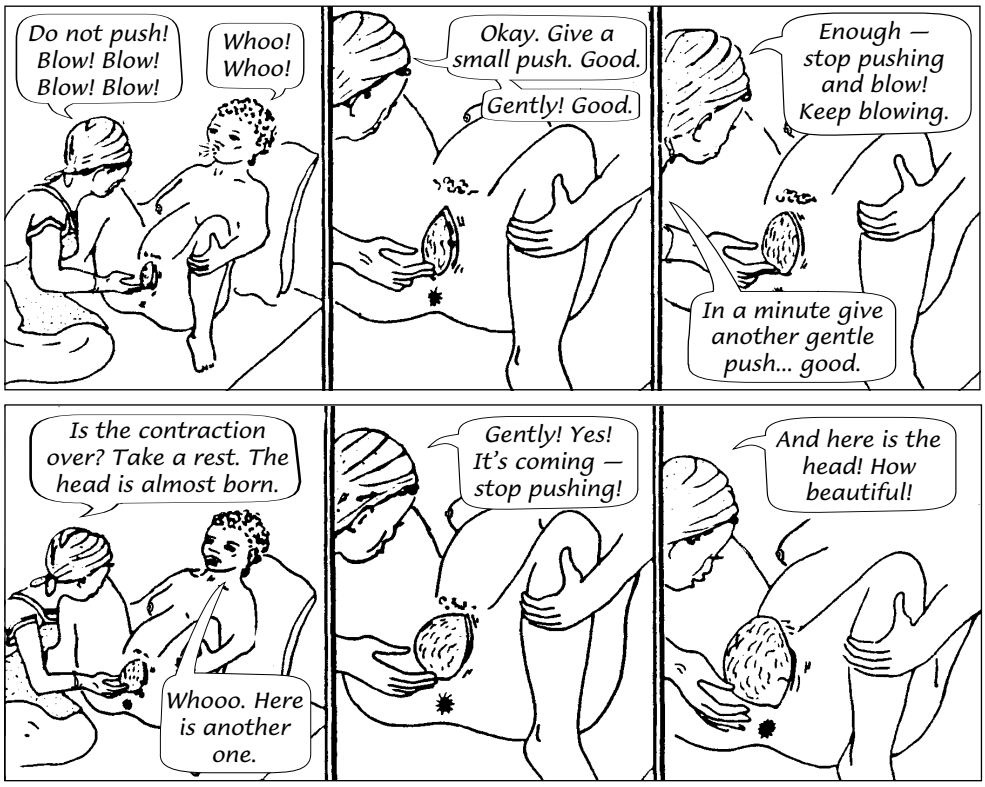


***WARNING!*** **Do not slow the birth of the head if:**

- **there has been a gush of blood before the birth** (see page 205).
- **there is a prolapsed cord** (see page 176).
- **the baby's heartbeat is very slow** (see page 172).
- **you think the baby may be in trouble.**

In any of these cases, the baby must be born as quickly as possible.

## If necessary, clear the baby's nose and mouth

When the head is born, and before the rest of the body comes out, you may need to help the baby breathe by clearing her mouth and nose. If the baby has some mucus or water in her nose or mouth, you can wipe it gently with a clean cloth wrapped around your finger. You do not need to suction.

If the waters were yellow or green it means the baby may have meconium (stool) in her mouth and nose and risks breathing it into her lungs. You must clean out the baby's mouth with a suction trap or a bulb syringe (sometimes called an ear syringe). But only use these tools if they are sterile (see page 59 to learn how to sterilize your tools).

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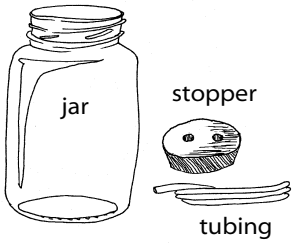
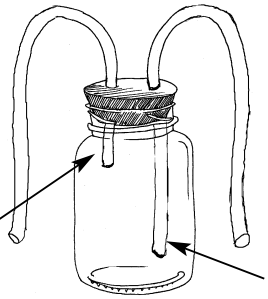
**To make a suction trap**

You need a small jar, a stopper that fits snugly into the top of the jar, and some very thin, soft tubing that can be cleaned easily. Sterilize the tubing before and after you use it.



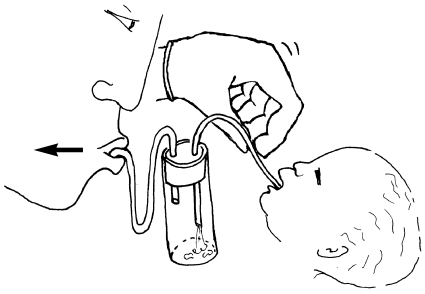

Make 2 holes in the stopper. The holes should be just big enough to push the tubing through.

Push one tube through the hole until it is just below the stopper.



Push the second tube through until it almost touches the bottom of the jar.

**To use a suction trap**

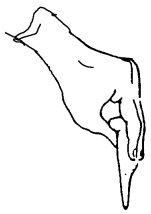


First put the tube that goes to the bottom of the jar in the baby's mouth. It should go no more than 10 centimeters (4 inches) down the baby's throat.

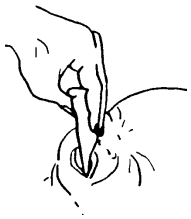
Suck on the other tube while you wiggle the first tube around in the baby's mouth. The fluid in the baby's mouth or nose will go into the jar but not into your mouth. After you clean the baby's mouth, clean the baby's nose in the same way.

**To use a bulb syringe** 

Sterilize a bulb syringe before you use it. Suction the mouth and throat until they are clear of mucus. Then suction the nose. (You should practice using the syringe to suck up water before you use it at a birth.)



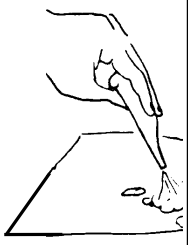
Squeeze the syringe.



Gently put the syringe in the baby's throat.

Release the syringe as you wiggle it around.

The bulb will suck up mucus. (Do not squeeze the syringe while it is in the mouth.)



Squeeze out the mucus.

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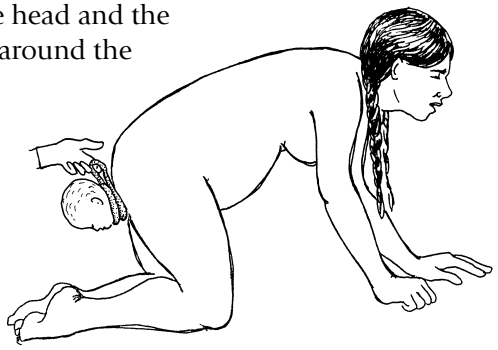
A baby who might have breathed in some waters or stool should be held with her head a little lower than the rest of her body, so fluid and stool can drain out. Continue to suction or clean out the mouth until you have removed as much stool as you can.

But remember that **most babies do not need to be suctioned at all**. Suctioning can cause the baby to have trouble breathing. Only suction if there is meconium.

## Check for a cord around the baby's neck

If there is a rest between the birth of the head and the birth of the shoulders, feel for the cord around the baby's neck.

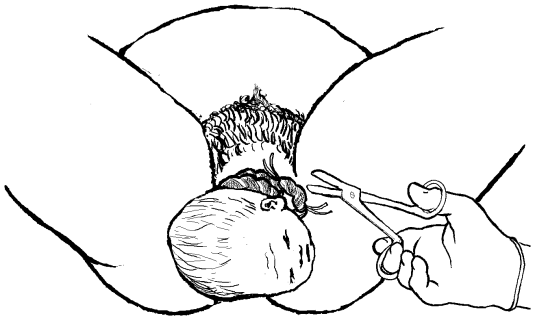


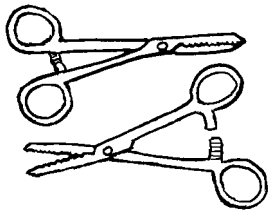
If the cord is wrapped loosely around the neck, loosen it so it can slip over the baby's head or shoulders.

If the cord is very tight, or if it is wrapped around the neck more than once, try to loosen it and slip it over the head.

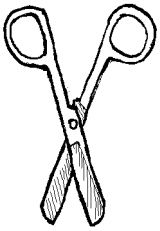
If you cannot loosen the cord, and if the cord is preventing the baby from coming out, you may have to clamp and cut it.

If you can, use medical hemostats and blunt-tipped scissors for clamping and cutting the cord in this situation. If you do not have them, use clean string and a new or sterilized razor. Be very careful not to cut the mother or the baby's neck.





medical hemostats



blunt-tipped scissors

***WARNING!*** **If you cut the cord before the birth of the baby, the mother must push hard and get the baby out fast.** Without the cord, the baby cannot get any oxygen until he begins to breathe.

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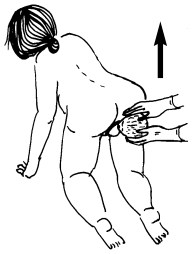
## Deliver the baby's shoulders

After the baby's head is born and he turns to face the mother's leg, wait for the next contraction. Ask the mother to give a gentle push as soon as she feels the contraction. Usually, the baby's shoulders will slip right out.

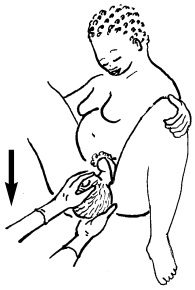
**To prevent tearing, try to bring out 1 shoulder at a time.**

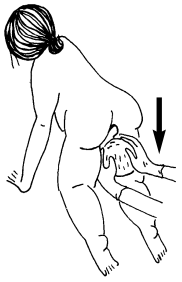
If the mother is in the hands-and-knees position



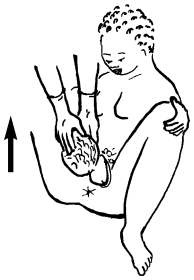
Bring out the first shoulder by gently moving the baby's head towards the mother's bottom.

If the mother is in the half-sitting position



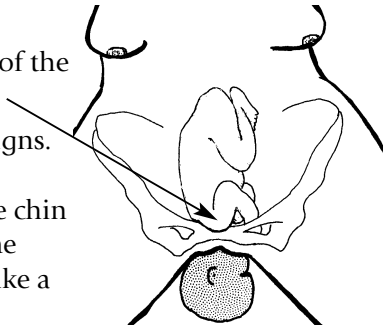


Bring out the second shoulder by moving the baby towards the mother's belly.



***WARNING!*** Do not bend the baby's head far. Guide the head — do not pull it.

### Baby gets stuck at the shoulders



Sometimes a baby gets stuck at the shoulders. One of the shoulders is stuck behind the mother's pubic bone.

Before this happens, there are usually warning signs. His head may take lots of hard pushing to be born, instead of coming out smoothly after it crowns. The chin may not quite come out. Sometimes it looks as if the baby's head is being pulled back into the mother, like a turtle pulling its head into its shell.

Sometimes when the head is born, it will be pulled tight against the mother's genitals. The baby may not turn to face the mother's thigh. Even hard pushing will not bring the shoulders out.

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**A baby who is stuck at the shoulders is in danger!** The pressure of the mother's vagina on the baby's body forces blood into the baby's head. The head turns blue, and then purple. After a few minutes, the blood vessels in the baby's brain may begin to break and bleed from the pressure. This will cause brain damage. In time, the baby will die.

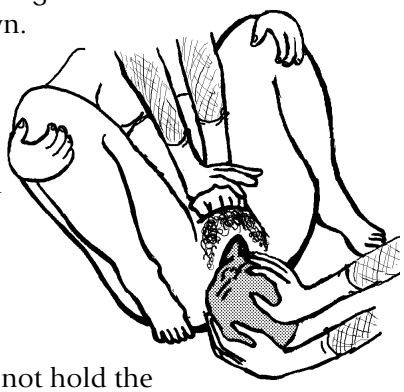
### *What to do*

You may have to do things which cause pain to the mother but are necessary to save the baby's life and prevent brain damage. **You must work quickly.**

Here are 4 methods for helping the shoulders come out. Try one method at a time, in the order listed here.

**1. Try pressure above the pubic bone.**

Quickly bring the mother to the edge of the bed. If she is on the floor, put something under her hips to raise them off the ground. You will need some space for the baby's head when you pull down.



Help the mother grab her knees and pull them back as far as she can. Have helpers hold her legs in this position.

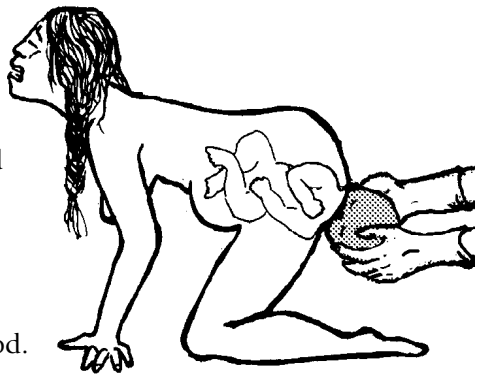
Ask a helper or any other person in the room to press hard just above the mother's pubic bone — not on the mother's belly. The helper should push down hard.

Ask the mother to push as hard as she can.

Cup your hands around the baby's head (do not hold the baby's neck) and gently pull downward towards the anus while counting to 30. When you see the shoulder appear, pull up gently on the head and deliver normally.

If this does not work, try the next method.

**2. Try the hands-and-knees position.**



Put the mother in the hands-and-knees position. Make sure the mother's head is higher than her hips.

Cup your hands around the baby's head and gently pull downwards towards the mother's belly while counting to 30. When you see the shoulder, pull up and deliver normally.

If this does not work, try the next method.

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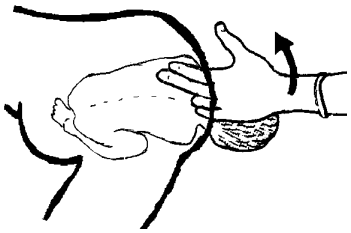
**3. Try pushing the baby's shoulder from the inside.**

With the mother still in the hands-and-knees position, put your gloved hand inside the vagina along the baby's back. Put your fingers on the back of the shoulder that is nearest to the mother's back.



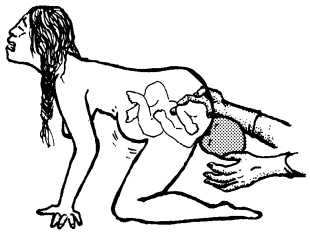
Push the shoulder forward until it moves to the side.

Deliver the baby in the usual way, pulling downward while counting to 30.

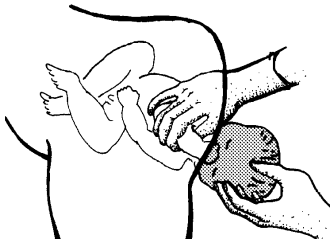
If this does not work, try the next method.

**4. Try pulling the baby's arm out of the vagina.**

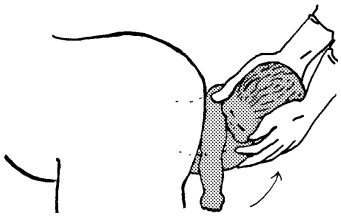
Put your hand inside the vagina and up along the baby's back.



Move your hand around the baby's body, bend the baby's arm, and grasp his hand. Pull the hand across the baby's chest and out of the birth opening. This is very difficult to do.



The baby can now be born easily. Grasp the baby by the body (not the arm) and help him come out.



If none of these methods work, it is better to break the baby's collarbone to help him out than to let him die. Reach in with your finger, hook the baby's collarbone, pull up toward the baby's head, and break it. You will need to use a lot of pressure.

***WARNING!*** **Never jerk on the baby's neck, or bend it too far.** You could tear the baby's nerves.

Babies who get stuck usually have a hard time breathing when they come out. Be ready to help the baby breathe (see page 240).

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## Deliver the baby's body and give the baby to the mother

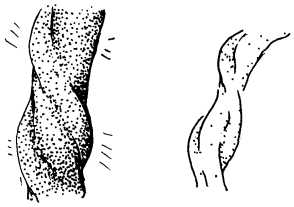
After the shoulders are born, the rest of the body usually slides out without any trouble. Remember that new babies are wet and slippery. Be careful not to drop the baby!

If everything seems OK, put the baby on her mother's belly and give her a chance to breastfeed right away. You do not have to wait until the placenta comes out or the cord is cut. Dry the baby with a clean cloth and then put a new, clean blanket over her to keep her warm. Be sure the top of her head is covered with a hat or blanket.

## Cut the cord when it turns white and stops pulsing

Most of the time, there is no need to cut the cord right away. Leaving the cord attached will help the baby to have enough iron in his blood. It will also keep the baby on his mother's belly where he belongs.

When the baby is just born, the cord is fat and blue. If you put your finger on it, you will feel it pulsing. This means the baby is still getting oxygen from his mother.



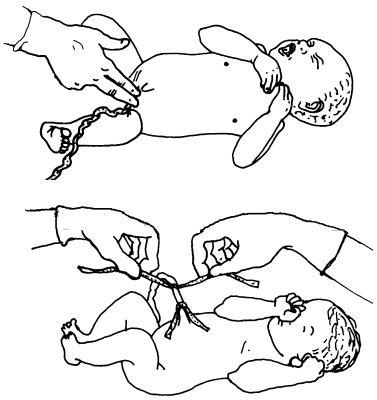
Wait! OK to cut.

When the placenta separates from the wall of the womb, the cord will get thin and white and stop pulsing. Now the cord can be cut. (Some people wait until the placenta is born before cutting the cord. This is a healthy custom.)

### How to cut the cord

Use a sterile string or sterile clamp to tightly tie or clamp the cord about 2 finger widths from the baby's belly. (The baby's risk of getting tetanus is greater when the cord is cut far from his body.) Tie a square knot.

Put another sterile string or clamp a little farther up the cord.



**To tie a square knot**

the 1st loop of a square knot

the 2nd loop of a square knot

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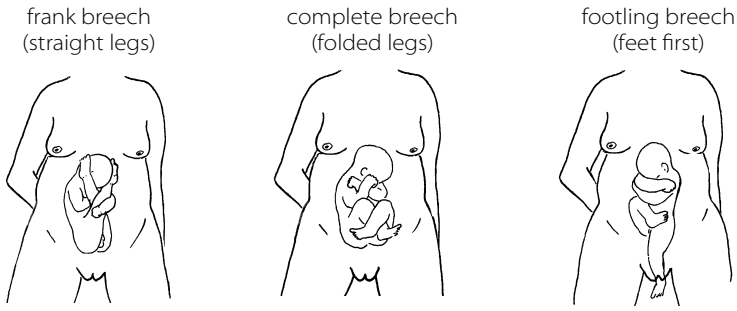
Cut the cord between the strings or clamps with a sterile knife, razor blade, or scissors. (Anything that is sharp enough to cut the cord will work, as long as it has been sterilized using one of the methods on pages 59 to 67.)

Leave the string or clamp on until the cord stump falls off — usually within the first week.

***WARNING!* Do not put dirt or dung on the cord stump!**
Dirt and dung do not protect the stump — they cause serious infections. Protect the stump by keeping it clean and dry.

# Baby is breech

There are 3 breech (bottom down) positions:




A frank breech is the easiest and safest kind of breech to deliver.

### *Dangers of breech births*

Breech births can go well, but they are often dangerous for the baby. They are especially dangerous for a first baby, because no one knows if the mother's pelvis is big enough for birth.

There are serious dangers of breech birth:

- The cord can more easily prolapse when the waters break (see page 176).
- The baby's head can get stuck at the cervix. This can happen if the baby's body, which is usually smaller than the head, comes through the cervix before the cervix is fully open.
- The baby's head can get stuck at the mother's pelvis after his body has slipped through. If the cord gets pinched between the baby's head and the mother's pelvis, the baby can die or be brain damaged from lack of air.

If possible, breech babies should be born in a medical center, especially footling breech. If medical help is too far, or if a birth in a medical center is not possible, make sure a midwife who is experienced with breech is there to help at the birth.

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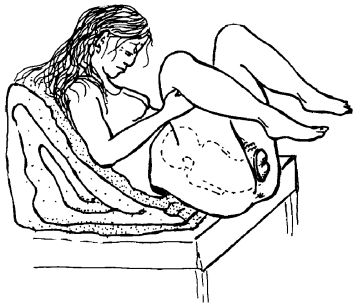
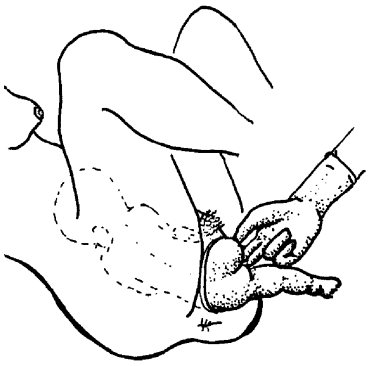
## Delivering a frank or complete breech



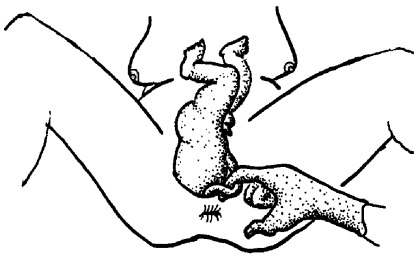
**Do not let the mother push until you are sure that her cervix is completely open.** Even after she has a strong urge to push, she should wait through a few more contractions to be sure.

When the cervix is open, encourage the mother to push in a way that feels right to her. Encourage her to give good, strong pushes. The baby's bottom and belly will usually be born without any help.

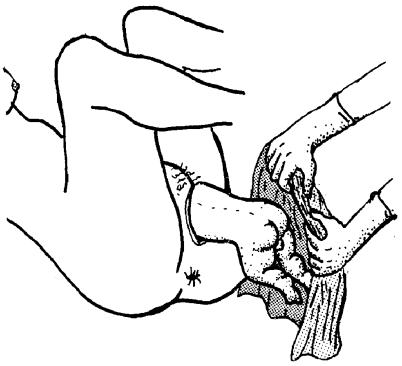
The legs usually come out by themselves. If they are not coming, put your fingers inside the mother and gently pull down the legs. Do not pull on the baby.



Loosen the cord a little by gently pulling a bit of it out of the vagina. In general, do not touch the cord much.



Wrap the baby in a clean blanket or cloth to keep her warm. If the baby gets cold, she may try to take a breath inside the mother, and her lungs will fill with fluid.



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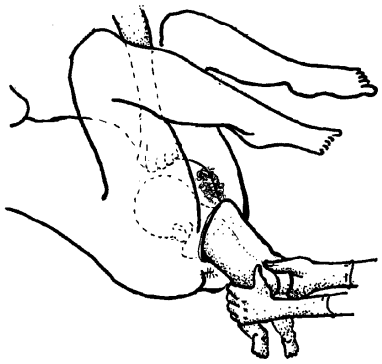
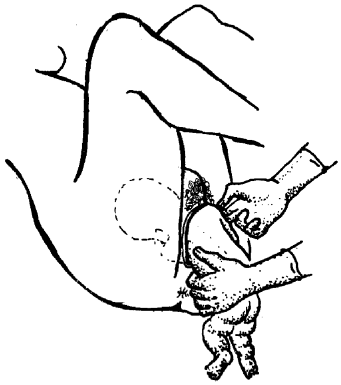
You may want to have a helper put pressure on the mother's pubic bone (not her belly). This is to keep the baby's head tucked in, not to push the baby out. Carefully move the baby's body down to deliver the top shoulder. Hold the baby by the hips or below.

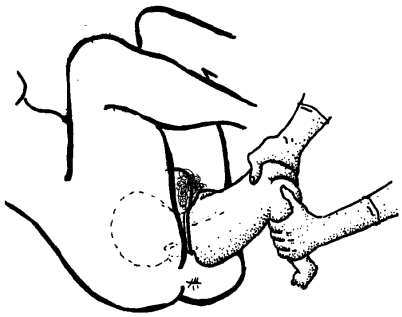
**Be careful. Pressure on the baby's back or belly can injure her insides.**



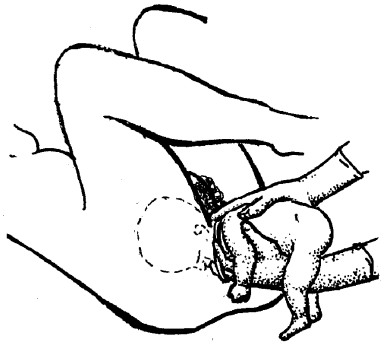
If the top shoulder does not come out, you may need to put your fingers inside the mother's vagina to bring the arm out. Try to grasp the arm by feeling the shoulder, and then following it down. Pull the arm across the chest by pulling gently on the elbow. Deliver the top shoulder.



Lift the baby gently to deliver the bottom shoulder.



The baby must now turn to face the mother's bottom. Hold the baby with your arm, and put one finger in the baby's mouth. Put your other hand on the baby's shoulders, with one finger on the back of the baby's head to keep it tucked in. The baby's chin should stay close to her chest so it can fit easily through the mother's pelvis.



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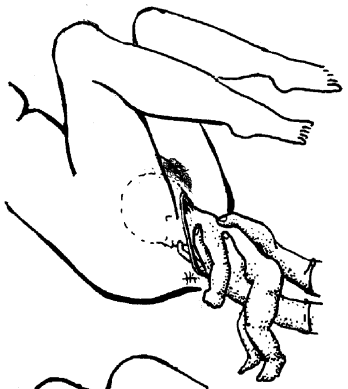
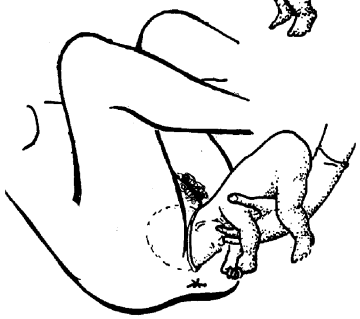
Lower the baby until you see the hair on the back of her head. **Do not pull hard! Do not bend the neck — it can break!**

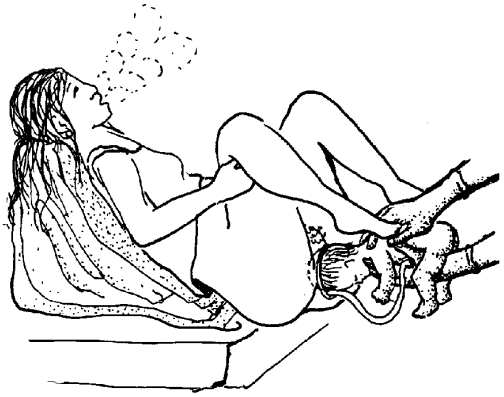


Keep the baby's head tucked in while you raise the body to deliver the face. Let the back of the head stay inside the mother.



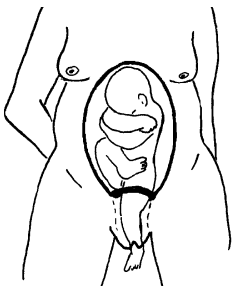
The mother must relax, stop pushing, and blow (blowing will help her stop pushing). Let the head come out as slowly as possible.

**The back of the head should be born slowly.** If it comes too fast, the baby could bleed in the brain and be brain damaged or die.



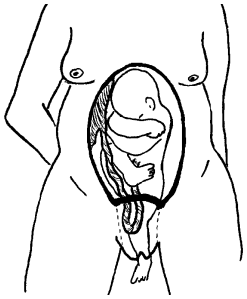
## Delivering a footling breech

A footling breech is more dangerous than the frank or complete breech.



Footling breech babies have a very high chance of prolapsed cord (the cord coming out before the baby).

It is much safer for a footling breech to be born in a medical center. Try to slow the labor (see page 207). Put the mother in a knee-chest position and get medical help.



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If you cannot get to a hospital, keep the mother from pushing until you are sure that the cervix is fully open (see page 339). Ask the mother to lie down — the cord may be less likely to prolapse. Use the instructions on pages 216 to 218 for delivering a frank or complete breech.

# Delivering twins

## Dangers of twin births

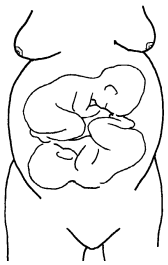
Twin births may go well, but they can be more difficult or dangerous than a single birth. Twins are more than 3 times as likely to die than other babies, for these reasons:

- Twins are more likely to be born early, and to be small and weak.
- The cord (especially of the second twin) is more likely to prolapse.
- The placenta of the second twin may start coming off the wall of the womb after the first twin is born. This can cause dangerous bleeding.
- The mother is more likely to bleed heavily after the birth.
- If the second twin is not born soon after the first, the womb may get an infection. The second twin may also get an infection.
- One or both twins are more likely to be in a difficult or impossible birth position. Or the twins may get in each other's way, making it impossible for them to be born.

For these reasons, we suggest that twins be born in a medical center. If the journey is very difficult, feel the mother's belly to find out the position of the babies. This will help you know what problems to expect at the birth.

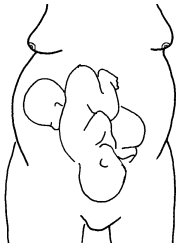
When both babies are sideways, they cannot be born through the vagina.

It is very dangerous to try to deliver them at home.



When one head is down, it is a little less dangerous to deliver at home.

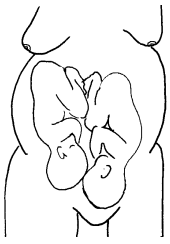
If the head-down baby is born first, the other baby may turn.



It is even better if both babies are up and down.

But a breech twin will have the same dangers as all breech babies.

It is best if both babies are head down — but it is still more dangerous than a single birth.



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# Delivering twins

If you deliver twins at home, make sure there are at least 2 skilled midwives at the birth.

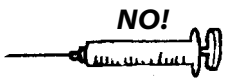
1. Deliver the first baby as you would any single baby.
2. Cut the first baby's cord, and tightly clamp or tie the end that is coming out of the mother. Twin babies sometimes share a placenta, and the second baby could bleed through the cord of the first.
3. After the first baby is born, feel for the position of the second baby. If he is lying sideways, see below.
4. The second baby should be born within 15 to 20 minutes. Deliver him as you would any other baby.

## Possible problems when delivering twins

### *No contractions within 2 hours of the birth of the first twin*

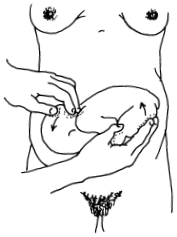
Encourage the labor to start again by letting the first baby breastfeed. If the baby will not breastfeed, massage the mother's nipples as if you were removing milk by hand (see page 285). If the second baby is head or bottom down, try breaking the waters. But do not break the waters if the second baby is sideways.

If these methods do not start labor, seek medical help as soon as you can. **Do not give medicines to get labor started again.**




If the second baby is not born in 2 hours, the placenta may start coming off the womb, the cervix may start to close, or the second baby and the womb may get an infection.

### *The second baby is sideways*



If medical help is close, go there now. If it is too far away, and you have experience turning babies, try the following:

1. Try to turn the baby's head down (see page 369).

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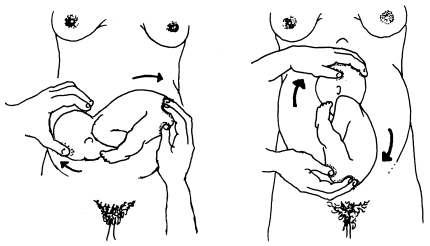
2. If you cannot move the baby to a head-down position, try to move her to the breech position.

3. If you cannot move the baby to either of these positions, go to a medical center. The baby will need to be born by cesarean surgery.



***The mother bleeds before the second twin is born (or the first placenta is born before the second twin is born)***

Bleeding after the birth of one twin and before the second twin may mean that there is an early separation of the placenta (see page 184). **Get the second baby out as fast as you can.**

Stimulate the nipples, break the bag of waters, and ask the mother to push very hard.

# Baby is very small or more than 5 weeks early

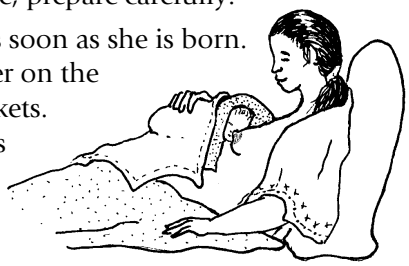
Babies born early or small may have problems, such as:

- a difficult or impossible birth position (like a sideways position).
- a softer skull, which means she can easily be injured during the birth.
- difficulty keeping herself warm after the birth.
- difficulty breathing and breastfeeding.

For these reasons, it is best for small or early babies to be born in a medical center. If they are born at home, it is important that they get medical care as soon as possible.

If you must deliver small or early babies at home, prepare carefully:

Have many warm blankets ready for the baby as soon as she is born. Dry the baby and cover her only in a diaper. Put her on the mother's naked chest and cover them both in blankets. Remember, a baby stays warm best on the mother's belly. This is also a good way to care for a baby born on the way to a medical center.



If you have a hot water bottle, you can use it to warm the baby. But always wrap the hot water bottle and the baby in cloths. Never put a hot water bottle next to a baby's skin.

See page 256 for how to care for babies that are early or small after they are born.

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# CHAPTER 13
# The birth of the placenta: stage 3 of labor

In this chapter:

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# The birth of the placenta: stage 3 of labor

CHAPTER 13

After the birth of the baby, the placenta must be born. This is stage 3. Stage 3 usually lasts less than 1 hour.

This can be a wonderful and exciting time for the family. Watch closely to be sure that everything is healthy and normal. But be sure to give the mother and family time to be with the new baby.

If you have a helper, one of you can help the mother while the other one watches the baby. If you are working alone, you will need to decide whether to care for the mother or the baby first.

- If the mother is healthy, and she is not bleeding much, care for the baby first.
- If the mother has risk signs, care for her first, and the baby later.
- If the mother and baby are both in trouble, help the mother first, even though it may feel like a difficult choice.

## Check the mother's physical signs

After the birth, you must watch the mother for signs of infection, pre-eclampsia, and heavy bleeding (which can lead to shock). Check the mother's blood pressure and pulse every 30 minutes. Check her temperature every 4 hours. Check more often if you see warning signs.

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## Bleeding after birth

The main risk to the mother during stage 3 is heavy bleeding.

Normally, the mother pushes the placenta out soon after the birth. Then the womb contracts (tightens and shrinks) to stop the bleeding from the place where the placenta was attached. If the mother is not bleeding or having other health problems, the midwife can watch and wait while the family gets to know their new baby.

But if the mother begins to bleed, the midwife must take action. Heavy bleeding can cause the mother to be sick or very tired after the birth or can kill her. Around the world, very heavy bleeding after birth is one of the most common causes of death for women.

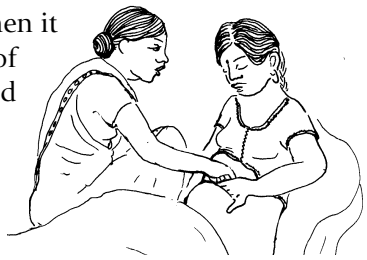
Most bleeding after birth comes from the place the placenta was attached. During pregnancy, the mother's blood vessels send blood through the wall of her womb to the placenta. As long as the placenta is attached to the wall of the womb, the mother will not bleed. When the placenta is born, the blood vessels can bleed too much if the womb does not quickly contract and squeeze them closed.

If the placenta has separated, even partially, but is still in the womb, it can hold the womb open. Even a small piece of placenta or a blood clot left inside the womb can keep it open in this way. When the womb is open, the mother's blood vessels continue to pump blood out and the woman will quickly lose blood. So to stop bleeding after birth, you must be sure the womb is empty and help it to squeeze into a small, hard ball.

The way you help depends on whether the woman has given birth to the placenta. **After the placenta is born**, rubbing the womb is a good way to contract the womb and stop the bleeding. Many women need their wombs rubbed to help them contract.

### Rub the womb

The womb will usually contract and stop bleeding when it is stimulated by firm rubbing. Put your hand on top of the womb and squeeze while you move the same hand in a circle. The womb should get firm, and should be in the center of the belly, not off to the left or right. Check the womb every 1 or 2 minutes for a while. If it gets soft again, rub it until it contracts again.



### Medicines to help the womb contract

Medicines can also help the womb contract and push out anything left inside. Some medicines can be given before or after the birth of the placenta, such as oxytocin and misoprostol. But another medicine, ergometrine, causes 1 strong contraction. You cannot give ergometrine until after the placenta is born and the womb is empty, or else it can cause the cervix to close with the placenta trapped inside. See page 231 for more on medicines to stop bleeding.

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### "Active management" of stage 3

Throughout this book we suggest that you care for women in the ways that medical science has proven will save the most lives and cause the least harm.


But medicine is not simple. Experienced, skilled health workers can have conflicting ideas about how to keep people healthy. And lifesaving tools or medicines are not available in many parts of the world. Here is an example:

International medical groups now recommend that midwives and doctors "actively manage" the 3rd stage of labor. What they mean by active management of the 3rd stage is:

**1.** give oxytocin or other medicines (see page 228) to every woman immediately after she gives birth,

**2.** guide every woman's placenta out shortly after the birth, and

**3.** rub the womb after the placenta is born.

Medical studies of women giving birth in hospitals have shown that active management reduces the number of women who bleed heavily after birth. If the health authority in your community recommends that you manage birth in this way, we suggest that you do so.

In this book, though, we describe how to manage the 3rd stage only after a problem arises. We do this for a few reasons:

- Most midwives do not have oxytocin, or if they do, only have a little. Also, many midwives do not have a big supply of sterile needles to inject oxytocin. These midwives may need to save the little oxytocin they have for when someone is already bleeding.
- Most women do not bleed too much after birth. Not every woman needs oxytocin, and many women do not want to be given a medicine that they do not need.
- Guiding the placenta out by hand is risky. You can accidentally break the cord or even pull the womb out of the woman's body. If you work in a hospital and have access to surgery in an emergency, pulling out the placenta may prevent bleeding. But if you are far from emergency care, guiding the placenta out by hand may cause problems that you are unable to solve.

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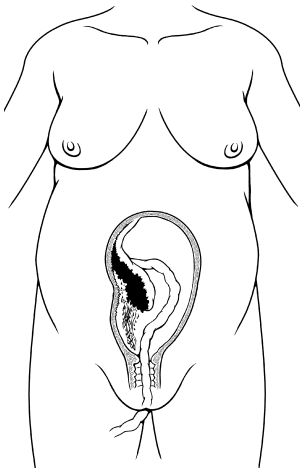
## Watch for heavy bleeding before the placenta comes

When the placenta separates from the womb, there is usually a small gush of blood. This is normal. Even bleeding a cup or more can be OK, as long as it stops quickly. But constant bleeding while the placenta is still inside is not normal. Bleeding too much after birth is the main cause of death in childbirth.

There are 3 ways a woman can lose too much blood (hemorrhage) after childbirth:

- **Fast, heavy bleeding.** The mother may lose a lot of blood at once, or blood may flow heavily for several minutes. Often, she will quickly feel faint and weak. **This is a severe emergency.**
- **A slow trickle.** This kind of bleeding is harder to notice. But any steady bleeding, even just a trickle, means the mother is in danger.
- **Hidden bleeding.** This bleeding cannot be seen because blood collects in the womb or vagina. This bleeding is also extremely dangerous and is easy to miss. When there is hidden bleeding, you may not see the blood, but the woman may feel faint and weak. Her pulse will speed up or slow down, and if she bleeds for long, her blood pressure will drop. Her womb may also rise in the belly as it fills with blood.



Most bleeding after birth comes from the place where the placenta was attached to the womb. This blood is bright or dark, and usually thick. Usually, if the woman is bleeding before the birth of the placenta, part of the placenta has separated from the womb, and part of it is still attached. The placenta holds the womb open, so it cannot contract and stop the bleeding.

Sometimes, bleeding comes from a torn vagina, a torn cervix, or a torn womb. Usually this bleeding comes in a constant, slow trickle. The blood is usually bright red and thin.

Heavy bleeding, or feeling faint or dizzy after a birth, are not normal. You must act to stop the bleeding. Usually, bleeding will stop when the placenta comes out. If you cannot find the cause of bleeding, get medical help.

## Watch for signs the placenta has separated

The placenta usually separates from the womb in the first few minutes after birth, but it may not come out for some time. Signs that the placenta has separated from the womb are:

- **A small gush of blood comes from the vagina.** A gush is a handful of blood that comes out all at one time. It is not a trickle or a flow.

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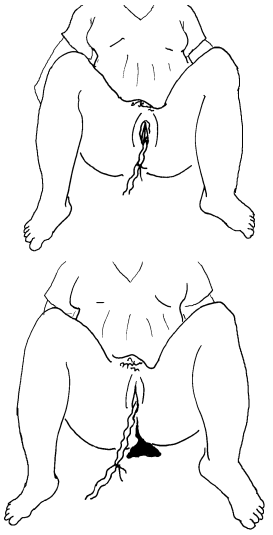
- **The cord looks longer.** When the placenta comes off the wall of the womb, it drops down closer to the vaginal opening. This makes the cord seem a little longer, because more of it is outside the mother's body.
- **The womb rises.** Before the placenta separates, the top of the womb is a little below the mother's navel. After the placenta separates, the top of the womb usually rises to the navel or a little above.

If 30 minutes have passed since the birth and there are no signs that the placenta has separated, be sure the baby has started to breastfeed. Breastfeeding causes contractions, and will help the womb push the placenta out. If the placenta does not come out after breastfeeding, ask the mother to urinate. A full bladder can slow the birth of the placenta. If the placenta still does not come out, see below for how to help the mother push it out.

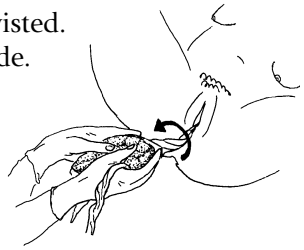


The placenta has probably separated when there is a small gush of blood and the cord looks longer.

## Help the mother push out the placenta

If the placenta does not come by itself after an hour, or if the mother is bleeding heavily, help her deliver it.

1. Be sure the mother is already breastfeeding. If she is not bleeding too heavily, she should try to urinate.
2. Put on clean gloves.
3. Have the mother sit up or squat over a bowl. Ask her to push when she gets a contraction. She can also try to push between contractions. Usually the placenta slips out easily.
4. The membranes (or bag) that held the waters and the baby should come out with the placenta. If some of the membranes are still inside the mother after the placenta comes out, hold the placenta in both hands. Turn it slowly and gently until the membranes are twisted. When they are twisted, they are less likely to tear inside. Then **slowly** and **gently** pull the membranes out.



5. Feel the mother's womb. It should be about the size of a grapefruit or a coconut, or smaller, and it should feel hard. If it is not small and hard, see page 236.

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## Give oxytocin

If the the mother cannot push out the placenta by itself or any time the mother is bleeding very heavily, give oxytocin to help her womb contract so the placenta can come out. Before you give oxytocin, gently feel the mother's belly to be sure there is not a second baby in the womb.

**To help the placenta come out**

- inject 10 Units oxytocin.....in the side of the thigh muscle

  You can give 10 more Units of oxytocin after 10 minutes.
  (See page 345 for how to safely give an injection.)

  ***or***

- give 600 mcg (micrograms) misoprostol.....by mouth, 1 time only

## Guide the placenta out by the cord

If the mother is bleeding a lot and cannot push the placenta out herself, the midwife can **gently** guide the placenta out by the cord.

If the mother is not bleeding, and there is no danger, do not pull on the cord. Only remove the placenta by the cord if there is an emergency.

***WARNING!*** **Pulling on the cord is dangerous!** If the placenta is still attached to the womb, the cord may break or you may pull the woman's womb out of her body. If the womb is pulled out, the mother may die. **Only guide the placenta out by the cord if you know that the placenta has separated.**

1. Check if the placenta has separated by gently pushing the womb upward from just above the pubic bone.

Find the bottom of the womb. Push the womb up and watch the cord.

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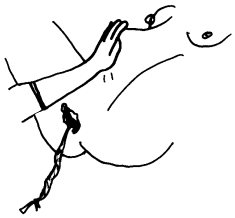
If the cord moves back up into the vagina, the placenta may be attached to the womb.

If the cord stays in the same place, the placenta is probably not attached. It is OK to guide the placenta out.



2. Guard the womb. Put one hand on the mother's belly, just above the pubic bone. Use just a little pressure to keep the womb in place.
3. Wait for a contraction. When a contraction comes, gently pull the cord downward and outward. Pull steadily and smoothly. A sudden or hard pull can tear the cord. Ask the mother to push while you are guiding the placenta out.
4. If the womb seems to move down as you pull the cord, STOP. If you feel the cord tearing, STOP. If the mother says that the pulling hurts, or if the placenta does not come out, STOP. The placenta may still be attached. Wait until the next contraction and try again.
5. Gently pull the cord until the placenta comes out.
6. Rub the womb (see page 224).

If the placenta still does not come out, and the mother is still bleeding, or if she feels faint or weak or shows other signs of shock (see page 239), she is in great danger. Get medical help right away.

On the way to a medical center, treat the mother for shock (see page 239).

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## Take out the placenta by hand

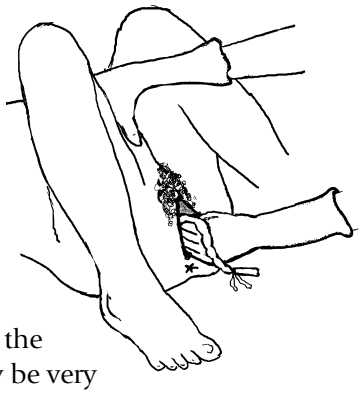
If you think the woman will bleed to death before you can get to a medical center, you may need to put your hand inside the womb to loosen the placenta and take it out.

***WARNING!*** **Taking out the placenta by hand is very dangerous.** It can cause serious infection, or tear the cervix, the placenta, or the womb, and cause worse bleeding. Taking the placenta out by hand is very painful for the mother, and can easily cause her to go into shock (see page 239). Do not take the placenta out by hand unless it is the only way to save a mother's life.

1. Quickly scrub your hands and arms up to the elbows with soap and boiled water. Splash your hands and arms with alcohol or betadine if you have it. Put on sterile gloves, long ones if you have them. Then do not touch anything except the cord and the inside of the mother.

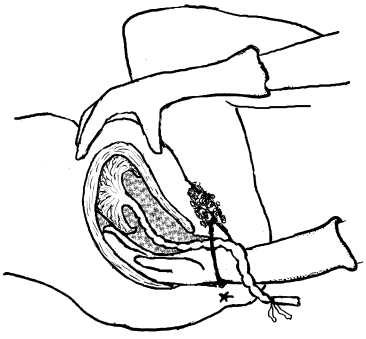
2. Put one hand on the cord to hold it steady. With your other hand, follow the cord up into the mother's vagina — you will have to fit your whole hand inside. The placenta may be detached but just sitting in the vagina or in the bottom of the womb. If so, take the placenta out, rub the womb until it is hard, and give an injection of 10 Units of oxytocin.

3. If the placenta is still partly stuck to the wall of the womb, you may need to reach inside and peel it off the womb wall with your fingers.

   Move your outside hand up to the mother's belly to support her womb. With your inside hand, keep your fingers and thumb close together, making a cone shape. Gently follow the cord up into the womb.

   Find the wall of the womb and carefully feel for the edge of the placenta with your fingers. This may be very painful to the mother. Have someone support her, and ask her to take deep breaths.

   Pry the edge of the placenta away from the womb wall using the side of your little finger. Then carefully peel the rest of the placenta off by sliding your fingers between the placenta and the womb. (It feels a little like peeling the skin off an orange or other thick-skinned fruit.) Bring the placenta out in the palm of your hand. Be careful not to leave any pieces or clots inside.

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**4.** Give medicine to stop the bleeding.

**To stop bleeding from the womb**

- inject 10 Units oxytocin.....in the side of the thigh muscle

***or***

- inject 0.5 mg ergometrine.....in the side of the thigh muscle

***or***

- give 0.2 mg ergometrine pills.....by mouth, every 6 to 12 hours.

  Pills do not work as quickly as the injections.
  Do not give ergometrine to a woman with high blood pressure.

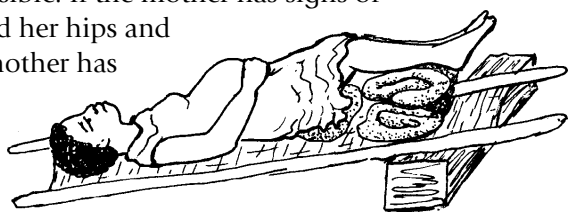
***or***

- insert 1000 mcg (micrograms) misoprostol.....in the rectum

  Wear a glove while inserting the pills into the woman's rectum, then throw the glove away and wash your hands.

**5.** Firmly rub the womb or use 2-handed pressure (see page 237) to stop the bleeding.

**6.** Go to a hospital as soon as possible. If the mother has signs of shock, keep her head down, and her hips and legs up (see page 239). If the mother has lost a lot of blood, start an IV if you can (see page 350). If you cannot give an IV, give rehydration drink (see page 160) or rectal fluids (see page 342). She is also in great danger of getting an infection.



**To prevent infection if it will take more than 1 hour to get medical help**

- give 1 g amoxicillin.....by mouth, 4 times a day for 2 days

***and***

- give 1 g metronidazole.....by mouth, 2 times a day for 2 days

You will need to give more antibiotics if the woman starts to show signs of infection (see page 271).

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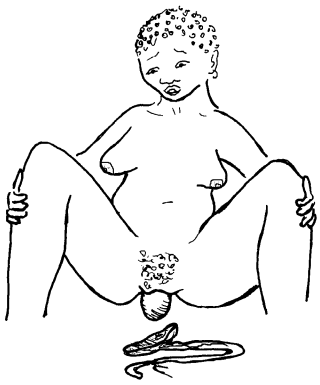
## When the womb comes out with the placenta



When you see this, the womb has turned inside-out.

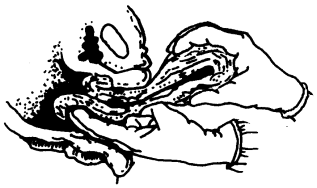
Rarely, the womb turns inside out and follows the placenta out of the mother's body. This can happen if someone pulls on the cord before the placenta has separated from the womb wall, or if someone pushes on the womb to get the placenta out. It can also happen by itself — even if no one does anything wrong.

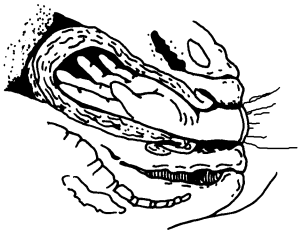
### *What to do*

1. Scrub your hands and arms up to the elbows (see page 53) and put on sterile gloves.
2. Quickly pour antiseptic solution (like povidone iodine) over the womb if you have any.
3. Gently but firmly put the womb back through the vagina and cervix into its normal position. If you cannot push it back up, you may have to roll it up with your fingers.

   Push the part of the womb closest to the cervix in first, and work your way along to the top of the womb, pushing that part in last. Do not use too much force.

   If you cannot push the womb back into the right place, put it into the vagina and take the woman to a medical center. Treat her for shock (see page 239).





4. After the womb is back inside, rub it to make it hard. You may need to use 2-handed pressure to stop the bleeding (see page 237). Give oxytocin, ergometrine, or misoprostol to stop the bleeding (see page 231).

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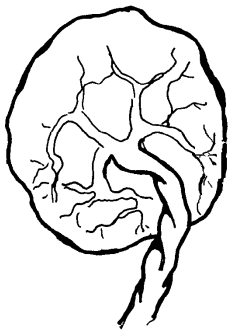
**5.** The mother should lie on her back with a pillow, blankets, or other padding under her hips. Give her antibiotics to prevent infection (see page 231).


After putting the womb back into the woman's body, get medical help.

## Check the placenta and cord



Whether the placenta comes out by itself or you guide it out, you should check to see that it is all there.

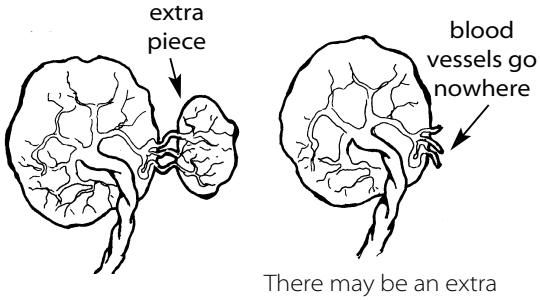
Usually the placenta comes out whole, but sometimes a piece of it is left inside the womb. This can cause bleeding or infection later. To see if everything has come out, check the top and bottom of the placenta, and the membranes from the bag of waters. Also check the cord to see if it is normal.

Wear gloves when you check the placenta and membranes. This will protect you from germs in the mother's blood.

### Top of the placenta

The top of the placenta (the side that was facing the baby) is smooth and shiny. The cord attaches on this side, and then spreads out into many deep-blue blood vessels that look like tree roots.

Sometimes, but very rarely, there is an extra piece attached to the placenta. Check for blood vessels trailing off the edge of the placenta and going nowhere. This may mean that an extra piece is still inside the mother.




There may be an extra piece inside the mother.

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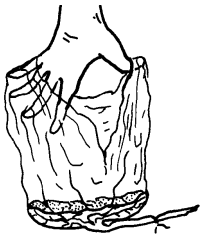
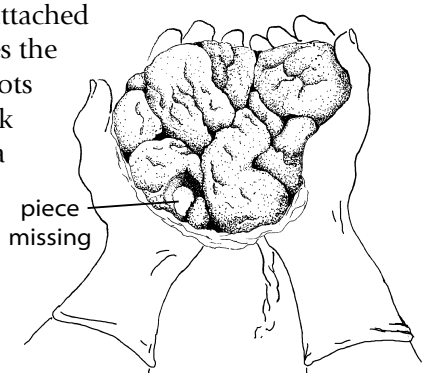


### Membranes

You can see the membranes best on the top of the placenta. They will be broken open, but check to see if they are all there.

### Bottom of the placenta

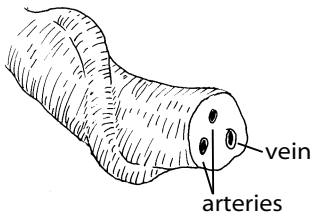
The bottom of the placenta (the side that was attached to the womb wall) has many lumps. Sometimes the bottom of the placenta will have hard white spots or dark patches. This is not dangerous. To check this side, cup your hands and hold the placenta so that all the lumps fit together. Look for a hole or a rough edge where a piece might be missing. This piece may still be inside the mother.




Carefully look at every placenta after every birth just as you would carefully look at every baby. In this way, you will learn what is normal, and be able to quickly recognize when something is not normal.

### Cord

If you look carefully at the end of the cord, you should see 3 holes — 1 large hole and 2 small holes. These are the arteries and the vein (or vessels) that carried the baby's blood to and from the placenta.




Some cords have only 2 vessels, and some babies with 2-vessel cords have problems later on. A doctor should check these babies.

## A piece of placenta is left inside the womb

If a piece of the placenta or membranes is missing, it may still be in the womb.

Help the mother push the piece out by having the baby breastfeed or by massaging her nipples as if you were removing milk by hand (see page 285). If the woman is bleeding, give oxytocin or misoprostol (see page 228).

If the piece does not come out, get medical help.

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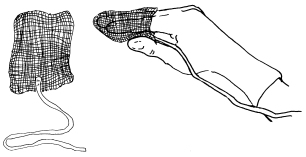
If the woman is bleeding so heavily that she will probably die before getting help, try to take the pieces out of the womb yourself.

1. Scrub and put on sterile gloves.
2. Fold a piece of sterile gauze over your fingers. The womb is very slippery, and the gauze will help you scrape up small pieces of placenta. (Or tie a string to a strong piece of woven material like gauze, sterilize it, and keep it in your birth kit. The string will stay outside the mother so that you can easily pull the gauze out.) Be sure to use strong material that will not break apart and leave bits inside the mother's womb.



3. Reach your gauze-covered fingers into the mother's womb and try to wipe out any pieces of placenta or membranes that are inside. This will be very painful for the mother. Make sure to explain what you are doing and why you are doing it — that any pieces of tissue left in the womb will make it impossible for her womb to contract and stop bleeding.
4. After the pieces are removed, give antibiotics to prevent infection — see page 231.

Even if you succeed in removing the piece of placenta from the womb, the mother still needs medical help. She may need a blood transfusion, and she is in danger of getting a serious infection. Take her to a medical center as soon as you can.

**What to do with the placenta**

Different people do different things with the placenta. Some burn it. Some dry it to use as medicine. Some just throw it away. For many people, burying the placenta is an important ritual. In some communities, people must return to the site where their placenta is buried before they die.

Burying the placenta is also a safe way to protect the community from the germs that live inside it. If you bury the placenta, make sure to dig a deep pit to keep animals from digging it up. If you do not want to bury the placenta, burning it is another safe way to dispose of it. See page 67 for more information on protecting the community from germs that live in blood.

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# Watch for bleeding after the placenta is born

## Womb stays soft

The most common reason a mother bleeds heavily after the birth is because the womb will not contract. Instead, the womb grows larger and feels soft after the placenta comes out.

The womb may stay soft because:

- the mother's bladder is full.
- there is a piece of placenta or membrane still inside the womb.
- the womb needs more oxytocin to make it contract.
- the womb needs more stimulation to make it contract.
- the womb is infected.

### *What to do*

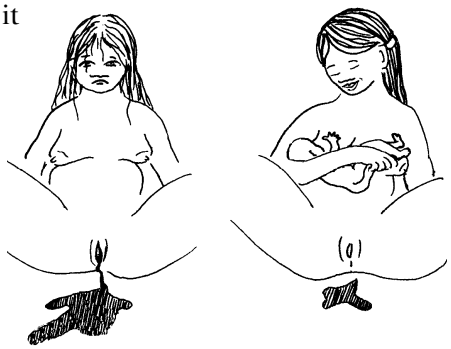
If the womb is soft, there are simple ways to make it firm:

#### Check the placenta again to see if there is a missing piece

A piece of placenta still in the womb can keep it from contracting completely.

#### Help the mother breastfeed

When the baby sucks, the mother's body makes its own oxytocin. Oxytocin makes the womb contract just as it did during labor. This helps slow the bleeding.



Breastfeeding makes the womb contract and stop bleeding.

#### Help the mother urinate

When the mother urinates, her womb may be able to contract more easily. If she cannot urinate after 4 hours, she may need to have a catheter (tube) put into her bladder to help her urinate. See page 352 for how to help a woman urinate and instructions for using a catheter.


#### Rub the womb

See page 224 for how to rub the womb. Teach the mother and her family how to check the womb and how to rub it to make it contract.

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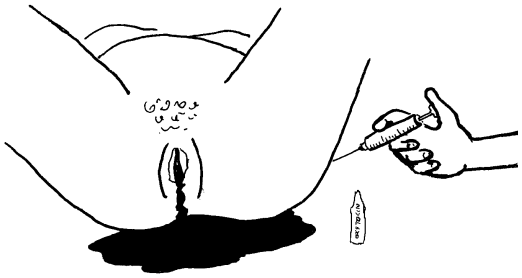
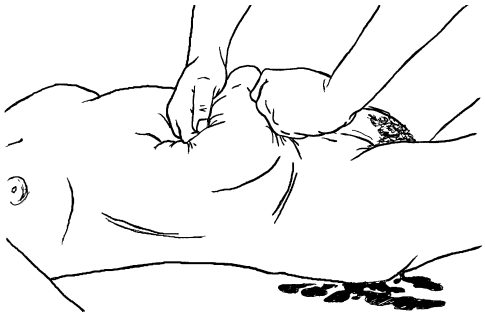
### Give medicines

If rubbing the womb does not stop the bleeding, give the mother oxytocin, ergometrine, or misoprostol. See page 231.



### Use 2-hand pressure on the belly

If bleeding is very heavy, and rubbing the womb does not stop the bleeding, try 2-hand pressure on the mother's belly.



Scoop up the womb, fold it forward, and squeeze it hard.

Rub the womb until it gets hard.

Cup one hand over the top of the womb. Put your other hand above the pubic bone and push the womb towards your cupped hand. You should be squeezing the womb between your two hands.

As soon as the bleeding slows down and the womb feels firm, slowly stop the 2-hand pressure.

If you know of herbs or plants that stop bleeding and are safe, you can give those now. Do not put any herbs or plants in the vagina.

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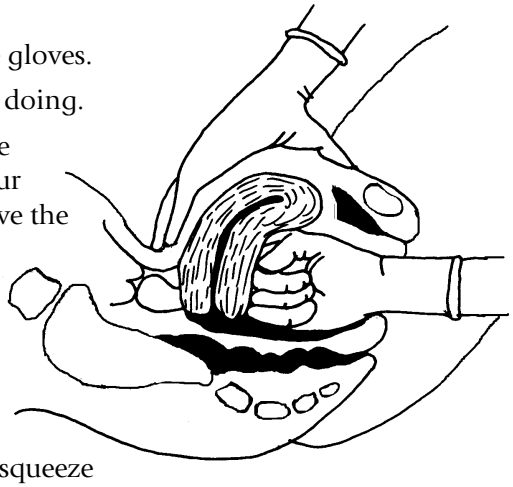
### Give pressure inside the vagina

If nothing else will stop the bleeding, try pressure inside the vagina.



1. Scrub your hands and put on sterile gloves.
2. Explain to the mother what you are doing.
3. Make your hand as small as possible and put it into the vagina. Move your hand to the back of the vagina, above the cervix, and make a fist. **Do not put your hand in the womb.** Move gently — your hand will hurt the mother.
4. With your other hand, hold the womb from the outside. Move the womb down towards your fist, and squeeze the womb as you move it. The womb should begin to harden.
5. When the womb feels hard, **slowly** let go of the top of the womb and take your other hand out of the vagina. Pull out any clots of blood in the vagina with your hand.
6. If you know how, start an IV (see page 350).

### Watch the woman carefully until the bleeding stops

Keep the womb squeezed down until it is firm and the bleeding stops. If the mother has any signs of shock (see page 239), treat her for shock and take her to a medical center right away.

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## Torn vagina

If the mother is bleeding heavily and the womb is hard, she may be bleeding from a tear in her vagina. You may need to feel inside with a gloved hand to check for a tear. See pages 248 and 356 to learn about tears and how to sew them.

If you are not able to sew a tear that is bleeding heavily, try to slow the bleeding and get medical help immediately. Roll up 10 to 15 pieces of sterile gauze or another small, sterile cloth into a thick pad and push it firmly against the bleeding part of the tear. Hold it there until you get to a medical center.

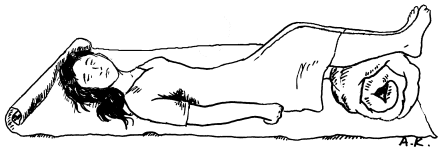
## Shock

When someone bleeds heavily she may go into shock. If a mother is bleeding, before or after the placenta comes out, watch for these signs:

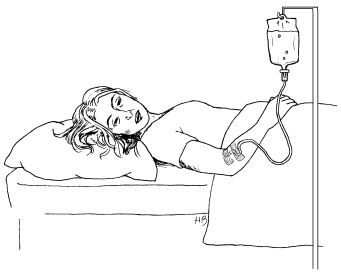
- feeling faint, dizzy, weak, or confused
- pale skin and cold sweats
- fast pulse, over 100 beats a minute, that feels thin and faint
- dropping blood pressure
- fast breathing
- sometimes loss of consciousness

**A woman in shock needs help fast. You must treat her for shock to save her life.**

To help a woman in shock, get medical help. On the way:



- have the woman lie with her feet higher than her head, and her head turned to one side.
- keep her warm and calm.
- give her fluids. If she is conscious, she can drink water or rehydration drink (page 160). If she is not conscious, give her rectal fluids (page 342) or an IV (page 350).
- if she is unconscious, do not give her anything by mouth — no medicines, drink, or food.



You may be able to get an anti-shock garment that uses pressure on the legs and lower body to help prevent shock in emergencies. See page 502.

***Note:*** Women who are in poor health before giving birth are more likely to have serious problems from bleeding after the birth. Helping women eat well and avoid sickness during pregnancy is one of the best ways to prevent problems during birth.

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# What to do for the baby

When the baby is born, even before you cut the cord, put him on his mother's belly. The mother's body will keep the baby warm, and the smell of the mother's milk will encourage him to suck. Be gentle with a new baby.

***Note:*** In many medical centers, doctors or nurses take the baby away from the mother to check his health. This is easier for the doctors and nurses, but it is not best for the baby. The baby should not be taken from the mother unless there is an emergency.

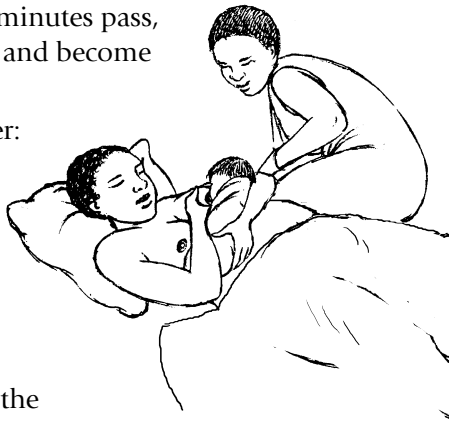
## Keep the baby warm and dry

As you move the baby to the mother's belly, dry his whole body with a clean cloth or towel. Babies become cold easily and this can make them weak or sick. Cover the baby with a clean, dry cloth. Be sure to cover his head and keep him away from drafts.

If the weather is hot, do not wrap the baby in heavy blankets or cloths. Too much heat can cause the baby to get dehydrated. A baby needs only one more layer of clothes than an adult does.

## Check the baby's health

Some babies are alert and strong when they are born. Other babies start slow, but as the first few minutes pass, they breathe and move better, get stronger, and become less blue.



To see how healthy the baby is, watch her:

- breathing
- heartbeat
- muscle tone
- reflexes
- color

All of these things can be checked while the baby is breastfeeding.

### Breathing

Babies should start to breathe normally within 1 or 2 minutes after birth. Babies who cry after birth are usually breathing well. But many babies breathe well and do not cry at all.

A baby who is having trouble breathing needs help.

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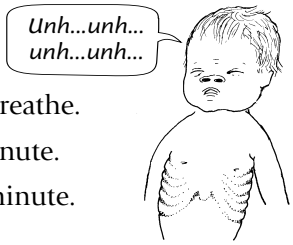


Watch for these signs of breathing problems:

- Baby's nostrils open wide as she tries to breathe.
- Skin between the baby's ribs sucks in as she tries to breathe.
- Baby breathes very fast — more than 60 breaths a minute.
- Baby breathes very slow — fewer than 30 breaths a minute.
- Baby grunts or makes noise when she breathes.

If the baby is having trouble breathing, leave her on her mother's belly and **rub your hand firmly up and down her back**. Never hit or hurt a baby or hold her upside down to make her cry. If you have it, give oxygen to a baby who continues to have breathing problems. Watch the baby closely — if these problems do not improve, she may need medical help.

**To give oxygen to a baby who is not breathing well**

• give 5 liters (L) of oxygen.....each minute, for 5 to 10 minutes

If you have a small oxygen mask for a baby, put it on the baby's face. If you do not have a mask, cup your hand loosely over the baby's face and hold the oxygen tube near her nose (1 or 2 centimeters away from her face).

When the baby is breathing better, turn the oxygen off slowly, over a few minutes.

Suctioning a baby who is not breathing well will probably not help and may actually make breathing more difficult.

### *Baby does not breathe at all*

A baby who is not breathing at all one minute after birth, or who is only gasping for breath needs help immediately. If she does not breathe soon after birth, she may get brain damage or die. Most babies who are not breathing can be saved. If you use the following steps, the baby will probably recover well.

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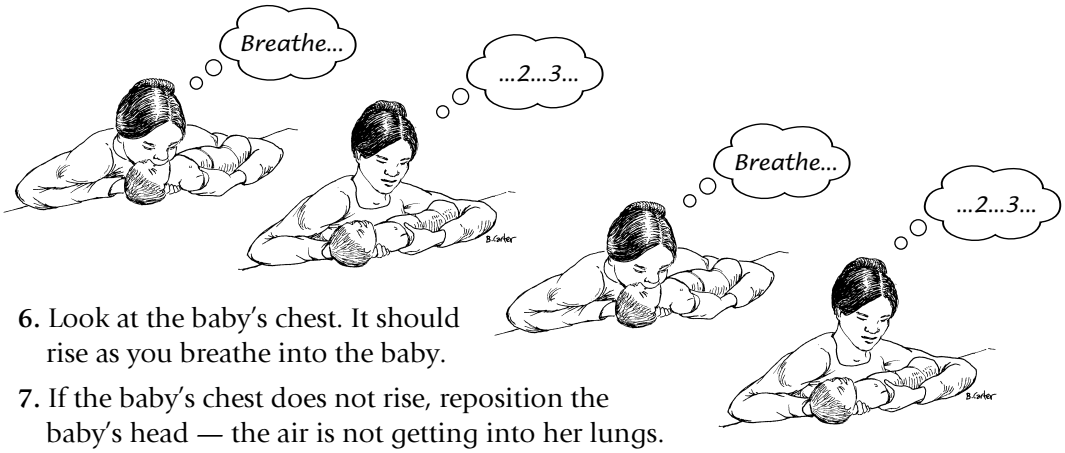
### Rescue breathing

1. Lay the baby on her back. She should be on a firm surface — like a firm bed, a table, a board, or the floor. Keep the baby warm. Put a warmed cloth under her, and a cloth on top of her, leaving her chest exposed.
2. Position the baby's head so that it faces straight up. This opens her throat to help her breathe. You can easily get the baby into this position by putting a small rolled-up cloth under her shoulders. Do not tilt the head back far — it will close her throat again. The baby may start breathing after you put her in this position.

3. If the baby had thick meconium at birth, quickly suction her throat (see page 208).
4. Put your mouth over the baby's mouth and nose. Or close the baby's mouth, and put your mouth over her nose.
5. Breathe into the baby using only as much air as you can easily hold in your cheeks. Do not blow. Too much air can injure the baby's lungs. Give 3 to 5 slow breaths to start. This clears fluid from the baby's lungs. Then give small, quick puffs about 3 seconds apart.




6. Look at the baby's chest. It should rise as you breathe into the baby.
7. If the baby's chest does not rise, reposition the baby's head — the air is not getting into her lungs.
8. Breathe about 30 breaths every minute. But it is not so important to get exactly the right number of breaths.
9. Check for breathing. If the baby starts to cry or breathe at least 30 breaths a minute, stop rescue breathing. Stay close and watch to be sure the baby is OK.

If the baby does not breathe, or breathes less than 30 breathes a minute, keep rescue breathing until she breathes.

***WARNING!*** The baby's lungs are very small and delicate. **Do not blow hard into the baby's lungs**, or you can break them. Breathe little puffs of air from your cheeks, not from your chest.

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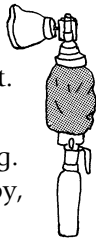
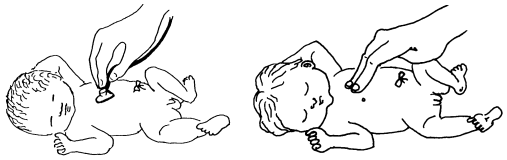
If the baby does not breathe on her own after 20 minutes of rescue breathing, she will probably not be able to. She will die. Stop rescue breathing and explain to the family what has happened.

***Note:*** Doing rescue breathing has a small risk of passing infections between a baby and a midwife. Using gauze or a very thin piece of cloth to cover a baby's mouth may help reduce that risk. Or you may be able to buy a mask for rescue breathing. It goes over the baby's nose and mouth and the midwife breathes into it. Only use these masks if they are made specifically for this use.



You may also be able to buy a bag and mask for rescue breathing. These bags can easily give just the right amount of air to the baby, but you must be trained how to use them.

## Heartbeat



A new baby's heart should beat between 120 and 160 times a minute — about twice as fast as an adult heartbeat. Listen to the baby's heart with a stethoscope, or place 2 fingers over her heart. Count the heartbeat for 1 minute.

Listen to every baby's heartbeat so you learn what is normal and what is not.

If the baby's heartbeat is slower than 100 beats a minute, or if she has no heartbeat at all, give rescue breathing.

If her heartbeat is faster than 180 beats a minute, get medical help. She may have a medical problem with her heart.

**When a family loses a baby**

If a baby dies, the mother, father, and other family members will have many feelings. Some feel angry, some try not to think about what happened, some are overwhelmed with grief. For many families, the death of a baby is a spiritual time, when religious practices are very important. As a midwife, you can support the family in the ways that are used in your community — and also in the ways that feel best to that family. Family members may want someone to talk to about their pain, or they may want someone to help with the work of the household.

A mother who loses a baby may also need physical help. She will have all the needs of any other woman who just gave birth. She will also have breast milk, and her breasts may become painfully engorged. See page 288 for how to relieve breast pain. There may be plants in your area that help dry up breast milk, but do not give Western medicines to do this — they are not safe.

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## Muscle tone

This baby has good muscle tone.

This baby is limp.

A baby who holds his arms and legs tight and close to his body, and his elbows and knees bent, has strong and healthy muscles, or good muscle tone. A limp baby has weak muscle tone. His arms and legs are loose and open. Some babies are born limp if they did not get enough oxygen before they were born. But a healthy baby should gain strength in his arms and legs within a few minutes.

The longer the arms and legs stay limp, the more likely it is that the baby is in trouble. A limp baby will not breathe well. If the baby is just a little limp, try rubbing his back and talking to him. This may help the baby wake up and try harder to breathe. If the baby is very limp, especially after the first minute, suction or wipe out his mouth and nose. He may need oxygen as well.

## Reflexes

Reflexes are the body's natural reactions. For example, when you fall down, you put your hands out to catch yourself — without even thinking about it. Or, when an insect flies at your eye, you blink. Strong reflexes are a sign that the brain and nerves are working well.

At birth, a healthy baby should have these reflexes:

grimace

- **Grimace.** The baby should make a face if you suction his mouth and nose.
- **Moro reflex.** If the baby is moved suddenly or hears a loud noise, he stiffly flings his arms wide and opens his hands.
- **Sneeze.** A healthy baby will sneeze when there is water or mucus in his nose.

Moro reflex: arms open wide

If the baby does not have any of these reflexes but he is breathing and his heartbeat is more than 100 beats in a minute, get medical advice.

## Color

Most babies are blue or even purple when they are born, but they quickly become a more normal color in 1 or 2 minutes.

Babies who have darker skin do not look as blue as babies with lighter skin. Look at a dark-skinned baby's hands and feet to see if they are bluish. All babies can look dusky or pale if they are not getting enough air in their lungs.

### *Baby is very pale or stays blue after the first few minutes*

It can be OK for a baby's hands or feet to stay a little blue for many hours. But it is not normal for a baby's body to stay pale or blue for more than 5 minutes.

Most of the time, babies stay pale or blue because they are not breathing well.

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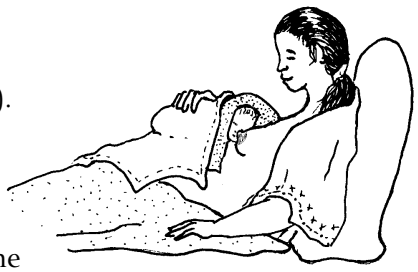


Babies can also be blue:

- when they are cold.
- when they have an infection (see page 256).
- when they have heart problems.

Check the baby's temperature (see page 255) or touch him to see if he is warm. Wrap the baby in blankets or cloths, and cover the baby's head. Put a hat on the baby if you have one.

If the baby is still blue or pale when he is warm, he needs help breathing. If you have oxygen, give it now. Check the baby's heartbeat and breathing. If the baby is having a hard time breathing, see page 240.

If the baby is still blue or pale after you give him oxygen, get medical help.

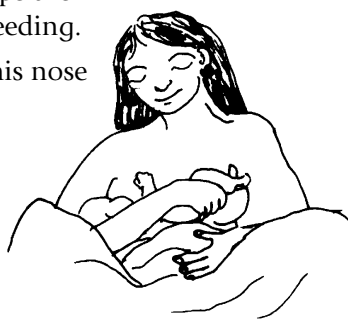
## Help the baby breastfeed

If everything is normal after the birth, the mother should breastfeed her baby right away. She may need some help getting started. Chapter 16, starting on page 280, is about breastfeeding, and explains what breastfeeding positions work well.

The first milk to come from the breast is yellowish and is called colostrum. Some women think that colostrum is bad for the baby and do not breastfeed in the first day after the birth. But **colostrum is very important**! It protects the baby from infections. Colostrum also has all the protein that a new baby needs.

Early breastfeeding is good for the mother and baby.

- Breastfeeding makes the womb contract. This helps the placenta come out, and it helps prevent heavy bleeding.
- Breastfeeding helps the baby to clear fluid from his nose and mouth and breathe more easily.
- Breastfeeding is a good way for the mother and baby to begin to know each other.
- Breastfeeding comforts the baby.
- Breastfeeding can help the mother relax and feel good about her new baby.



If the baby does not seem able to breastfeed, see if he has a lot of mucus in his nose. To help the mucus drain, lay the baby across the mother's chest with his head lower than his body. Stroke his back from his waist up to his shoulders. After draining the mucus, help put the baby to the breast again.