

# Conduct of vaginal delivery



## **I. Preparation**

### **1. Maternal position:**

With the exception of avoiding supine position, the mother may assume any comfortable position for effective bearing down.

Semi-recumbent or

Supported sitting position, with the thighs abducted

### **2. PERINEAL CLEANSING**

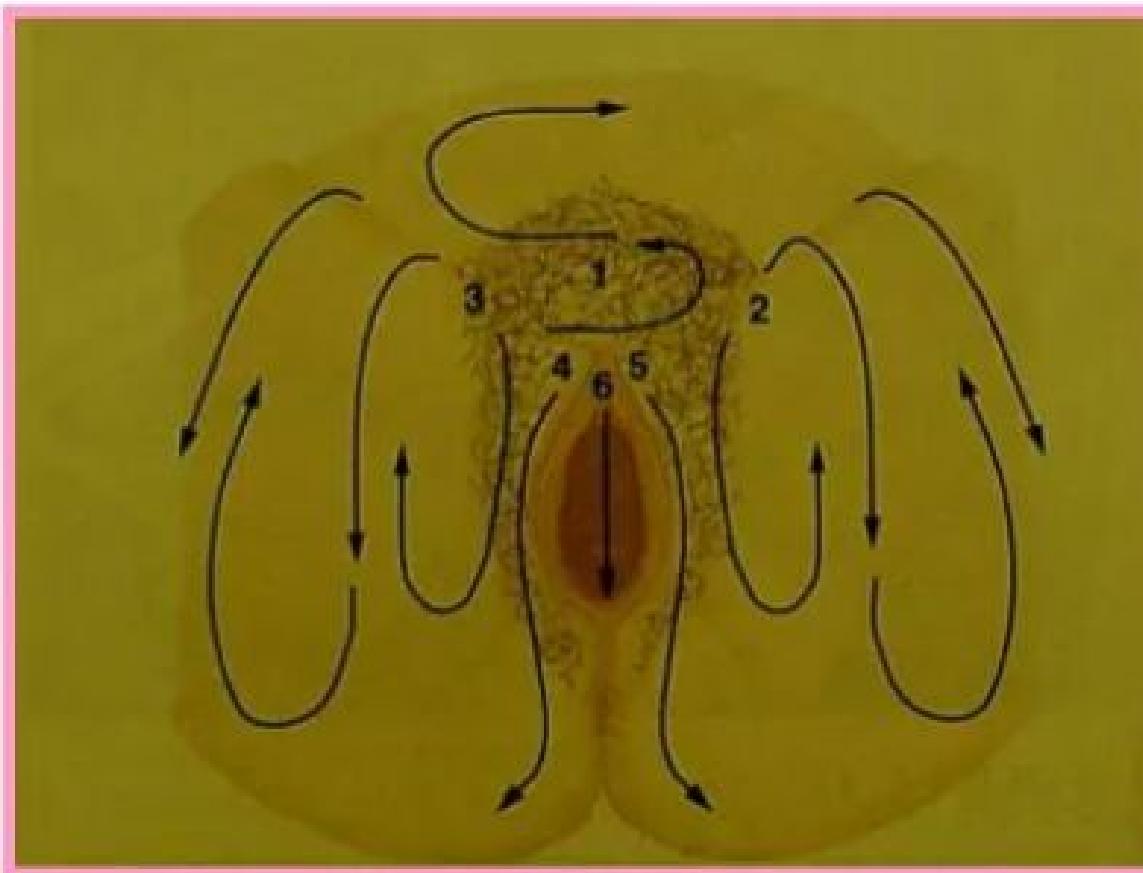
When delivery is imminent skin over the lower abdomen, vulva, anus and upper thigh is cleansed with antiseptic solution and draped.



# POSITIONING FOR DELIVERY

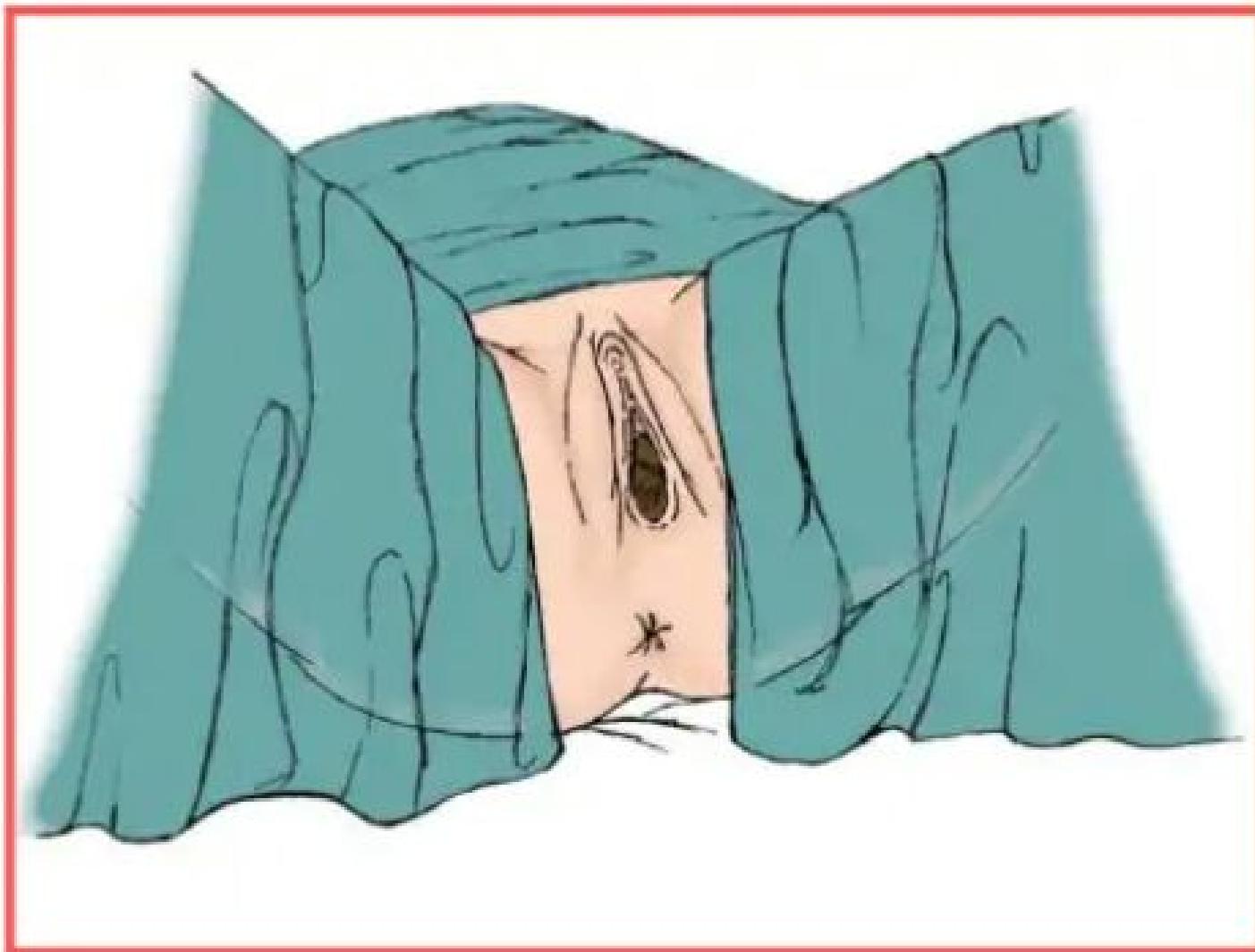


# PERINEAL CLEANSING



Need 6 swab balls  
Clean sequentially  
as shown by the  
numbers  
Clean according to  
the direction  
shown by the  
Arrows

## CREATE A STERILE FIELD AROUND THE VAGINAL OPENING



## II. Observation

### 1. Maternal conditions

Emotional condition

pulse quarter-hourly

bloods pressure hourly

### 2. Fetal conditions

FHR: either continuously or after each contraction.

Liquor: meconium staining.

### 3. Uterine contractions

Strength

Duration

Frequency, assessed continuously.

### 4. The progress of descent

every 30 minutes

### III. CONDUCTING THE DELIVERY

#### 1. DELIVERY OF THE HEAD

- 1) Control the delivery of the head to prevent laceration
- 2) Episiotomy if required
- 3) Ritgen's method
- 4) Clear the airway after delivery of the head



##### Modified Ritgen Maneuver

As crowning occurs: exert forward pressure on the chin of the fetus through the perineum just in front of the coccyx. Concurrently, the other hand exerts pressure superiorly against the occiput

- Instruct the mother to focus on her breathing. Have her “breathe heavily” to help her stop pushing and prevent a forceful birth.



Figure 20-4 Place your hand on top of the baby's head and apply light pressure.

- Ask the woman to pant or give only small pushes with contractions as the baby's head delivers
- To control birth of the head, place the fingers of one hand against the baby's head to keep it flexed (bent)
- Continue to gently support the perineum as the baby's head delivers



# DELIVERY OF THE HEAD



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Head is delivered by extension

- Once the baby's head delivers, ask the woman not to push
- Suction the baby's mouth and nose



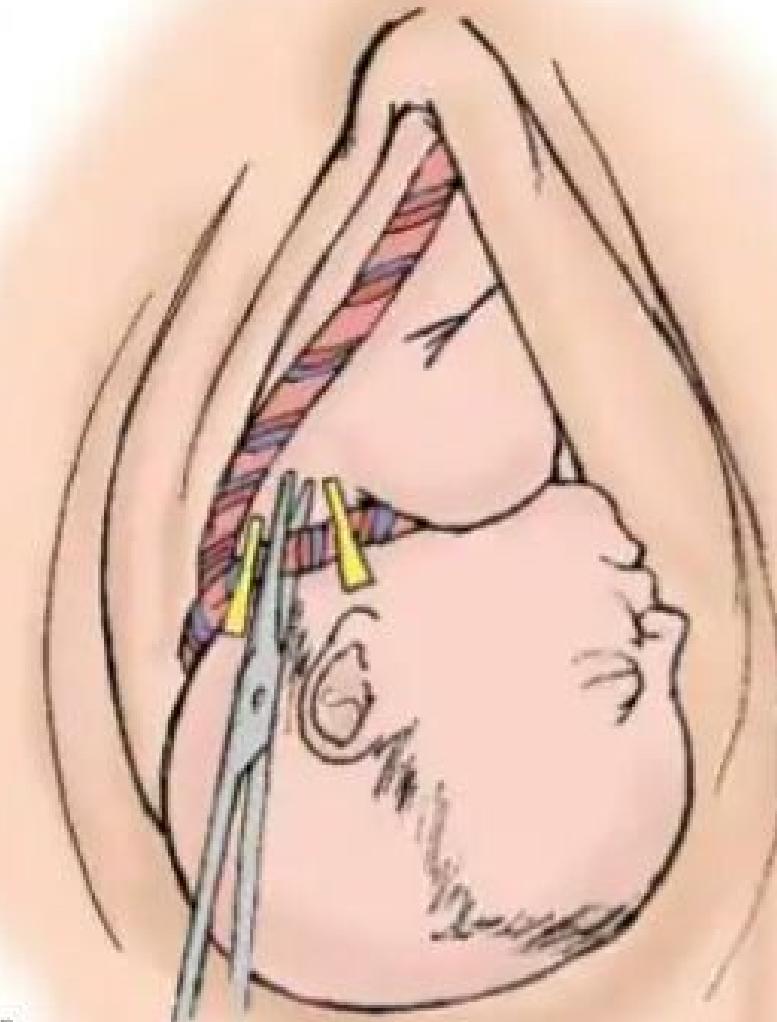


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# CORD AROUND THE NECK

Feel around the baby's neck for the umbilical cord

- If the cord is around the neck, attempt to slip it over the baby's head
- If the cord is tight around the neck, doubly clamp and cut it before unwinding it from around the neck



- As the head emerges, the baby will turn to one side (for easier passage of shoulders through birth canal)
- Note the time, if possible

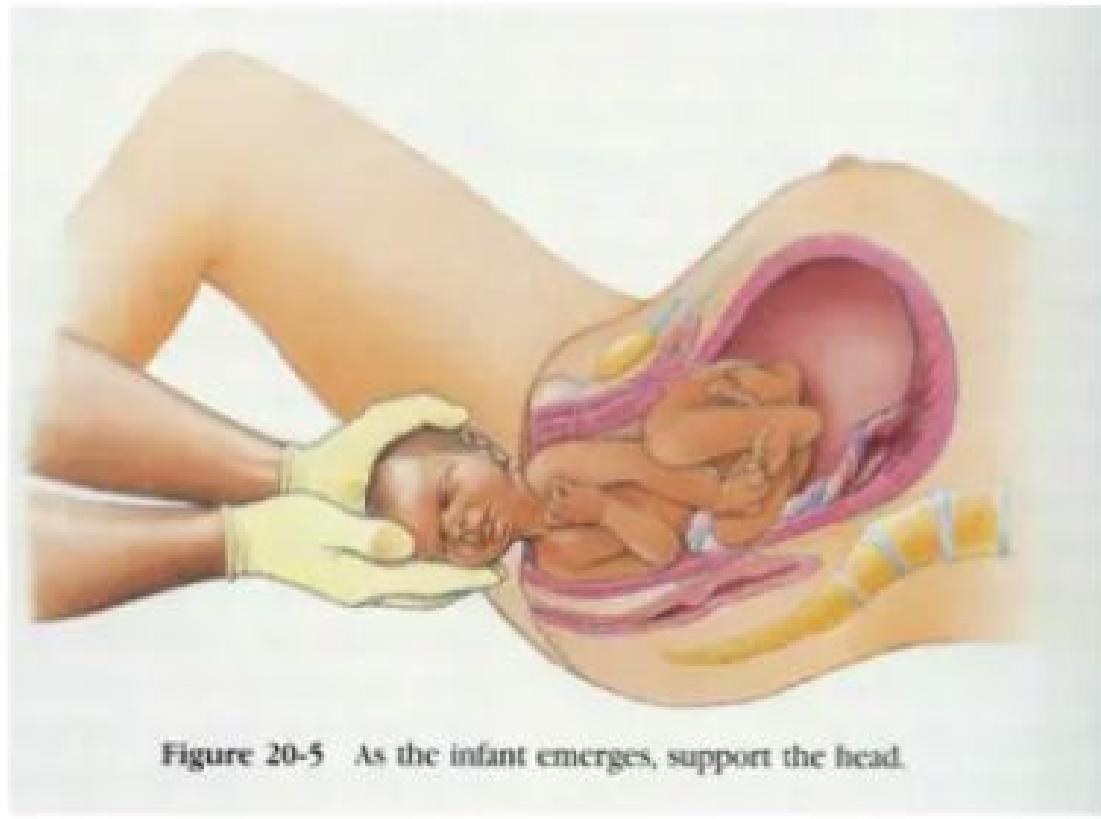


Figure 20-5 As the infant emerges, support the head.

- Allow the baby's head to turn spontaneously.
- After the head turns, place a hand on each side of the baby's head.
- Tell the woman to push gently with the next contraction.
- **Reduce tears by delivering one shoulder at a time**

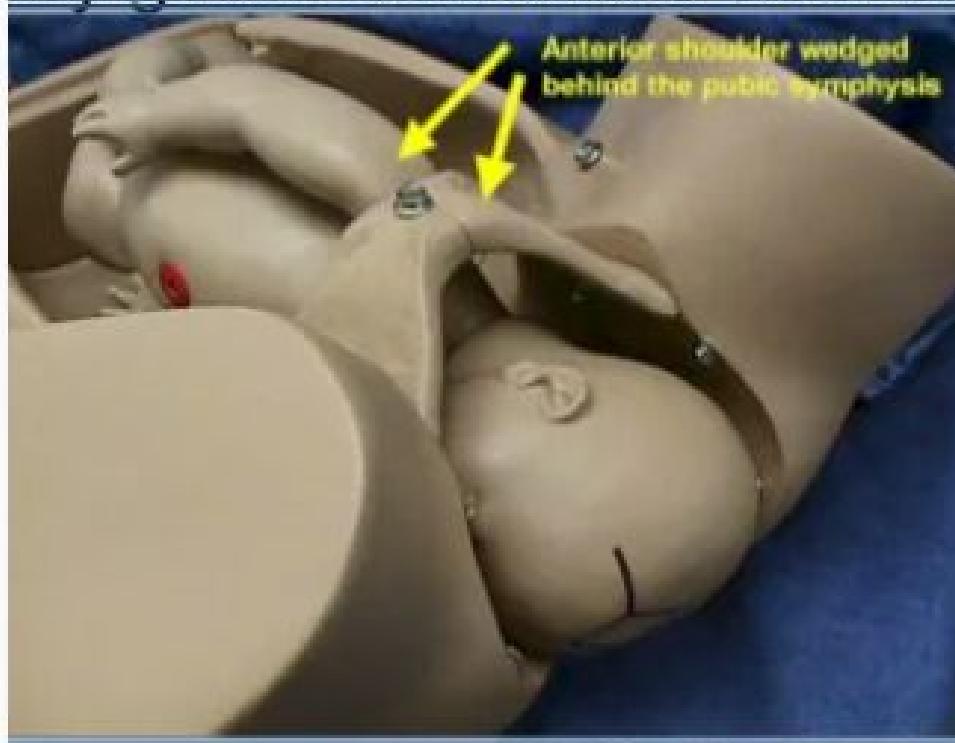


# DELIVERY OF FETAL HEAD WITH ROL POSITION



## 2. Delivery of the anterior shoulder

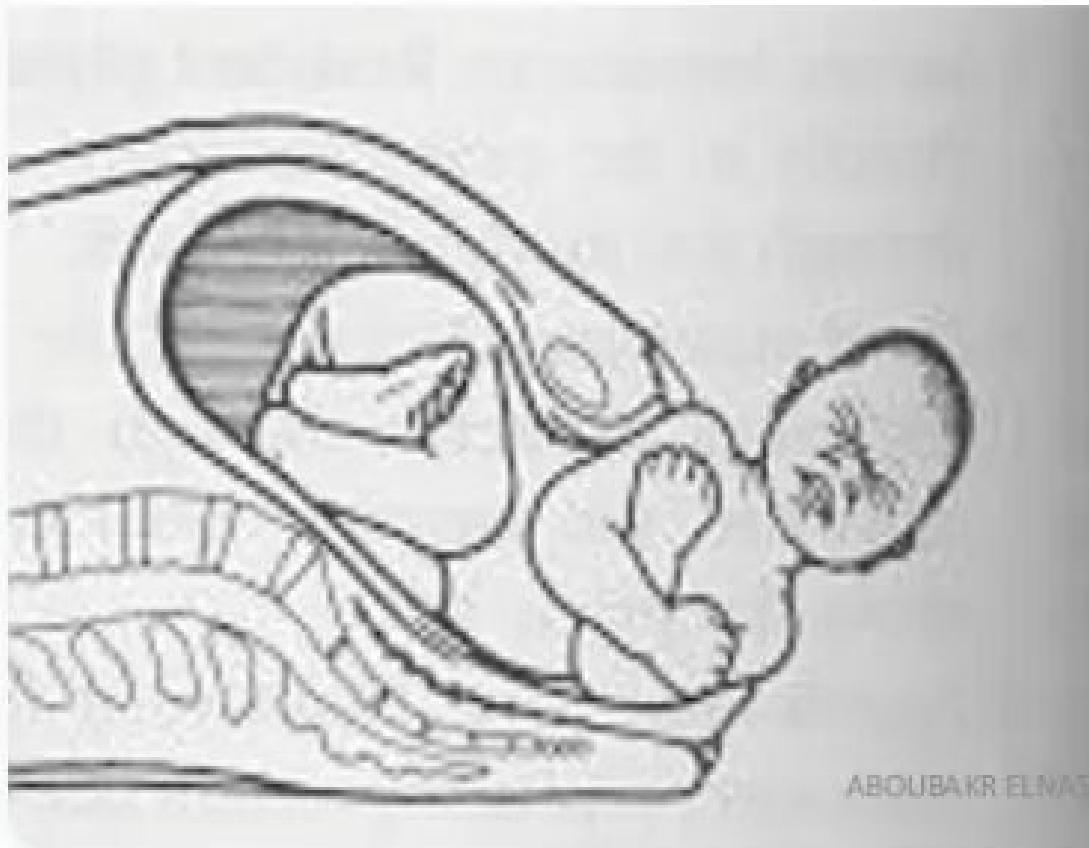
by gentle downward traction on the head.



### 3. DELIVERY OF POSTERIOR SHOULDER

by elevating the head.

Support the rest of the baby's body with one hand as it slides out





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## 4. DELIVERY OF THE TRUNK

- ✓ After the delivery of the shoulders the baby is grasped around the chest to aid the birth of the trunk.
- ✓ Finally, the body is slowly extracted by traction on the shoulders and lifts the baby towards the mother's abdomen.
- ✓ The time of delivery is noted.

# BABY DELIVERED



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## 5. CLAMING AND CUTTING THE UMBILICAL CORD

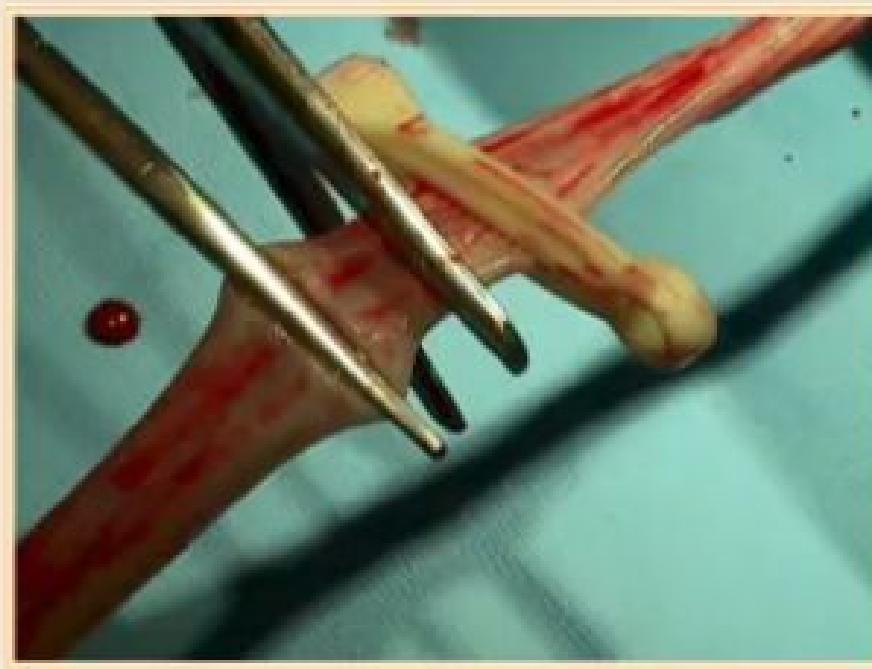
After delivery

wait 15 to 20 seconds before clamping and cutting the umbilical cord.

After cutting the cord a plastic crushing clamp is placed on the cord 1 to 2 cm from the umbilicus and the cord is cut again 1 cm beyond the clamp.



# Clamping, cutting and tying Of umbilical cord



- Ask the woman to pant or give only small pushes with contractions as the baby's head delivers
- To control birth of the head, place the fingers of one hand against the baby's head to keep it flexed (bent)
- Continue to gently support the perineum as the baby's head delivers

