#### Stand Alone 6 - First Aid

Session 15 – Childbirth LD 34 – First Aid

**Date Revised:** 11/19/19

**Course Goal:** To teach recruit officers how to provide first aid and CPR. Utilize CAPRA.

**Session Goal:** To teach recruit officers to provide appropriate first aid measures to assist before, during and after childbirth in an emergency [34.VI].

# **Learning Objectives:**

- Recognize the signs of imminent birth [34.VI.A]
- Recognize appropriate first aid measures for each of the following emergency situations that may occur in childbirth [34.VI.B]
  - Excessive vaginal bleeding [34.VI.B.1]
  - Newborn fails to breathe [34.VI.B.2]

Session Time: 1 hour

### **Resources:**

- Classroom with tables
- White board
- Dry-erase markers

**Session Summary:** The instructor will lead an overhead facilitated discussion with the students.

Outline					Instructor Notes
I.	Childbirth [1]			Facilitated discussion (1 hour):	
	A. Normal labor and childbirth				
	1.	<ol> <li>First responder actions [2]</li> </ol>		[1] Ask – What are some of the	
		a.	Use PPE's	consi	derations when handling a childbirth
		b.	Prevent explosive delivery with gentle	scena	rio?
			head pressure		
		c.	Use a firm grip on the infant	[2] As	sk – What actions should you take as a
		d.	Dry infant quickly and keep warm	first r	esponder during a normal labor and
		e.	Keep newborn at the same level as the mother	childb	oirth situation?
		f.	Deliver the placenta and save it for transport with mother		sk – Why would you choose to port the mother to the hospital?
	2.	2. Transport prior to birth [3]			/hen would you not transport?
		a. Only if the mother is in the first stage		<ul> <li>What are the indicators of the first stage</li> </ul>	
			of labor		f labor?
			1) Not straining		
			2) Contractions are greater than 5		
			minutes apart	[4] As	sk – What is crowning?
			3) No signs of crowning [4]		-

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- b. If transport is safe, continue to monitor the woman while waiting for EMT's to arrive
- 3. Imminent birth [5] [34.VI.A]
  - a. Contractions are less than two minutes apart (five minutes if second or subsequent birth)
  - b. The woman feels and urgent need to bear down
  - c. Crowning is present
  - d. The amniotic sac has ruptured (water has broken)
- B. Complications in childbirth [6]
  - 1. Excessive bleeding [34.V.B.1]
    - a. Profuse bleeding from vagina
    - b. Mother may or may not experience abdominal pain
    - c. Take appropriate measures to prevent shock
    - d. Absorb blood with towels or pads, apply more as necessary
    - e. Arrange for immediate transfer to a medical facility
  - 2. Transportation considerations
    - a. Immediately transport to nearest medical facility if:
      - 1) Limb presentation
      - Breach presentation (buttocks first)
      - 3) Cord presentation
      - 4) Delayed delivery
    - b. In preparing for transportation, ensure mother is in the prone knee to chest position
  - 3. Newborn fails to breathe [7] [34.V.B.2]
    - a. A newborn should begin breathing on its own within 30 seconds after birth
    - b. If it fails to breathe, rubbing the infant's back or tapping the infant's feet may stimulate spontaneous respiration
    - c. If the newborn still fails to breathe on its own:
      - 1) Check for a brachial pulse
      - 2) If there is a pulse, begin rescue breathing

[5] Ask - What is imminent birth?

**[6] Ask** – Although childbirth itself is a medical emergency (in the field), what circumstances make it even more serious, and why?

## Seeking:

- Excessive bleeding
- Limb Presentation
- Breach Presentation
- Cord Presentation
- Delayed Presentation
- Newborn failing to breathe

[7] Ask – Describe the procedure for a newborn failing to breathe.

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- a) Use caution not to overextend the infant's neck
- b) Use reduced volume for breaths being careful not to over inflate the infant's lungs
- 3) If no pulse, begin CPR immediately