

CHAPTER 13

The birth of the placenta: stage 3 of labor

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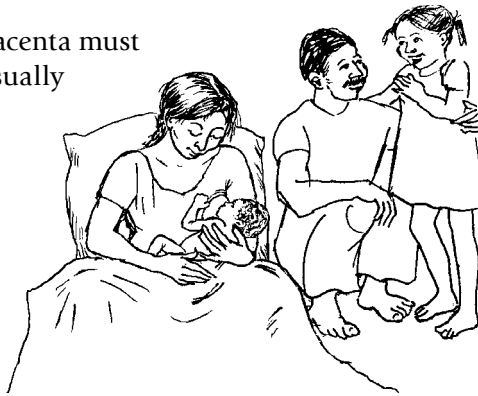
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The birth of the placenta: stage 3 of labor

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, all of which can be very dangerous. 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.

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. 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

To prevent and stop bleeding after the placenta has come out, 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. Teach the mother and a family member how to rub the womb so it stays firm.



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.

"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 another medicine (see page 228) to every woman immediately after she gives birth,
2. guide the 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 very 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.

Most births are healthy. Why should we interfere when it's not necessary?

Many women die after birth. This will save lives!



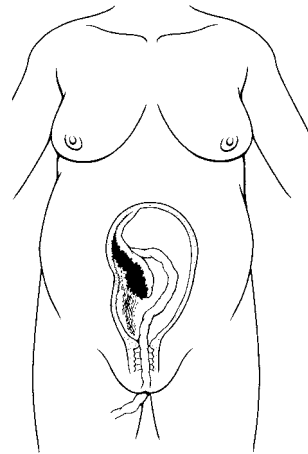
Watch for heavy bleeding before the placenta comes

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. The top of 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.

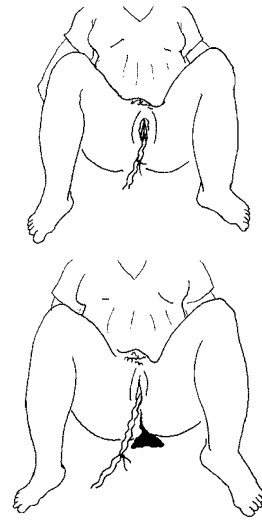
Watch for signs the placenta has separated

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.

- **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.



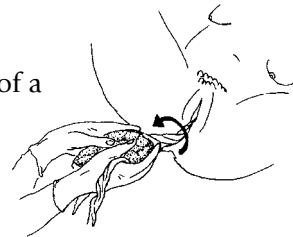
The placenta has probably separated when there is a small gush of blood and the cord looks longer.

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.



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.)

Guide the placenta out by the cord

If the mother is bleeding a lot and cannot push the placenta out herself, a very skilled 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 and you have been trained to do this.



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 and you have been trained to do this.**

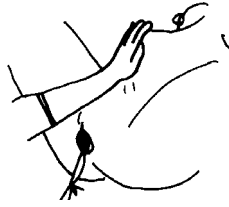


1. Check if the placenta has separated by gently pushing the womb upward from just above the pubic bone.

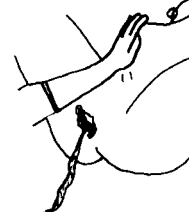
Find the bottom of the womb. Push the womb up and watch the cord.



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.



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 until it is firm and stays firm. (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).



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.



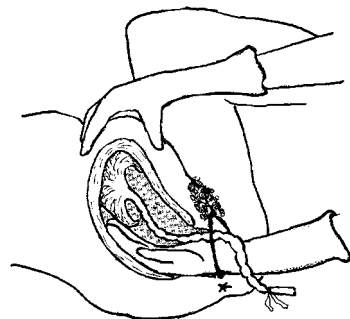
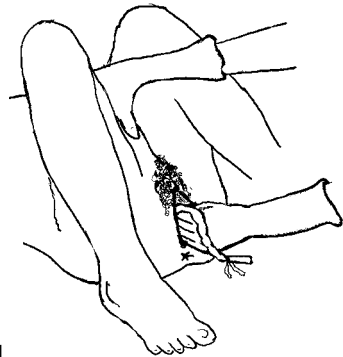
WARNING! Taking out the placenta by hand is very dangerous. It can cause serious infection, or tear the cervix, the placenta, or the womb, and cause worse bleeding. Taking the placenta out by hand is very painful for the mother, and can easily cause her to go into shock (see page 239). Do not take the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



4. Give medicine to stop the bleeding.

To stop bleeding from the womb after the placenta is out

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

You can give this dose again in 20 minutes if bleeding does not stop.

or

- give 800 mcg (micrograms) misoprostol by mouth OR in the rectum

The woman should dissolve tablets against her cheek or under her tongue, and then swallow any remaining parts. If she is feeling nauseous, insert the pills into her rectum. Wear a glove.

or

- inject 0.2 mg ergometrine..... in the side of the thigh muscle

or

- give 0.2 mg ergometrine pills..... by mouth

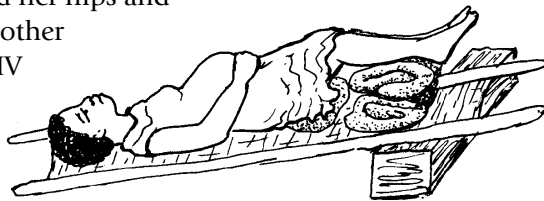
You can give ergometrine every 2 to 4 hours for severe bleeding, or every 6 to 12 hours for less severe bleeding, but continue to give the medicine until bleeding has stopped and the womb is hard, usually about 48 hours.

Pills do not work as quickly as the injections.

Do not give ergometrine to a woman with high blood pressure.

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, 1 time only

and

- give 1 g metronidazole..... by mouth, 1 time only

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

When the womb comes out with the placenta



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

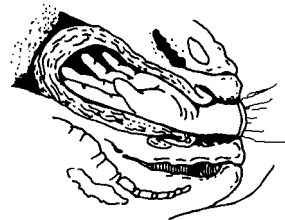
Rarely, the womb turns inside out and follows the placenta out of the mother's body. This can happen if someone pulls on the cord before the placenta has separated from the womb wall, or if someone pushes on the womb to get the placenta out. It can also happen by itself — even if no one does anything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

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. This will be painful for the mother. Reassure her and have her breathe deeply and try to stay relaxed.

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).



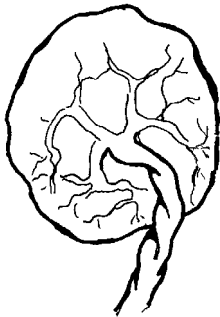
4. After the womb is back inside, rub it to make it hard. You may need to use 2-handed pressure to stop the bleeding (see page 237). Give oxytocin, ergometrine, or misoprostol to stop the bleeding (see page 231).

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.

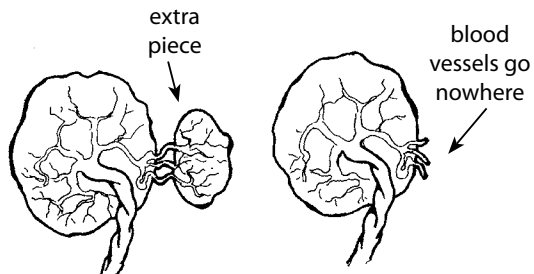
Usually the placenta comes out whole, but sometimes a piece of it is left inside the womb. This can cause bleeding or infection later. To see if everything has come out, check the top and bottom of the placenta, and the membranes from the bag of waters. Also check the cord to see if it is normal.

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

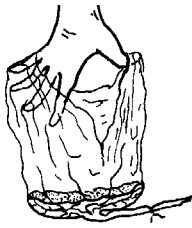
Top of the placenta

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.

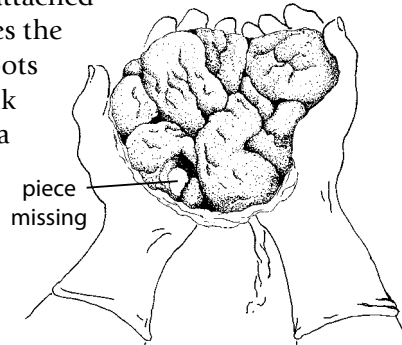


Membranes

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.

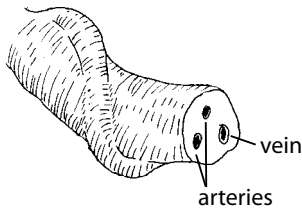
Bottom of the placenta

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 (blood 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

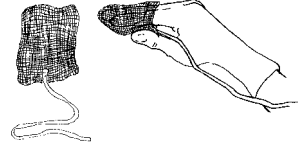
If a piece of the placenta or membranes is missing, it may still be in the womb.

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.

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.



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

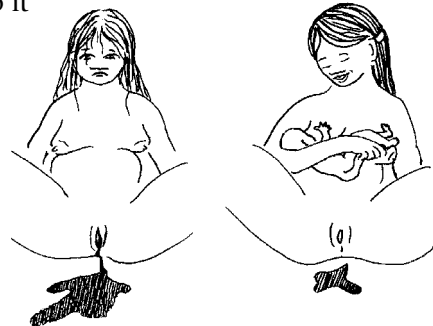
If the womb is soft, there are simple ways to make it firm:

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

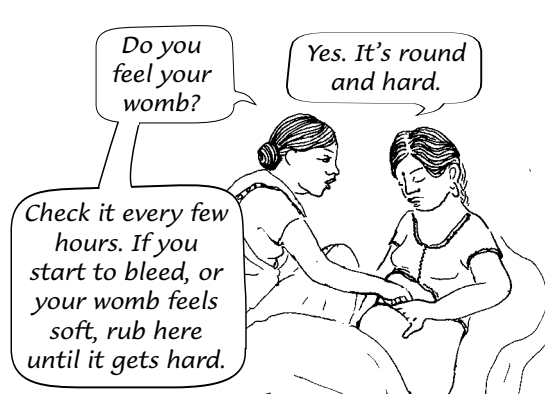
When the baby sucks, the mother's body makes its own oxytocin. Oxytocin makes the womb contract just as it did during labor. This helps slow the bleeding.



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.

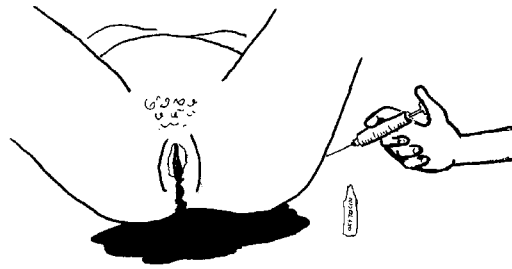


Rub the womb

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.

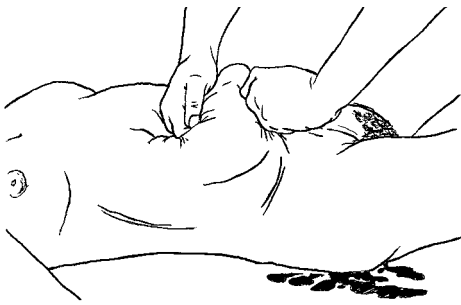
Give medicines

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.

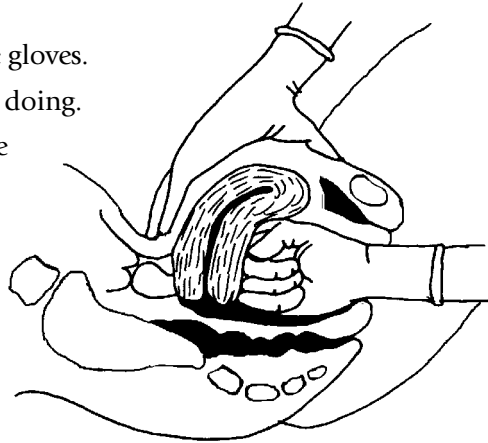
If you know of herbs or plants that stop bleeding and are safe, you can give those now. Do not put any herbs or plants in the vagina.



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.



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.

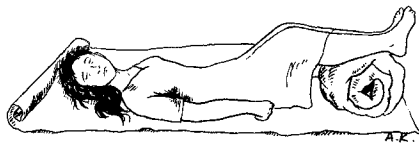
Shock

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:

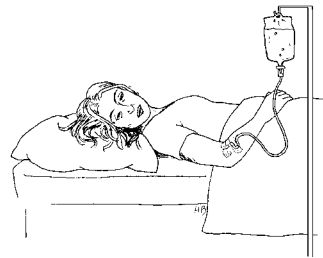
- feeling faint, dizzy, weak, or confused
- dropping blood pressure
- pale skin and cold sweats
- fast breathing
- fast pulse, over 100 beats a minute, that feels thin and faint
- sometimes loss of consciousness

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 506.

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.

What to do for the baby

When the baby is born, even before you cut the cord, dry him, put him on his mother's belly, and cover him with a blanket. 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. This is why skin to skin contact between the baby and mother is so important. 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.

Wait a day before bathing a newborn baby so he does not get cold. Being cold can lead to illness.

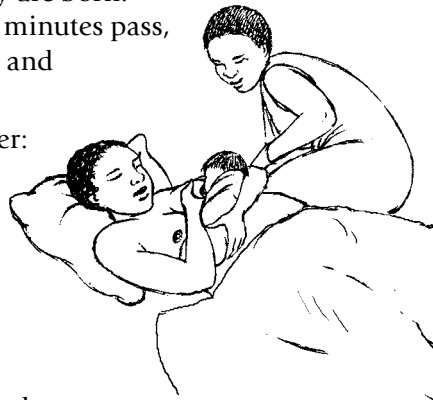
Check the baby's health

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.

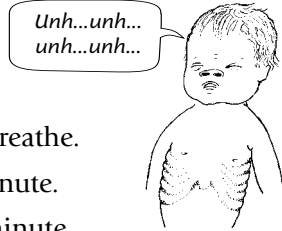


Breathing

Babies should start to breathe normally within 1 or 2 minutes after birth. Drying the baby with a towel after birth is often enough to help the baby start breathing. 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. Watch for these signs of breathing problems:

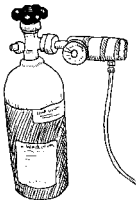
- Baby's nostrils open wide as she tries to breathe.
- Skin between the baby's ribs sucks in as she tries to breathe.
- Baby breathes very fast — more than 60 breaths a minute.
- Baby breathes very slow — fewer than 30 breaths a minute.
- Baby grunts or makes noise when she breathes.



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 minutefor 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

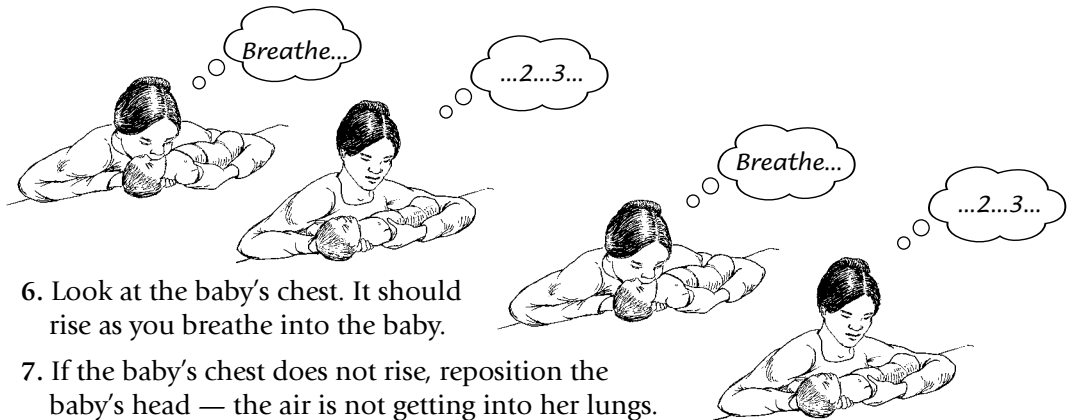
A baby who is not breathing at all one half minute after birth, even with firm back massage, or who is only gasping for breath after one minute, needs help immediately. Begin to give the baby a few breaths of air.

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.



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 213).
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 breaths a minute, keep rescue breathing until she breathes. See links on page 506 for videos that show how to help a baby breathe.



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.

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

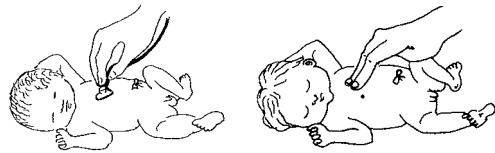
A new baby's heart should beat between 120 and 160 times a minute — about twice as fast as an adult heartbeat.

Listen to the baby's heart with a stethoscope, or place 2 fingers over her heart. Find out quickly how fast the baby's heart is beating to see if she needs help. Count the heartbeat for 6 seconds, then multiply by 10 (or add a "0" — if you count 12 heartbeats in 6 seconds, the baby's heart is beating 120 times a minute). After the baby has good color and is breathing well you can take the time to count the heartbeat for 1 full 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. Women may have difficulty asking for help.

A woman who loses a baby will have all the physical recovery 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.

Muscle tone

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.



This baby has 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.



This baby is limp.

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. Make sure the baby is completely dry, and place the baby skin to skin on the mother's belly to stay warm. 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

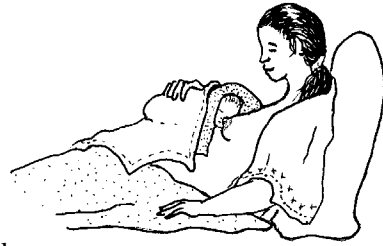
It can be OK for a baby's hands or feet to stay a little blue for many hours. But it is not normal for a baby's body to stay pale or blue for more than 5 minutes.

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

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. Place the newborn skin to skin on the mother and cover with a blanket or cloth. 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 241.

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 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.
- Breast milk is the best food available for a 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.