

CHAPTER 12

Pushing: stage 2 of labor

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Pushing: stage 2 of labor

CHAPTER 12

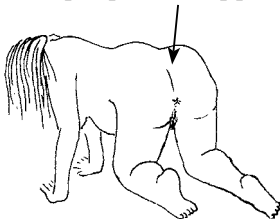
Stage 2 is the part of labor when the mother pushes the baby out of the womb and down the vagina, and the baby is born. Stage 2 begins when the cervix is completely open and ends when the baby is outside of the mother. It is normal for stage 2 to be as short as a few minutes or as long as 2 hours.

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). With experience, you can usually tell when the mother is ready to push without doing an 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.

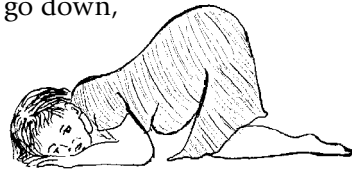


Pushing too early

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

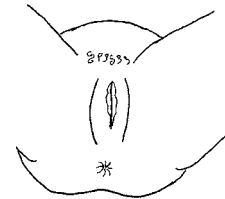
During stage 2, when the baby is high in the vagina, you can see the mother's genitals bulge during contractions. Her anus may open a little. Between contractions, her genitals relax.

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.

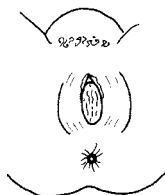


Genitals bulge during contractions.



Genitals relax between contractions.

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.

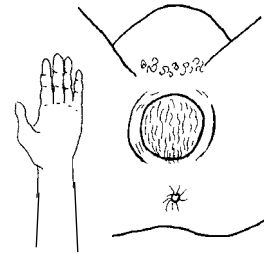


The head slips back but not as far as before.

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.




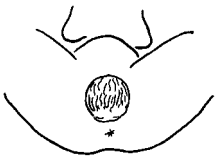


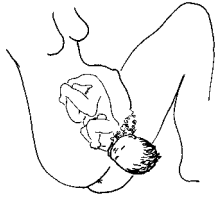
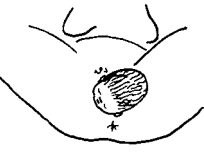

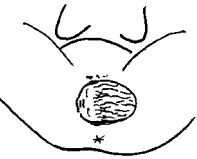

How the baby moves through the vagina

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:

	<p>First the baby tucks his head down, chin to chest. This makes it easier for the head to fit through the mother's pelvis.</p>	
	<p>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.</p>	
	<p>The baby begins to lift his chin when he gets near the vaginal opening. This is called extension.</p>	
	<p>The baby lifts his chin more when his head crowns.</p>	

	<p>The baby continues to lift his chin as the head comes out. This way the head is born smoothly.</p>	
	<p>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.</p>	
	<p>Soon the baby's head turns toward the mother's leg. Now the baby's face is lined up with his shoulders.</p>	
	<p>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.</p>	
	<p>The rest of the baby slips out easily.</p>	
<p>Note: Babies move this way if they are positioned head-first, with their backs toward their mothers' 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.</p>		

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.

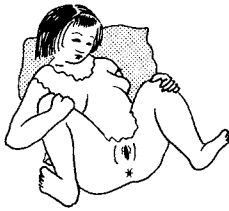
If the baby's heartbeat is fast, see page 173.

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.

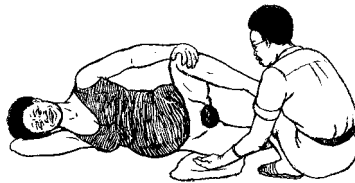
Let the mother choose the position that feels good to her

Half-sitting



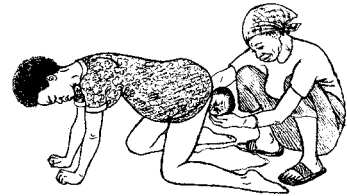
This position may be the most comfortable, and makes it easier for the midwife to guide the birth of the baby's head.

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 210).

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.

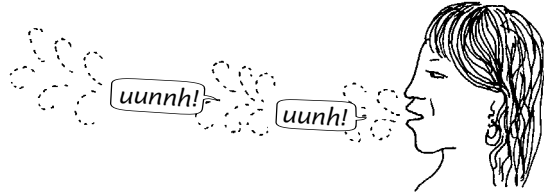
Note: It is usually not good for the mother to lie flat on her back during a normal birth. Lying flat can squeeze the vessels that bring blood to the baby and the mother, and can make the birth slower. But if the baby is coming very fast, it is OK for the mother to lie on her back.

Helping the mother with breathing and pushing

A woman's own urge to push usually brings the baby down best. But you may need to help a mother find a comfortable pattern for breathing and 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.

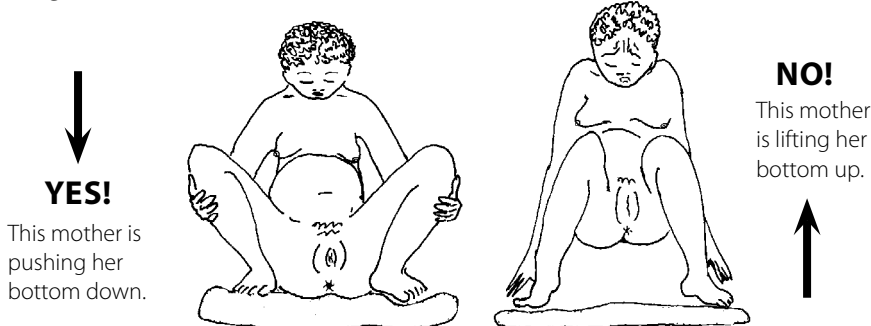


Hold-the-breath pushing: The mother takes deep breaths, and then during the contraction, pushes as hard and long as is comfortable for her. She should keep her chin on her chest. This may be the best method if the baby is coming slowly.



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.



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

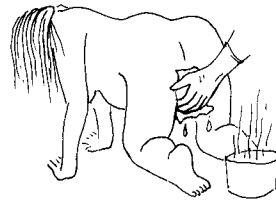
Ask the mother to change positions.



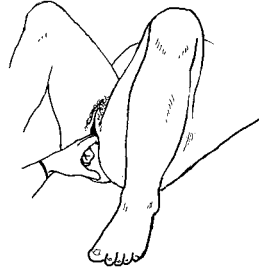
Ask the mother to open her mouth and relax her jaw.



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.

*Keep pushing.
Beautiful! I can
see the head!*

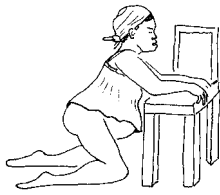


Watch for warning signs

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.

First babies may take a full 2 or even 3 hours of strong contractions and good pushing to be born. Second and later babies often 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.

Pages 187 and 188 suggest ways to help a woman whose labor is slow because she is afraid or exhausted.

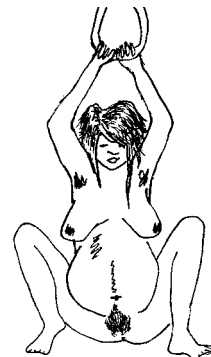
Mother has a full bladder

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.

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 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.**



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

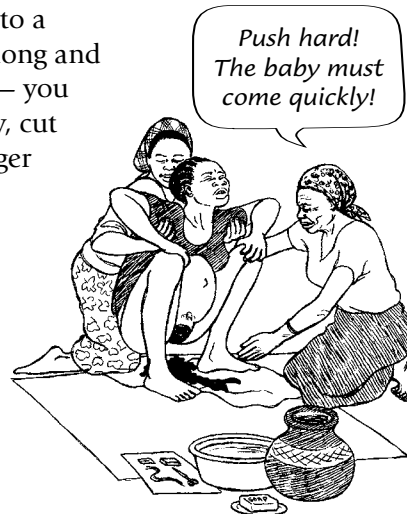
A small amount of blood from the vagina, especially bloody mucus, is normal during stage 2. It is a sign that the baby is moving down. But a gush of fresh blood can be a sign of a detached placenta or a torn womb (see page 184).

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 241), 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.**

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.

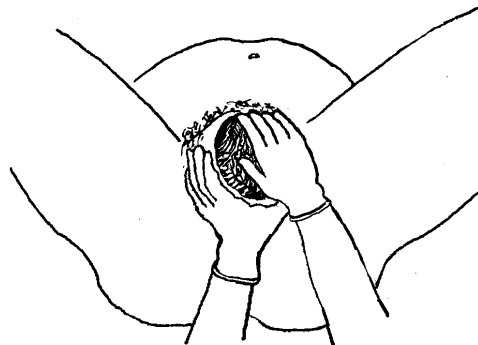
If the mother has been circumcised, you may need to cut open the scar of the circumcision before the baby's head starts to crown. Page 367 explains more about female genital cutting, and how to cut a circumcision scar.

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 (Episiotomy) 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.





Use 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 2 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 down before you use it. The water should be warm, not hot.
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

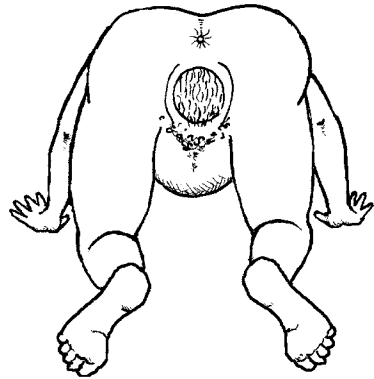
If the head is born slowly, the mother's vagina has more time to stretch and may be less likely to tear. To slow the birth of the head, help the mother stop pushing, or give very small pushes, right before the baby's head crowns.

To help the mother stop pushing

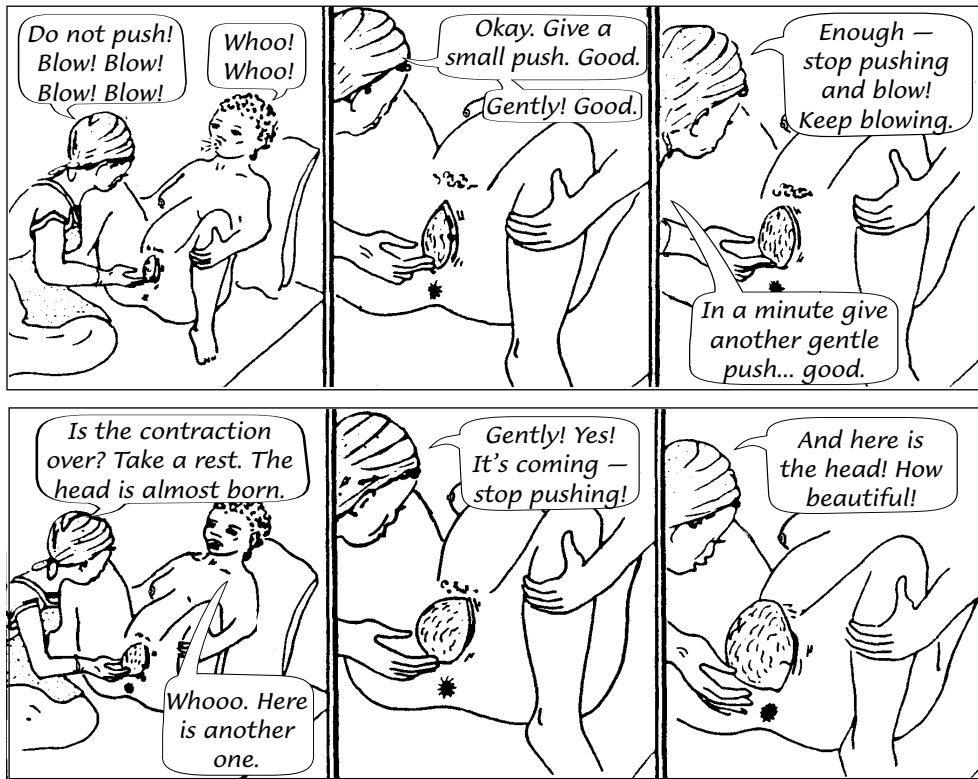
The need to push can be very strong, so it is not always easy for the mother to stop. It is best to warn the mother that you are going to ask her to stop pushing before the baby crowns.

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 very small pushes in between contractions — and then stop and blow during the contractions. 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: $\left\langle \longleftrightarrow \right\rangle$

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



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



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.

A baby who might have breathed in some waters should be held with her head a little lower than the rest of her body, so fluid can drain out.

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 may need to be ready to clean out the baby's mouth with a suction trap or a bulb syringe (sometimes called an ear syringe).

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 (see pages 213 to 214).

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.

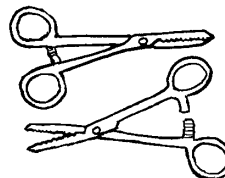
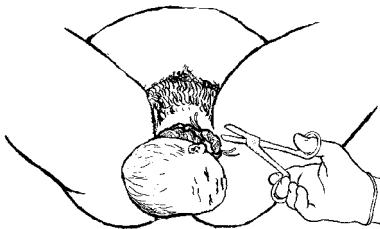
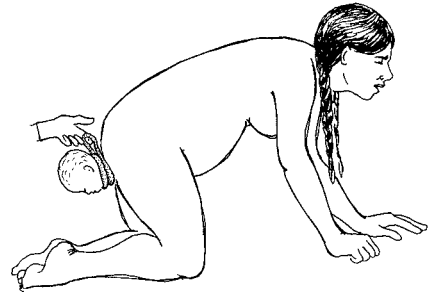
If the cord is wrapped loosely around the neck, loosen it so it can slip over the baby's head or shoulders.

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.

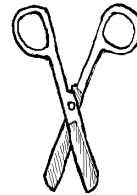
If you cannot loosen the cord, you may need to deliver the baby around the cord. As the head begins to deliver, keep the head close against the mother's thigh, and let the baby's body somersault out around the head. Once the baby is out, you can unwind the tight cord and let the trapped blood flow back into the baby.

It is very rare that a tight cord would prevent a baby from being born. If the baby has already been born up to the shoulders, the cord should be long enough for the body to be born too. If a baby's head is born and the body is not coming, most likely the shoulders are stuck (see pages 210 to 212).

If you cut the cord before the birth of the baby, the baby cannot get any oxygen until he begins to breathe, which makes an emergency. In the very rare case you must cut a cord before the birth of the baby, 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.

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.

<p>If the mother is in the hands-and-knees position</p>	<p>If the mother is in the half-sitting position</p>
<p>Bring out the first shoulder by gently moving the baby's head towards the mother's bottom.</p>	
	<p>Bring out the second shoulder by moving the baby towards the mother's belly.</p>

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

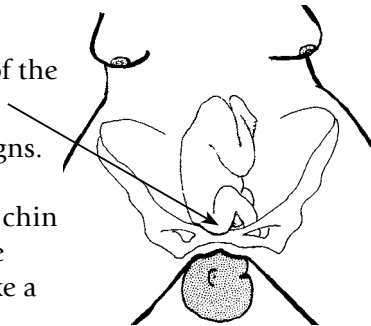
Baby gets stuck at the shoulders

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.

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 about 5 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.** As you are working be sure to reassure the mother to help her stay relaxed.

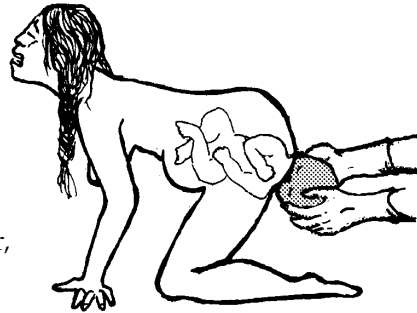
Here are 4 methods for helping the shoulders come out. Try one method at a time, in the order listed here.

1. Try the hands-and-knees position.

Put the mother in the hands-and-knees position.

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

If this does not work, try the next method.

**2. 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 straight back 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.

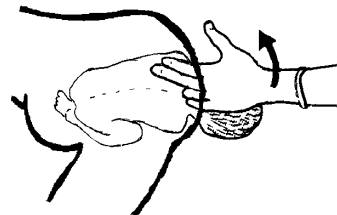
3. Try pushing the baby's shoulder from the inside.

With the mother 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 back while counting to 30.

If this does not work, try the next method.

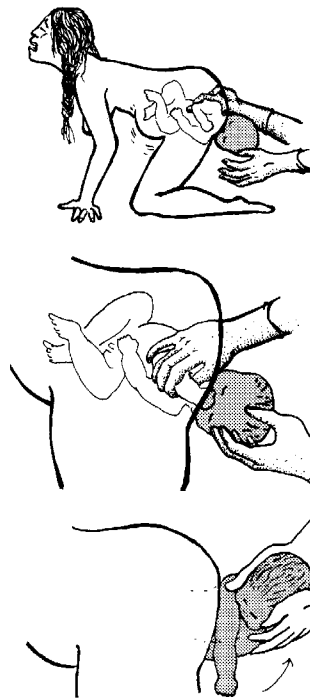


4. Try pulling the baby's arm out of the vagina.

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. Be careful not to push the collarbone inward as this can cause injury and bleeding inside the baby.

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, and you are far from a hospital, it may be better to break the baby's collarbone to help him out than to let him die. But do this only if you have been trained: 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 241).

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 easily. Remember that new babies are wet and slippery. Be careful not to drop the baby!

Dry the baby immediately with a clean cloth and if everything seems OK, put the baby on her mother's belly, skin to skin. This is the best way to keep the baby warm. You do not have to wait until the placenta comes out or the cord is cut. Cover the baby with a clean blanket, and make sure the baby's head is covered with the blanket or a hat.

Babies should breastfeed soon after birth. A baby may show she is ready to feed by moving her mouth or making smacking noises. Help the mother begin feeding.

After delivery, a baby should stay skin to skin with her mother for at least an hour without being separated.

Stool in the amniotic waters (green or yellow)

If the waters were green or yellow, it means the baby passed stool in the womb. If stool gets into the baby's lungs it can damage them. You can tell if the baby is in danger of this happening by the baby's condition when he is born.

If the baby is in **good condition** you can give him directly to his mother's arms:

- strong (good muscle tone, not floppy)
- breathing or crying
- heartbeat over 100 beats per minute

If the baby **needs help**, you must suction his mouth and throat before he breathes:

- weak and floppy, like a doll
- not breathing
- heartbeat less than 100 beats per minute

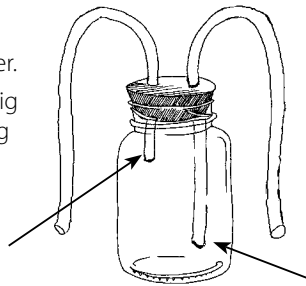
The best way to suction the baby is to use a suction trap, but you can also use a bulb syringe (see the next page). Whatever you use must be sterile (see page 59 for how to sterilize tools).

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.

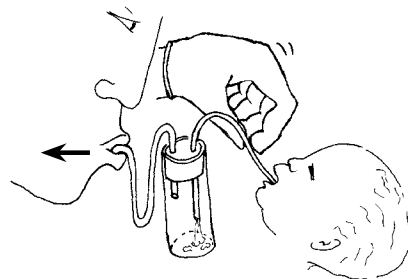


Push the second tube through until it almost touches the bottom of the jar.

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.


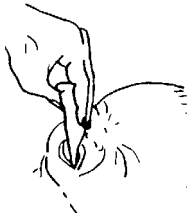


Suck on the other tube while you wiggle the first tube around in the baby's mouth. The fluid in the baby's mouth or nose will go into the jar but not into your mouth. After you clean the baby's mouth, clean the baby's nose in the same way.



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. (Practice using the syringe to suck up water before you use it at a birth.)

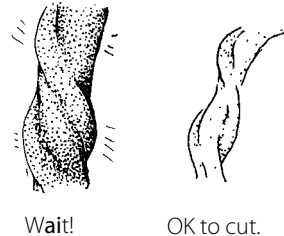


 <p>Squeeze the syringe.</p>	 <p>Gently put the syringe in the baby's throat.</p>	<p>Release the syringe as you wiggle it around.</p> <p>The bulb will suck up mucus. (Do not squeeze the syringe while it is in the mouth.)</p> 	 <p>Squeeze out the mucus.</p>
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Cut 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.

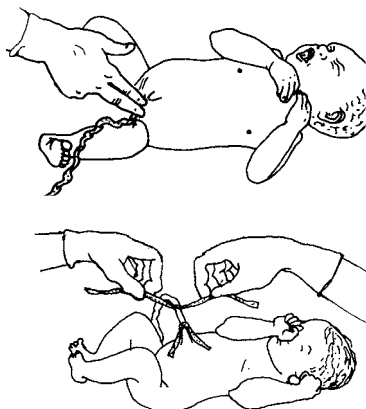


When the placenta separates from the wall of the womb, the cord will get thin and white and stop pulsing. Now the cord can be cut, usually after about 3 minutes. (Some people wait until the placenta is born before cutting the cord. This is a healthy custom.)


How to cut the cord

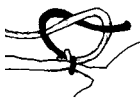
Use a sterile string or sterile clamp to tightly tie or clamp the cord about 2 finger widths from the baby's belly. (The baby's risk of getting tetanus is greater when the cord is cut far from his body.) Tie a square knot.

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

Right over left, left over right, makes a square knot secure and tight.

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.

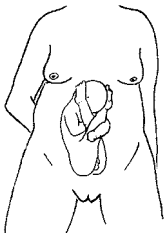


WARNING! Do not put dirt or dung on the cord stump!
Dirt and dung do not protect the stump — they cause serious infections. Protect the stump by keeping it clean and dry.

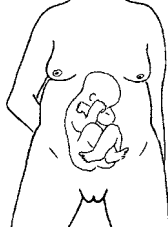
Baby is breech

There are 3 breech (bottom down) positions:

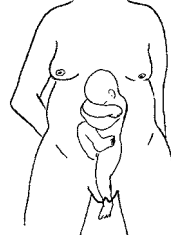
frank breech
(straight legs)



complete breech
(folded legs)



footling breech
(feet first)



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

Dangers of breech births

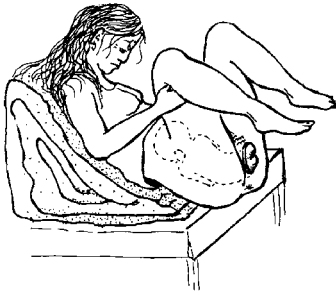
Breech births can go well, but they are often dangerous for the baby. They are especially dangerous for a first baby, because no one knows if the mother's pelvis is big enough for birth.

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.

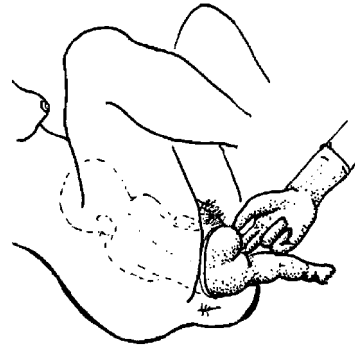
Delivering a frank or complete breech



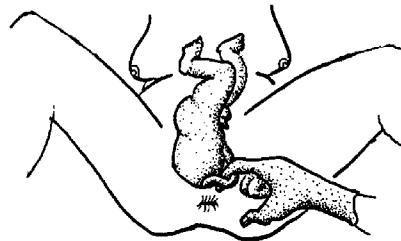
Do not let the mother push until you are sure that her cervix is completely open. Even after she has a strong urge to push, she should wait through a few more contractions to be sure.

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.

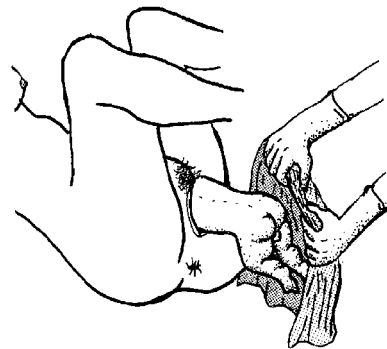
The legs usually come out by themselves. If they are not coming, put your fingers inside the mother and gently pull down the legs. Do not pull on the baby.



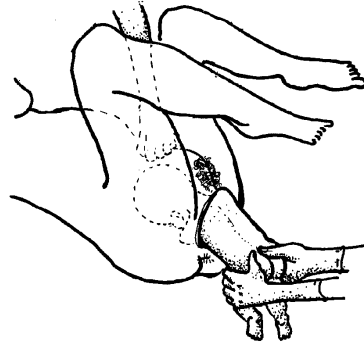
Loosen the cord a little by gently pulling a bit of it out of the vagina. In general, do not touch the cord much.



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. Keep the blanket on the baby for the rest of the delivery. (The rest of the drawings in this section do not show the blanket so you can see the baby's position better.)

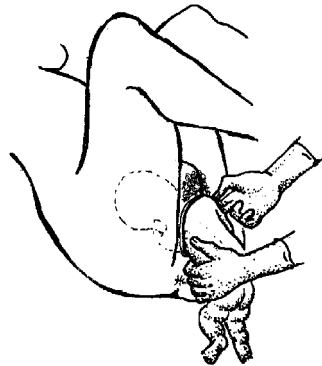


You may want to have a helper put pressure on the mother's pubic bone (not her belly). This is to keep the baby's head tucked in, not to push the baby out. Carefully move the baby's body down to deliver the top shoulder. Hold the baby by the hips or below.

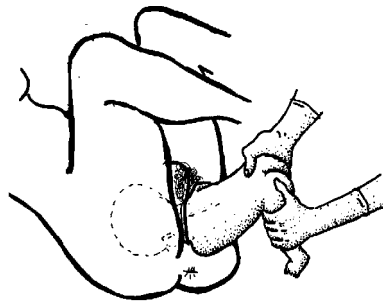


Be careful. Pressure on the baby's back or belly can injure her insides.

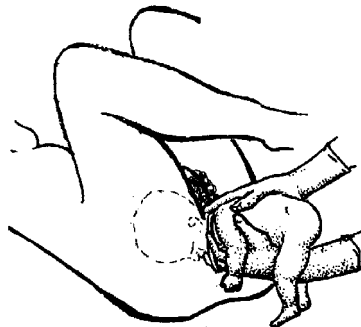
If the top shoulder does not come out, you may need to put your fingers inside the mother's vagina to bring the arm out. Try to grasp the arm by feeling the shoulder, and then following it down. Pull the arm across the chest by pulling gently on the elbow. Deliver the top shoulder.



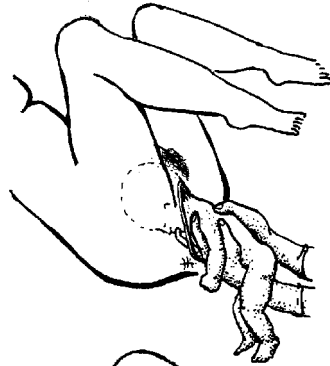
Lift the baby gently to deliver the bottom shoulder and then gently deliver the bottom arm.



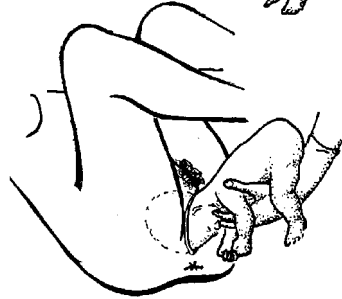
The baby must now turn to face the mother's bottom. Hold the baby with your arm, and put one finger in the baby's mouth. Put your other hand on the baby's shoulders, with one finger on the back of the baby's head to keep it tucked in. The baby's chin should stay close to her chest so it can fit easily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



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!**

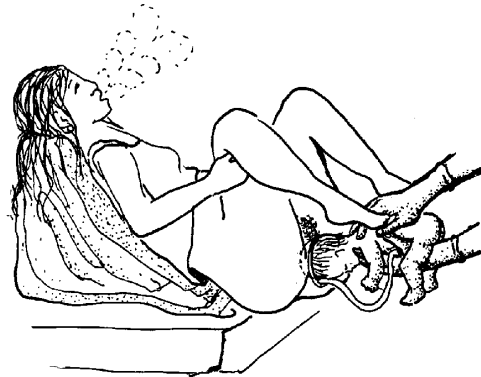


Keep the baby's head tucked in while you raise the body to deliver the face. Let the back of the head stay inside the mother.



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.

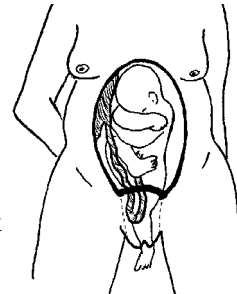
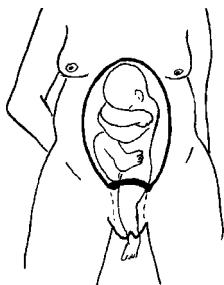


Delivering a footling breech

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.



If you cannot get to a hospital, keep the mother from pushing until you are sure that the cervix is fully open (see pages 339 to 340). 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

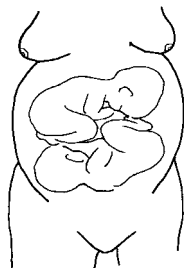
Dangers of twin births

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.



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, but might take longer. Deliver him as you would any other baby.



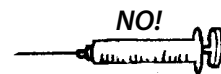
Possible problems when delivering twins

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.

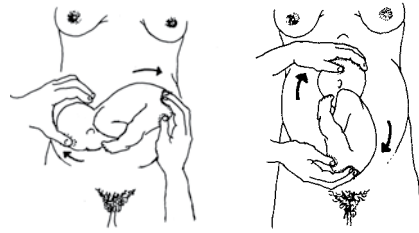
The second baby is sideways

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).



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

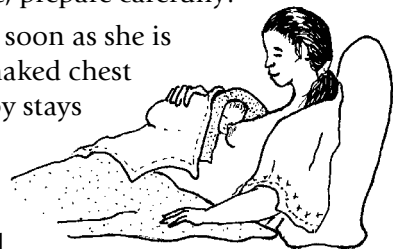
A baby born early or small may have problems, such as:

- 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 place her on the mother's naked chest and cover them both in blankets. Remember, a baby stays warm best on the mother's belly. Keep the baby skin to skin with the mother. The baby should wear only a diaper and a hat. This is also a good way to care for a baby born on the way to a medical center.



Small babies should not be bathed for a few days after delivery because they can get cold. See page 256 for how to care for babies that are early or small after they are born.