Delivering Babies
12/10/2017

Usually this is tough to mess up: **call OB, guide the head out, don't drop the baby, suction mouth, cut cord after a few minutes.**

Approach to 4 challenging delivery scenarios

1) **Nuchal Cord** – common, if recognized usually no big deal. *Don't rip cord and get it around the neck*. In the worst case scenario cut the cord.
2) **Prolapsed cord** – this is badness/not good.
    - Identified on vaginal exam as pulsing cord instead of head OR cord is visible externally
    - You need to *elevate the presenting part, hold it there, call for help, and get mom to C-section* (you're going too)
3) **Malpresentation** (ex: breech) – you need OB to deliver appropriate care here.
    - Babies heads usually stretch cervix, vagina, and external structures
    - If head isn't first, then baby can get caught at the neck
    - Technically, reach in and flex down the neck – OB should REALLY be here for this.
4) **Shoulder Dystocia** – true emergency, baby can't go in or out. Happens when *baby's anterior shoulder gets stuck at pubic symphysis*. Use HELPERR mnemonic
    - ***H***elp (call OB) – document the time
    - ***E***pisiotomy should be considered to create more space
    - ***L***ift legs (McRoberts maneuver) -> knees to chest and rotated out (use two people)
    - ***P***ressure on pubic symphysis continuously
    - ***E***nter vaginal posteriorly and use posterior shoulder to roll baby obliquely
    - ***R***emove posterior arm to allow more space
    - ***R***oll patient (last resort) to hands and knees (Gaskin maneuver)