

## Emergencies During Birth

For healthy pregnant people and their babies, birth is usually normal and healthy. Sometimes emergencies can happen during birth. Midwives are prepared and trained to deal with emergencies, however, most people will not have an emergency. We talk about them with you in pregnancy so that you have the chance to be informed and ask questions. In emergency situations, things can move fast. If there is an emergency it is usually less scary if we have talked about them before they happen.

### Abnormal heart rate:



We are checking baby's heart rate closely in labour. If it is abnormal (too low, too fast, or with abnormal drops) then we move quickly to help your baby be born. This can mean a vacuum or forceps delivery (if those are possible) or a caesarean birth.

If this happens:



At home:

- We will call 9-1-1 and move by ambulance to hospital
- We will call the hospital to make sure the doctor and nurses are ready to help when we arrive
- We take all the same steps we would in the hospital to help the baby
  - Start an IV
  - Ask you to change position (sometimes many times)
  - Do a vaginal exam
  - Check your vital signs
  - Remind you to breathe slowly and calmly to help bring oxygen to your baby



In the hospital:

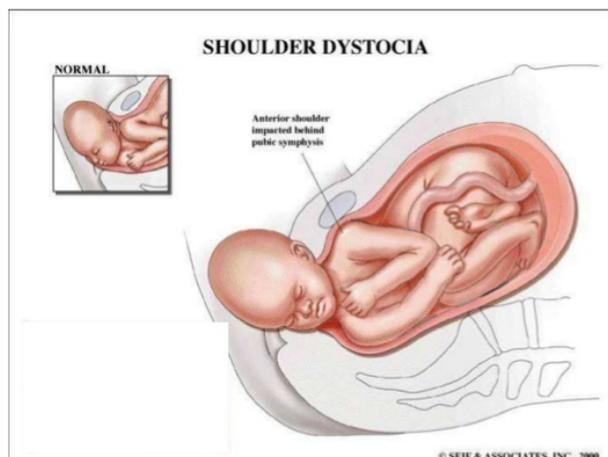
- We will call the doctor and nurses to help
- We will take all the same steps that we would at home to help the baby
  - Start an IV
  - Ask you to change position (sometimes many times)
  - Do a cervical exam
  - Check your vital signs
  - Remind you to breathe
- We will work with the doctors and nurses to help your baby to be born (by vacuum, forceps or caesarean)

- We will call in the pediatrician and newborn care team in case the baby needs extra help at birth

**An atypical heart rate** is not normal but is not abnormal either. We may do some of the things listed here and sometimes we watch closely. Atypical heart rates can get better and be normal again. We will always try to tell you if something is not normal and what we are doing about it.

## Shoulder Dystocia

When babies are born the head comes out first, then with the next push the baby's body is born. When the body does not come out, it is called *shoulder dystocia* and it is usually because the baby's shoulder is stuck behind the pubic bone. If this happens we need to help the baby move through the bones of the pelvis so that the body can be born.



If this happens:

- we will tell you the shoulder is caught
- We will help you quickly change position to help the baby to fit through
- We may push on your belly or use fingers in the vagina to move the baby's shoulder
- We will ask you *not* to push sometimes and ask you to push *hard* sometimes

At home:



- We will call 9-1-1 and have an ambulance on the way in case baby needs extra help after birth
- We will do all the same things as we would in hospital to help your baby be born

In hospital:



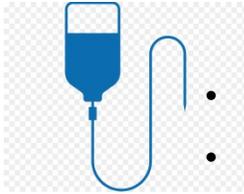
- We will call the doctor and nurses to help
- We will do all the same things as we would at home to help your baby be born
- We will call a pediatrician and special baby care team in case baby needs extra help after birth.

## Postpartum Hemorrhage (PPH)

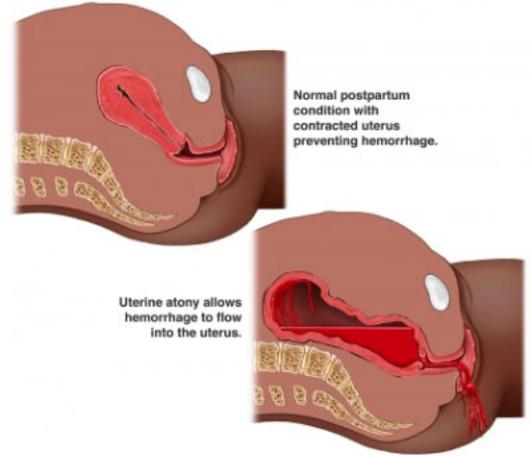
PPH means bleeding too much after birth. Bleeding up to 2 cups of blood is usually normal after birth.

When people bleed too much, it can be mild or it can be a serious emergency. The most common reason is the uterus muscle not contracting enough after birth.

If this happens:



- We will give you medicine to make your uterus contract
- We will press on your uterus to make it contract and push out any blood clots
- We will start an IV
- We will watch your vital signs (blood pressure) closely



At home:



- We will call 9-1-1 and move to hospital by ambulance
- We will do all the same things as we would in hospital to help stop the bleeding
- We carry three medicines to stop bleeding to every homebirth. We move to hospital quickly in case we need other medicines only available at hospital

In hospital:



- We will call the doctor and nurses to help
- We will do all the same things as we would at home to help stop the bleeding
- We start with the same three medicines we carry to every homebirth, there are other medicines in the hospital if the usual ones do not work
- If bleeding does not stop with medicine, the doctor will take over and can do surgery to help stop the bleeding

## Newborn Resuscitation



- Most babies (90%) will start to breathe on their own in the first 30 seconds after birth.
- Some (10%) babies need some help to start breathing. It is rare (1%) that babies will need lots of help to breathe.
- Midwives are certified in Newborn Resuscitation (NRP) every year.



- We always set up resuscitation equipment for baby

If baby needs resuscitation:



At home:



- We will watch closely for any warning signs that baby may need extra help at birth and we recommend moving to hospital if these happen.
- We will stimulate your baby to breathe
- We will clamp and cut the baby's cord and move them to the resuscitation area
- We will clear their airway and use a bag and mask to breathe for the baby
- We will check their oxygen levels with a special monitor
- We will do CPR if needed
- We will call 9-1-1 and your baby will move to hospital by ambulance with one of the midwives (you will follow in a car when you are ready)
- Most babies who need help, improve quickly
- We carry the equipment to put a breathing tube in baby's lungs and an IV in their umbilical cord; these are not common things for midwives to do

In hospital:



- We will stimulate your baby to breathe
- We will clamp and cut the baby's cord and move them to the resuscitation area
- We will call the doctor and nurses to help
- We will use a t-piece resuscitator to breathe for the baby
- We will check their oxygen levels with a special monitor
- We will do CPR if needed
- Most babies who need help, improve quickly
- We will call a pediatrician and special baby care team for the baby (sometimes the pediatrician is coming from their home)

Babies who need help to start breathing will usually need to be watched in the Special Care Nursery at the hospital. Babies who need lots of help may need antibiotics or other medicines for several days. Rarely babies would be sent to another hospital like McMaster in Hamilton if they need more care or tests.