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SPONTANEOUS VERTEX DELIVERY (SVD)

Definition

This stage of labor starts when the cervix is fully dilated and ends when the fetus is completely delivered.

Purpose: To provide a controlled delivery with an optimal outcome of baby and mother

Indication; Any pregnant woman with full dilatation of the cervix

ASSESSMENT

Assess		Rationale
1	The general condition of the mother	Allay anxiety and win the woman cooperation
2	Availability of the required equipment and if needed	Efficiency of the delivery process and successful management of the woman
3	Safety, appropriateness and privacy of the environment	Determines any adjustments required for comfort
4	The stage of labor	In anticipation to manage second stage of labor Identifies immediate measures to be taken during delivery process
5	The condition of the fetus	
6	Woman's confidence	Facilitates maximum cooperation for better results

PLANNING

Self

- Review guidelines on management of second stage of labor
- Wash and dry hands
- Ensure availability of an assistant

Client

Explain to the woman what is expected of her during second stage

Environment

- Adequate working space
- Adequate lighting
- Warm room
- Close nearby windows
- Comfortable delivery couch

Requirements

Delivery cart with:

Top shelf;

Sterile delivery pack with

- 1 gown
- 2 hand towels
- 1 gallipot
- 5 Draping towels
- 1 pair of episiotomy scissors
- 2 pairs of scissors one for cutting the cord during delivery and one for shortening the baby's cord
- 2 artery forceps
- 2 perineal pads- 1 for supporting the perineum for the woman
- 2 cord ligatures or cord clamps
- 2 kidney dishes – 1 for instruments 1 for receiving the placenta
- 1 medium bowl for lotion
- Cotton wool swabs (at least 10)
- Gauze swabs (at least 10)
- Placenta basin

Bottom shelf;

Tray with:

- Syringes
- Needles
- Cotton swabs
- Sutures
- Perineal prep set

- Spirit in a container
- Fetoscope
- Lignocaine hydrochloride 0.5%, 1%
- Sterile gloves
- Antiseptic lotion
- Hibitane cream or KY jelly
- Syntocinon in a fridge easily accessible
- Infant identification band
- Prophylactic eye treatment

Accessories

- Suction machine
- Oxygen
- Radiant heated infant warmer
- Resuscitation tray
- Newborn suction equipment
- Extra linen
- Additional light source
- Decontaminant
- Coded bins
- Glasses or goggles
- Plastic apron
- Weighing scale

IMPLEMENTATION

Steps

1. Confirm 2nd stage of labor. Recognize by:
 - ✓ Steady descent of the fetus through the birth canal
 - ✓ Onset of expulsive (pushing) phase
 - ✓ Contractions increase in frequency and duration
 - ✓ Woman may vomit
 - ✓ The perineum bulges and the skin becomes tense and glistening

- ✓ The anus may gap
- 2. Inform the woman that she is ready to deliver and transfer her to the second stage room
Move woman between contractions and position woman to her preferred position
- 3. Explain to her what will happen and her role in the delivery room
- 4. Check that all equipment for delivery is ready
- 5. Wear a mask, goggles and wash hands as for a sterile procedure
- 6. Cleanse the woman's perineum , pubic area, and inner thighs with a soapy cleansing solution
- 7. Instructs the assistants to open the delivery pack
- 8. Wash and dry hands with sterile towel
- 9. Put on the gown and and wear two pairs of sterile gloves
- 10. Once the woman is in the expulsive phase of the second stage, encourage the woman to assume the position she prefers and encourage her to push
- 11. Instruct the assistant to:
 - ✓ Check fetal heart rate after every contraction
 - ✓ Check maternal pulse every 10 minutes
 - ✓ Wipe sweat from the woman's face(if the birth companion is present he/she can help in wiping the sweat)
- 12. Swab the vulva:
 - ✓ Pick one swab at a time with the dominant hand dip in the antiseptic solution, squeeze excess solution and carefully drop the swab into the other hand
 - ✓ Clean the labia majora using a downward stroke starting with the furthest then the nearer majora
 - ✓ Clean the labia minora using the same technique
 - ✓ Clean the vestibule with the non-dominant hand
- 13. Drape the mother starting with the nearest thigh, abdomen, furthest thigh and the buttocks
- 14. Catheterize the mother if necessary
- 15. Encourage the woman to bear down with every contraction to as the baby's head delivers.
- 16. When the head is crowning the vaginal outlet is stretched. Place fingers of one hand on the baby's head to keep it flexed(bent)
It is important that the fetal head is only controlled and not held back

NB

- ✓ An episiotomy may be performed if required during crowning
 - ✓ Flexing of the head continues while the biparietal diameter is born. (Diameter between parietal bones 8.3cm)
17. If perineum is tight infiltrate with local anesthesia
 18. Perform an episiotomy. To perform an episiotomy, wait until
 - ✓ The perineum is thinned out
 - ✓ 3-4 cm of the baby's head is delivered
 19. Continue to gently support the perineum as the baby's head is delivered

Rationale

Increases flexion of the fetal head so that the smallest possible diameter passes through the vagina hence fewer traumas.

20. Once the baby's head is delivered, ask the woman not to push.
21. Remove secretions from the baby's face with baby's face with gauze sponges and suction the mouth and nose, if necessary.
22. Feel the baby's neck for the umbilical cord. If the cord is round the neck and loose slip it over the head.
If tight clamp it using two artery forceps and cut in between before unwinding it from around the neck.
23. Wait for restitution of the head then support the head at the parietal bones using the palms of your hands

Rationale

For safe delivery of the anterior shoulder

24. Deliver one shoulder at a time. Move the baby's head posteriorly to deliver the shoulder that is anterior. Apply a slight downwards traction
(If there is difficulty delivery the shoulders, suspect shoulder dystocia)

Rationale

Reduces tears and enhances the anterior shoulder to escape under the symphysis pubis

25. Apply a slight upward traction once the anterior shoulder is born.

Rationale

Enhances the posterior shoulder sweeps the perineum

26. Support the rest of the body with one hand as it slides out

Rationale

Facilitates safe delivery of the rest of the body

27. Place the baby on the mother's abdomen.

Thoroughly dry the baby, wipe the eyes and assess the baby's breathing

NB

- ✓ Most babies begin crying or breathing spontaneously within 30 seconds of birth
- ✓ If the baby is crying or breathing that is chest rising at least 30 times per minute, leave the baby with the mother
- ✓ If the baby does not start breathing 30 seconds, SHOUT FOR HELP and take steps to resuscitate the baby

28. Note time of birth

Rationale

Important in estimating duration of labor process

29. Score the baby at one minute

Rationale

Determines condition of the baby at birth and for appropriate action

30. Clamp and cut the cord at 3 and 5 cm from the umbilicus

Rationale

To separate mother and baby for easy management of the next stage, to allow enough length of the cord in case there is need for drugs administration or umbilical cord catheterization

31. Show the mother her baby and let her identify the sex

Rationale

To avoid doubts about the sex of the baby and future legal implications

32. Congratulate the mother

33. Give assistance the sterile towel to ensure the baby is kept warm in skin –to –skin contact of the mother's chest and initiate breastfeeding if not contraindicated.

Ask assistant to wrap the baby in the soft, dry cloth, cover with a blanket and ensure the head is covered.

Give further instructions on the immediate care of the newborn baby.

Rationale

For further management and score at 5 minutes and 10 minutes, bonding and prevention of heat loss.

34. Palpate the abdomen

Rationale

Rules out presence of an additional fetus

Helps prevent postpartum hemorrhage

35. Proceed with active management of third stage of labor which includes:

- ✓ Immediate oxytocin 10 units IM (within one minute of the delivery of the baby)
- ✓ Controlled cord traction
- ✓ Uterine massage

EVALUATION

Evaluate

- I. Outcome of labor
- II. Maternal and fetal condition
- III. Partograph

DOCUMENTATION

Deliver placenta first then document the following

- Duration of 2nd stage of labor
- Any drugs administered
- Any episiotomy performed
- Progress during 2nd stage of labor
- Outcome of the baby
- Conditions of baby and mother

SIGNATORIES

Name of staff(MO/NO/CO/COI/MIDWIFE/ ETC)

Name:

sign.....

Date:

Department in charge

Name:.....

sign.....

Date:

Nursing Officer in charge

Name:.....
Hospital Administrator

sign.....

Date:

Name:.....

sign.....

Date: