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Midwife care for a low-risk pregnant woman during childbirth

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Care low-risk

Low-risk pregnant woman

- 37th – 42nd week of pregnancy
- singleton pregnancy
- position of the fetus longitudinally with the head presentation
- preserved amniotic fluid or flowing clear amniotic fluid no longer than 24 hours
- absence of major vaginal bleeding (staining from the progression of vaginal findings is physiological)
- maternal vital functions within norm
- fetal heart rate within norm
- absence of uterine operations and cesarean sections in the anamnesis

Basic assessment of the woman's condition upon arrival in the delivery room

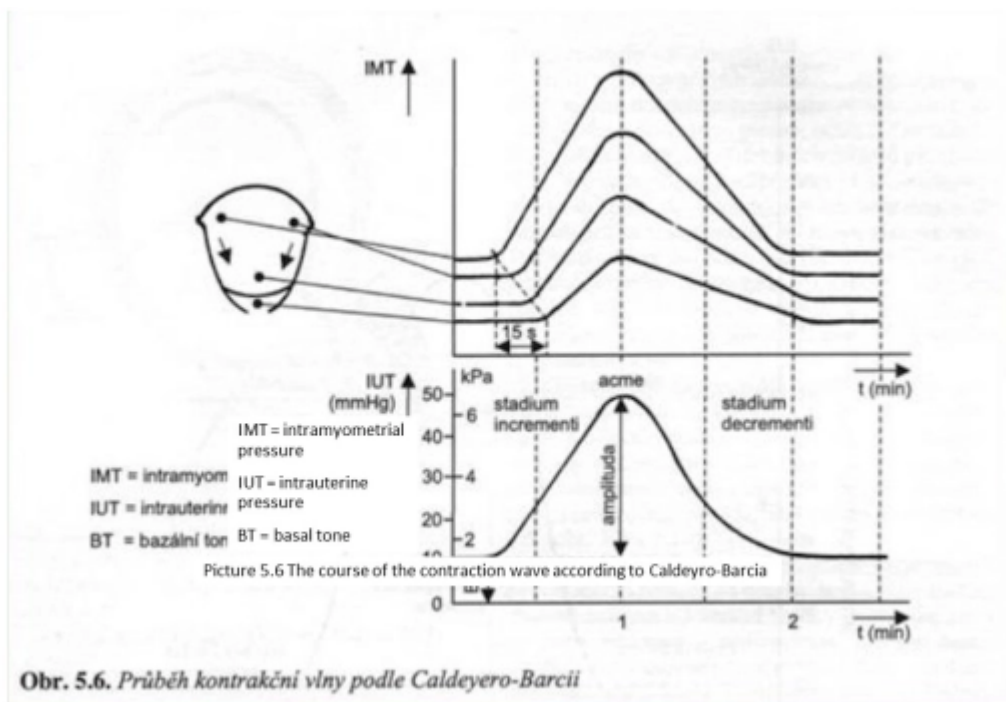
- anamnesis
- evaluation of a woman's vital functions
- Blood pressure (BP), Pulse (P), Body Temperature (BT)
- the nature of the contractions
- fetal monitoring
- external examination
- internal examination
- amniotic fluid
- bleeding

1. anamnesis

- determine whether prenatal care was carried out
- pregnancy / parity
- date of the first day of the last period -> **calculate the due date** (1st day of the last period + 7 days – 3 months)
- **calculate gestational age** (wheel, mobile app, calendar)
- absence of uterine operations and cesarean sections
- complications in previous pregnancies
- chronic diseases of the pregnant woman

2. the nature of contractions

- Type (messengers, contractions with opening effect)
- Frequency (regular x irregular)
- Intensity
- Length



Contraction

3. fetal monitoring

- early detection of intrauterine fetal distress
- fetal movements – (increased perception, decreased perception or absence of fetal movement)
- heart action of the fetus – auscultation (stethoscope, Doppler fetal monitor), cardiotocograph

Physiological CTG recording:

- Basal frequency 100-160 t/min
- Variability 5-25 t/min
- Acceleration 2 and above
- No decelerations
- Fetal movements +



CTG



Movements

4. external examination

- visual evaluation of the abdomen – scars, stretch marks, umbilical pit
- measure the height of the uterine fundus
- fetal presentation and lie
- rise of the fetus in the pelvis

- number of fetuses

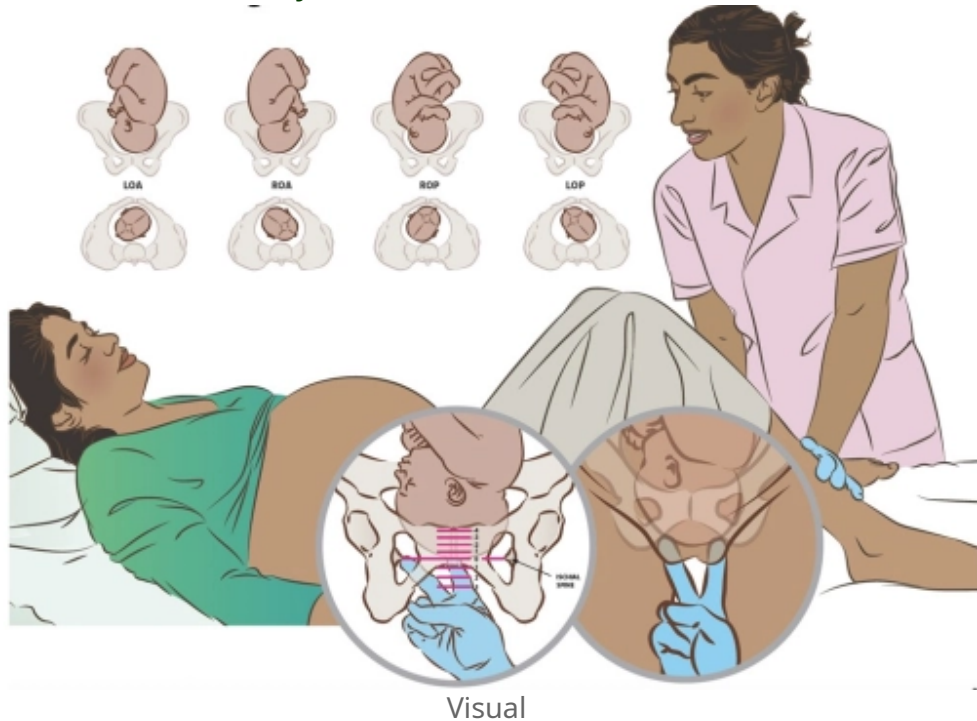


Visual

5. internal examination

- vaginal findings
- external genitalia without pathological findings – varicose veins, herpes genitalis
- head position of the fetus
- preserved amniotic fluid or flowing clear amniotic fluid no longer than 24 hours

- fetal presentation centric, synclitic and indifferent



6. amniotic fluid

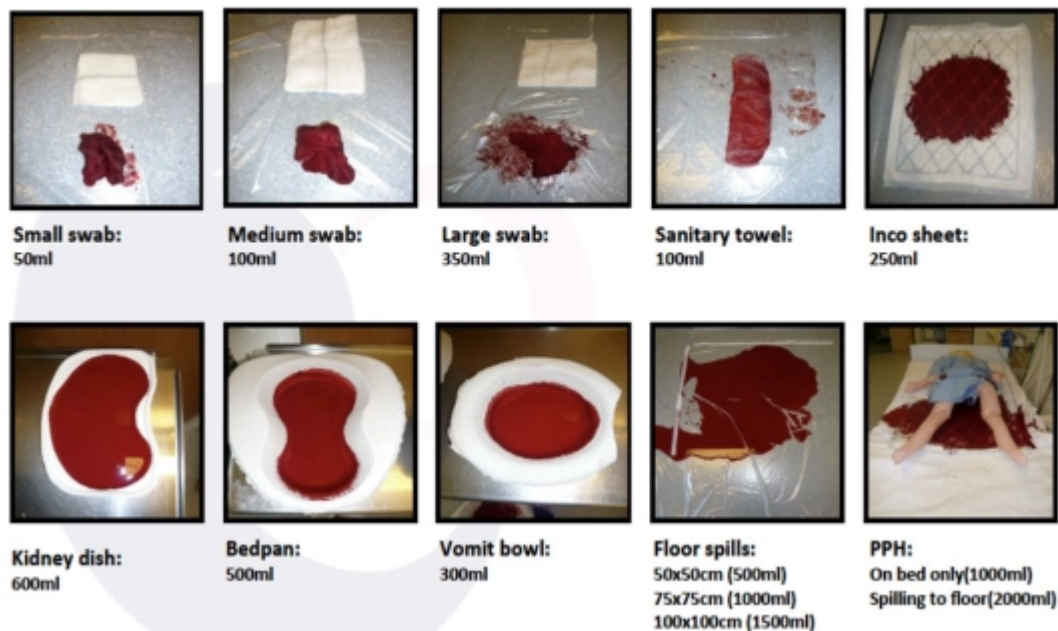
- colour – clear, slightly cloudy, cloudy
- quantity – oligohydramnios, euhydramnios, polyhydramnios
- preserved / drained amniotic fluid

7. bleeding

- nature of bleeding – fresh light blood / dark old blood
- amount – estimate of blood loss
- source of bleeding

X

- bleeding from the progression of the vaginal finding



Bleed

Latent or active phase of labour? Latent phase of labour:

- the woman does not meet the criteria for the active phase
- preserved amniotic fluid
- small vaginal finding
- messengers or irregular contractions
- shower, bath and time

Latent or active phase of labour? Active phase of labour:

- the woman has regular contractions with an opening effect
- advanced vaginal findings

Active phase of labour

I. stage = Onset of regular uterine activity with an opening effect -> disappeared birth cervix (10 cm)

- Preparation for childbirth
 - Shower, endem
- Do not attempt to induce labour with oxytocin or amniotomy (AROM) providing the condition of the woman and the fetus is good and the finding is progressing
 - BP, P, BT of the woman à 2 hours

- continuous CTG monitoring of the fetus / listening to the echoes of the fetus à 15 minutes
- vaginal examination – à 2 hours, fetal entry into the pelvis
- contractions
- amniotic fluid
- bleeding
- fetal movements
- emptying the bladder
- liquids
- positioning of the woman

II. stage = birth cervix disappeared – 10 cm (the woman indicates pressure on the anus) -> delivery of the fetus

- educate how and when to push (birth cervix disappeared, head is fully rotated, head is sufficiently deep in the pelvis)
- selection of position
- the midwife should have her hands washed and disinfected, a face mask, gloves and glasses or a face shield (protection against infections)
- ensure as much privacy as possible, cleanness and sufficient heat

Monitoring of the woman and fetus:

- fetal echo monitoring after each contraction or continuous CTG recording
- make sure the bladder is empty
- education of the mother how to breathe and how to push

III. stage = delivery of the fetus -> delivery of the placenta

MOTHER

- checking of BP, P, BT
- administer uterotonics to prevent postpartum haemorrhage
- delivery of the placenta – progress, signs of separation
- physiological blood loss – 500 ml

CHILD

- dry the newborn and keep him warm
- check breathing, colour, tone, heartbeat (Apgar score)

- let the umbilical finish pulsing (1-3 min)
- tie the umbilical cord -> separate the newborn
- skin-to-skin on mother's belly (cap, blanket)
- if the child is not breathing or the woman is bleeding profusely, call for help and perform the ligation of the umbilical cord immediately

Postpartum period = 2 hours after delivery, intensive monitoring of the mother is necessary

- Physiologically, the woman should have her uterus retracted after delivery with minimal bleeding,
 - pulse 60-110/min and blood pressure 90-139/60-89 mmHg, newborn should be pink with good muscle tone and heartbeat
- Every 30 minutes:
 - woman - uterine retraction, BP, P, bleeding and BT
 - newborn - breathing, colour, pulse and BT
- Attaching the newborn to the mother's breast
- Hygiene and rest