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Care for the maternity patient

This chapter is written for the nurse in a small hospital who is working with a doctor or a midwife. Not all small hospitals can provide the special treatments or surgery needed by women who have problems during labour and delivery. Women who are likely to have problems both during pregnancy and at delivery need to be referred to a doctor or midwife who can watch them carefully all through the pregnancy and advise on the right place for delivery. It is the role of the nurse to help decide which women need to be referred to a health facility where they can receive essential obstetrical services. You need to know what signs to look for to see which women to refer.



Check for risk conditions in pregnancy

Look at the antenatal card. Talk to the woman to see if she has any of the following risk conditions:

- Very young or over 35 years of age
- Very short in height
- Less than two years since the birth of the last child
- More than four previous pregnancies
- Previous difficult delivery
- Previous caesarean section

- Baby born dead (stillbirth) or miscarriage in the past
- Premature or very small baby in the past
- Bleeding during a past pregnancy or bleeding now during this pregnancy
- High blood pressure now or during a past pregnancy
- Pregnant with twins now or in the past
- Abdomen larger than normal for the dates of the pregnancy
- Mother has a medical problem, such as severe anaemia, tuberculosis, heart disease, diabetes, malaria, liver disease, kidney disease, urinary tract infection, or a sexually transmitted disease
- Mother malnourished

Women with these risk conditions need to be cared for in a health facility which is staffed and equipped to provide essential obstetrical services, including surgery.



Danger signs during pregnancy

A danger sign means that the woman may have a serious problem. The woman needs immediate care from a midwife or doctor. The most frequent danger signs during pregnancy are:

- Bleeding from the vagina
- Severe headache, dizziness, and blurring of vision
- Puffiness of the face, hands, and feet
- Fever
- Lack of normal colour in the skin (pallor)
- Abdominal pain or tenderness

**Arrange for
immediate medical
care if a woman
has any danger
signs.**

Immediate medical attention may prevent the death of the mother and the child.



The three stages of labour

There are three stages of labour:

- The first stage of labour is when the contractions get painful and regular, pushing the baby down and opening up the cervix.
- The second stage of labour is when the cervix is completely open (dilated) and the baby is coming out. The second stage ends when the baby is born.
- The third stage of labour is the time after the baby is born when the placenta separates from the uterus and comes out. The third stage ends when the placenta is out.



Decide if the labour is normal or if there are risk signs

When the woman in labour comes to hospital, first decide if she is in normal labour or if she has any risk signs (see below).

Signs of normal labour (first stage of labour)

- Contractions get longer, stronger and closer together.
- The baby starts to come out after 12 hours or less of labour for a woman who has had a baby before; 24 hours or less for the first baby.
- Small amounts of blood-stained mucus “show” may come two to three days before labour starts and continue throughout labour.

- If the bag of water (“the waters”) breaks, the colour is clear like ordinary water.
- The mother’s temperature stays below 37.8°C.
- The mother’s blood pressure remains normal and stays below 140/90.
- The mother’s blood pressure does not suddenly drop.
- The mother’s pulse is between 60 and 100 beats a minute.

Risk signs in the first stage of labour

If the mother has any of the following risk signs, she will need to deliver her baby at a hospital which can provide essential emergency obstetric services.

- Labour begins before the eighth month of pregnancy.
- The mother has a fever of over 37.8°C.
- The mother’s pulse is more than 100 beats a minute.
- The mother has a serious condition called pre-eclampsia. When a mother has pre-eclampsia, her blood pressure may be greater than 140/90 and she may have a swollen face and hands, headaches, and problems with her eyesight.
- The mother has fits (convulsions).
- The bag of waters breaks but labour does not start within eight hours.
- In spite of strong contractions, the labour lasts more than 12 hours for women with previous pregnancies, or 24 hours for the first baby.
- The mother has an unusual amount of bleeding. This includes blood clots, fresh blood or more than “show”.
- The mother feels pain between contractions and the womb stays hard.

- The baby's heartbeat is more than 160 beats a minute or less than 110 beats a minute.
- The cord comes out before the baby is born.

If a woman comes to the hospital with any of these signs or if she develops them during labour, she needs emergency obstetric care. She and the baby are in danger of dying. Get help immediately.



How to examine the mother in labour

When the woman arrives at hospital in labour, check the condition of the mother and baby. If there are any risk signs of abnormal labour, arrange for the mother to have expert obstetrical help immediately.

Check the baby's position. Most babies lie with the head down. If the mother is in active labour and the baby's head is up under the ribs or if the baby is lying sidewise, arrange to get the mother to a health facility which has the right emergency obstetrical services. The mother may need surgery to deliver the baby.

Check the baby's heartbeat. A healthy baby's heartbeat is between 120 and 160 beats a minute during labour. It may change and speed up or slow down. It should stay between 120 and 160. Continue to check the baby's heartbeat every half hour during labour.

Check the mother's temperature. Take the mother's temperature when she comes into hospital. Continue to take her temperature at least every four hours while she is in hospital. If you do not have a thermometer, touch her forehead to feel if she is hot. If she feels hot or if she has a temperature above 37.8°C (100°F), she may have an infection. Get medical help and give her plenty of fluids and paracetamol to bring down the fever.

Check the mother's blood pressure. Take the mother's blood pressure when she comes into hospital. Check it every hour. If her blood pressure is going up, check it every 15 to 30 minutes. Remember that if the blood pressure is going up, this is a risk sign. Get medical help.

It is also a risk sign if diastolic blood pressure (the bottom number) suddenly drops 15 or more points. It may mean that she is bleeding inside. Get medical help.

Check the mother's pulse. In early labour, the mother's pulse should be between 60 and 100 beats a minute between contractions. If her pulse is above 100 between contractions, she may have an infection, or be bleeding inside, or be dehydrated.

Ask the mother if her bag of waters has broken. Once the bag of water has broken, germs can move into the womb. To prevent infection to the mother and the baby:

- Do not do vaginal examinations.
- Do not put anything into the mother's vagina.
- Do not let the mother sit in water to bathe.



How to prevent problems during the first stage of labour

Good nursing care is important for preventing problems in labour and for monitoring the health of the mother and baby.

The five cleans

Cleanness is the best way to prevent infection.

Clean hands.

Clean perineum.

Clean delivery surface

Cleanness in cutting the umbilical cord.

Cleanness in caring for the newborn baby's cord.

Clinical alert: Enemas are not necessary and should not be given unless requested by the mother.

Change the bedding under the mother when it gets wet or soiled. Change cloths and pads when they get very wet. When you change the bedding, check if the mother is bleeding too much, passing blood clots, or passing water which is brown, yellow or green. If you notice any of

these risk signs, take action immediately.

Make sure the mother drinks at least one cup of liquid each hour. If the mother is vomiting and cannot drink the cup of liquid at once, have her take small sips after every contraction. Drinks like coconut water, tea with honey or sugar, and fruit juices mixed with water will give her strength for labour. Allow the mother to eat or drink anything she wishes.

Make sure the mother urinates at least once every two hours. If the mother's bladder is very full, it can cause problems in labour and make the labour last much longer.

***Clinical alert: Do not shave the pubic hair.
Shaving can cause infection.***

Make sure the mother changes her position every hour. The mother should not lie flat on her back. This position squeezes the blood vessels and makes blood circulation more difficult.

Check for signs of progress. Signs of progress include:

- contractions get longer, stronger, and closer together
- the mother says contractions feel stronger
- the uterus feels harder during a contraction when you touch it
- the amount of blood-stained mucus (show) increases
- the bag of water breaks
- when the mother has a strong urge to push, the second stage of labour (the birth) is probably near or starting.

If the labour lasts longer than 12 hours for women with previous deliveries or 24 hours for the first baby, this is an important risk sign. Get expert medical help for the mother.

Start making plans to get expert help for the mother when these time limits start getting close.



Help to make the birth safer and easier (second stage of labour)

Do not scold or threaten the mother. Upsetting or frightening the mother can slow the birth.

The midwife or doctor will usually help to deliver the baby. The nurse still has an important role to play.

- Arrange for the mother to give birth in a place that protects her privacy. The room temperature should be at least 25°C so that the baby will not get too cold.
- Make sure that sterile equipment is laid out in a clean place where it will be easy to reach.
- Clean the mother's genitals carefully and gently, using clean or boiled water and a disinfectant if you have it.
- Keep a clean cloth under the mother and very clean cloths close by in case they are needed during the birth. If any stool comes out when the mother is pushing, remove the stool with a clean cloth. If possible, wash the mother again.
- Check the mother's blood pressure every 30 minutes.
- Help the midwife to decide if labour is progressing normally. As long as the baby continues to move down and the mother has strength, there is no need to worry, even if progress is slow. Make sure the mother continues to drink fluid and continues to urinate. If the genitals are not bulging after 30 minutes of strong pushing, this means that the head is not coming down. If the baby is not coming down at all after one hour of pushing, this is a sign that there may be a problem.



Risk signs during birth (the second stage of labour)

Clinical alert: It is dangerous to push on the mother's abdomen to make the baby come out.

- The baby is not born after one to two hours of strong contractions or good pushing.
- Blood gushes out before the

baby is born.

- The waters are brown, yellow or green.
- The baby's heartbeat is more than 160 or less than 90 beats a minute.
- The cord is wrapped tightly around the baby's neck.
- The baby gets stuck at the shoulder.
- The baby's feet and legs come out first (breech birth)
- The baby is very small or is more than five weeks earlier than the expected date of delivery.



Nursing care in the third stage of labour

Stage 3 begins when the baby is born and ends when the placenta comes out.

Nursing care of the mother

Watch for signs that the placenta has separated from the womb. The placenta usually separates a few minutes after birth, but it may take up to half an hour. Signs that the placenta has separated include:

- a small gush of blood comes from the vagina
- the cord gets longer
- the uterus rises to the navel or above. The top of the uterus (the fundus) may feel rounder and harder.

Once the placenta has separated, the mother should be able to push it out when she has a contraction.

Clinical alert: Pulling on the cord can be dangerous. Pulling strongly on the cord can break it off from the placenta or can even pull the womb inside out. This can kill the mother.

Sometimes the midwife will need to pull the placenta out gently by the cord. This is only done after the placenta has separated.

Watch for heavy bleeding. If blood is gushing out or if the woman bleeds more than two cups of blood, this is a danger sign.

Watch for fits (convulsions). If the woman had pre-eclampsia (swelling and high blood pressure) during pregnancy or labour, she may still have fits (convulsions) in the first 24 to 48 hours after giving birth.

After the placenta comes out, the midwife will check the top and bottom of the placenta and the membranes to make sure that everything has come out.

Nursing care of the baby

Dry the baby and keep the baby warm. There is no need to give the baby a bath. The baby will quickly lose body heat if he or she is not dried immediately after birth. Drying also stimulates the baby to breath.

Clinical alert: There is no need to give a newborn baby a bath.

After drying, wrap the baby in a dry cloth or put the baby skin-to-skin on the mother's breast or stomach. Then cover the baby. Do not forget to cover the baby's head. You can examine the baby and cut the cord when he or she is lying on the mother. When you care for the baby, keep as much of the body covered as possible.

If the weather is hot, do not wrap the baby in heavy blankets or cloths. Too much heat is dangerous. It will make the baby dehydrated.

Check the baby's health.

- **Breathing:** A new baby should be trying to breathe within one to two minutes after birth. Normally a newborn baby takes more than 60 breaths a minute in the first two hours after birth.
- **Cry:** A strong cry means that the baby is breathing well. Do not hit or hurt a baby to make it cry.
- **Heartbeat:** A new baby's heart should beat between 120 and 160 beats a minute. If the baby's heartbeat is less than 100, get urgent help.
- **Movement:** A healthy baby should actively move his or her arms and legs.

- **Colour:** Many babies are blue when they are born, but they quickly become normal colour in one to two minutes. If the baby stays blue, he or she will need help.

Give the baby an intramuscular injection of Vitamin K, if this is the policy in your country. Give the injection in the baby's thigh.

Help the baby to begin breast-feeding. The baby should breast-feed as soon as possible after birth.

Breast milk is all the baby needs for the first four to six months of life. There is no need to give the baby water.

There is no need to give anything else, such as sugared water to the baby, while waiting for the breast milk to come in.

The first fluid that comes out of the mother's breast after delivery (colostrum) should be given to the baby. Colostrum protects the baby against infection.

Keep the baby with the mother. The baby should be allowed to suck as often as he or she wants, day and night. The more the baby breast-feeds, the more milk will be produced. Both breasts should be used at each feeding.

Breast-feeding should continue even if the baby is sick.

Help the mother to breast-feed the baby in the right position.

The baby's body should be turned towards the mother.

The baby's mouth should cover the nipple and the brownish coloured skin (the areola) around the nipple.

The baby's chin should touch the breast.



Baby suckling in a good position.

Put medicine in the baby's eyes to prevent blindness. First, gently wipe the baby's eyes clean. Then put 1% tetracycline eye ointment, 0.5% erythromycin ointment or 1% silver nitrate drops in each of the baby's eyes. Do this within the first hour of birth.



Nursing care of the mother in the first six hours after the birth

Prevent heavy bleeding.

Check the uterus immediately after the placenta comes out. Check it again every 15 minutes for one hour, and then every 30 minutes for the next one to two hours. The top of the uterus (the fundus) should be hard. If it is soft, gently massage the womb until it is hard.

Clinical alert: If the uterus feels firm but is growing larger, it may be filling up with blood. This is dangerous. Get help urgently.

Check the mother's pads often. After the birth, it is normal for a woman to bleed as if she is having a normal monthly period. If the mother is bleeding more than this, it can be dangerous. Report it to the doctor or midwife immediately.

Monitor the mother's pulse and blood pressure. Take the mother's blood pressure and pulse every 15 minutes for one hour and then every hour for the next four hours. Report to the doctor or midwife if there is increased pulse or decreased blood pressure.

Help the mother to clean herself, and change her bedding.

Check the mother's genital area for tears and swelling.

Make sure the mother urinates.

Give the mother Vitamin A if this is the policy in your country.

Give liquid to the mother and offer food to her.



Nursing care of the baby in the first six hours after birth

Give the family some time alone with the baby. Keep the baby with the mother as much as possible.

Encourage the mother to breast-feed the baby as often as the baby wishes.

Keep the cord stump dry and clean. Cover it with pieces of sterile dry gauze, if available. Do not put anything else on the cord stump.

Give the baby 0.05 cc BCG between the layers of the skin (intradermally) before discharge. In some countries, it is also the policy to immunize the newborn baby against hepatitis B and poliomyelitis.



What to do in an emergency while waiting for help

If the baby starts to come out before the midwife or doctor arrives, the nurse will need to deliver the baby.

The baby starts to come out before the midwife arrives. When the baby's head is nearly ready to be born, help the mother to get into a good position. Encourage the mother to push gently. Then when the head is about to come out tell the mother to stop pushing so that the baby's head will come out slowly. Support the baby's head as it comes out.

After the head is born, check if the cord is around the baby's neck. If it is, gently loosen it and slip it over the baby's head and shoulders.

After the baby's head is born, the rest of the body usually slides out easily. Deliver the baby's body. New babies are wet and slippery. Be careful not to drop the baby.

The baby is not breathing or is breathing poorly. If the baby does not cry, suction it out or gently clean the baby's mouth and nose with a clean cloth wrapped around your finger.

If the baby is still not breathing, you will need to revive the baby. Put your mouth over the baby's nose and mouth. Gently blow little puffs of air into the baby at about 30 puffs a minute. Do not blow too hard. Blow little puffs of air from your cheeks, not from your chest. Let the baby breathe out between puffs.



Cover the baby's mouth and nose with your mouth

If the baby dies, tell the mother kindly. Offer to give her the baby to hold. If the other members of the family want to see the baby, let them join the mother. Show that you understand the family's grief. Give them time and privacy to say goodbye to the baby.

The woman is bleeding from the vagina during pregnancy. If the woman has heavy bleeding (a clean pad is soaked in five minutes) and it is not time for her to give birth, get expert medical help for her urgently.

Vaginal bleeding in pregnancy is always a danger sign and heavy bleeding is always an emergency. There are many causes for vaginal bleeding in pregnancy. One of the most frequent causes in first and second trimester of pregnancy is abortion.

When abortions are done by untrained persons, they can be very dangerous. There are many unsafe methods for ending a pregnancy, such as putting something into the vagina or through the cervix, squeezing the womb, or giving modern or plant medicines to start a miscarriage. These and other similar methods can cause severe bleeding, infection, illness, and death. Unsafe abortions are a major cause of death for women.

When a woman comes to hospital complaining of vaginal bleeding, the nurse needs to find out how much she is bleeding, how long she has been bleeding, and the possible cause of the bleeding. Be kind to the woman and do not blame her or scold her if she has had an unsafe abortion. The role of the nurse is to help the woman recover.

All pregnant women who have heavy vaginal bleeding--whatever the cause--will need to be cared for in a health facility that has the staff and equipment necessary to carry out life-saving surgical and medical procedures. If these essential services are not available at your hospital, immediately start intravenous fluids and refer the woman urgently to a referral hospital. If the woman has fever or bad smelling vaginal discharge and abdominal pain, give ampicillin 3 grams orally or procaine penicillin 1.2 million units by intramuscular injection before you transport her or give whatever is the instruction in the local standard procedures manual, if one exists. Give paracetamol 500 mg every four hours if there is fever. Always ask about drug allergies before giving medications.

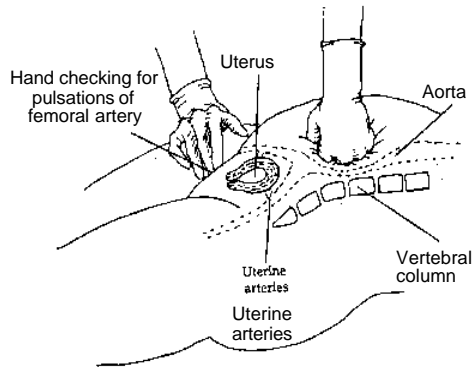
The woman is bleeding heavily after delivery. If the woman bleeds more than two cups of blood after delivery (500 ml or soaking more than one pad an hour), take quick action to save the mother's life while you are waiting for help.

First, massage the uterus until it gets hard. Then squeeze the uterus between your two hands as hard as you can (bimanual compression), to stop the bleeding.



Bimanual compression to stop bleeding

Another very good way to stop bleeding is to press on the aorta (aortic compression). Lie the mother down on a firm surface. Make your hand into a fist. Put your fist one or two fingers below the umbilicus. Press slowly down to the backbone. You will feel the pulse in the aorta. With your other hand, check the femoral pulses in the groin. Keep pressing your fist down until you can no longer feel the femoral pulses. In an emergency, you can teach someone else to compress the aorta so that you can do other things. The compression can be continued for hours, if necessary.



Manual compression of the aorta to stop bleeding

If the bleeding is not greatly reduced within 15 minutes, the mother must get expert medical care urgently. Aortic compression can be continued during transport, if necessary.

Encourage the woman to pass urine. If she has a full bladder and cannot urinate, catheterise her.

Give intravenous fluids if the woman is in shock.

Correct and fast action by the nurse can save the lives of the mother and baby.