

Rapid labor

A **precipitous birth** is a birth lasting **less than two hours** and occurring **spontaneously** - the first period of labor is shortened. It occurs most often in multiparous couples, if the fetus is small and with strong uterine contractions - the birth canal is relatively free. In our conditions, RZP usually arrives before the actual birth of the fetus. In the field, it is necessary to give birth as soon as **very strong contractions in rapid succession** begin, forcing the mother to push.

From the point of view of the rescuer, the most important thing is to keep a cool head, immediately call **155** and quickly improvise.

Second Labor Time

The Second Labor Period begins with the demise of the wicket. First of all, it is important to provide the mother-to-be with a relatively quiet and clean environment with maximum privacy. Place the mother in a semi-sitting position with her legs bent and extended. Cover the upper half of the body. We verbally reassure the mother and encourage her to breathe quickly and briefly and to push.

To give birth we need:

- **scissors** (knife, scalpel);
- **three strips of cloth** (string);
- **cover**.

All material should be **sterile** if possible, the rescuer should protect himself with rubber gloves and a mask (scarf). It is necessary to prepare enough clean and dry material for the mother-to-be (diapers, sheets, blanket, ...).

For newborns, we will prepare:

- material to be dried;
- sufficient amount of material to wrap the newborn.

Own birth

We encourage the mother to grab her knees, bend her head forward and push. It may relax between contractions. The skin in the **dam** area tightens and is very stressed. We therefore capture the dam in sterile material between the thumb and forefinger of the non-dominant hand and thus protect it from rupture. If there is a departure of the **stool**, we will clean the landscape from the front to the back - we will prevent pollution of the birth canal. Meanwhile, the head appears. We hold the head, protect the newborn from injury, but **do not restrict** the natural rotation of the head. After the birth of the head, there is another rotation of the newborn's body - we do not prevent this either. We can hold the newborn firmly by the back of the head, bend it slightly down - we will help the delivery of the upper arm. With the subsequent movement slightly upwards towards the abdomen, we help the birth of the lower arm. After that, we can hold the newborn firmly in the armpit and pull it out of the birth canal by pulling it diagonally upwards.

Newborn care

As soon as the head appears, we check if the newborn has **an umbilical cord wrapped around the neck!** If so, we carefully release it through the head or arm. Place the child between the mother's legs and clean the mouth of the amniotic fluid. At this point, the newborn should take his first breath and start screaming. If this does not happen, we will immediately **start CPR!** A newborn can be very **slippery**, so considerable caution is required when handling it. We **dry** and **wrap** newborns as quickly as possible to prevent heat loss.

A child never:

- we do not wash;
- we don't clap;
- we do not hold the legs upside down.

Umbilical cord

We tie the umbilical cord only when it stops beating completely, if qualified help is not within reach.

We perform the **ligature** in three places:

- about 15 cm from the child's belly;
- a few centimeters from the first (in case of failure);
- 10-20 cm from the second garter.

We can cut the umbilical cord between the second and third ligation, both sides are **covered sterilely**.

After cutting the umbilical cord, the newborn can be placed on the mother's stomach. We prevent both mother and child from catching a cold.

Third period of labor

We encourage the mother to help the delivery of the placenta by pushing. We **never** pull the umbilical cord! After delivery, we will keep the placenta for subsequent examination. Then we clean and cover the birth canals. Even after giving birth, we do not give the mother fluids - the possibility of a post-partum examination of the uterus.

Complications

- Injury to the mother during the rapid passage of the fetus - we treat it as external bleeding.
- Infection - we are usually unable to ensure asepsis.
- Newborn is at risk of intracranial bleeding (rapid change in pressure).
- Rupture of the umbilical cord.
- Hypothermia - we wrap the newborn as quickly as possible.

Links

Related articles

- Birth
- Cardiopulmonary resuscitation of the newborn

Source

- LEJSEK, Jan - RŮŽIČKA, Petr. *První pomoc*. 1. edition. 2010. ISBN 978-80-246-1845-6.
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- PAŘÍZEK, CSC, Doc. MUDr. A. *Překotný porod* [online]. [cit. 2011-12-20]. <http://www.porodnice.cz/vyhledavani?search_api_views_fulltext=prekotny%20porod&search_api_aggregation_1=All>.