Clinical Practice Guidelines:
Obstetrics/Normal cephalic delivery
Version February 2015

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Normal cephalic delivery is defined as the means by which the newborn, placenta and membranes are delivered via the birth canal in which:

- A single newborn presents via the vertex presentation
- The newborn is born by vaginal delivery at term between 37 – 42 weeks gestation
- The birth is completed spontaneously within 18 hours
- No complications occur.

### Signs of imminent delivery

- Increasing frequency and severity of contractions with an urge to push
- Show of operculum plug – when the cervix dilates, the operculum plug dislodges from the cervical canal
- Membrane rupture (This may not occur and active membrane rupture will be required if the head has been delivered without membrane rupture)
- Bulging perineum
- Appearance of the presenting part at the vulva

**Note** – If imminent delivery is initiated due to trauma refer to [CPG: Trauma in pregnancy](#).

### Risk assessment

Gaining adequate prenatal history may pre-empt complications associated with delivery and include:

- Mal-presentation
- Multiple pregnancy
- Pre-eclampsia
- Placenta praevia
- Substance abuse disorders
- History of obstetric or gynaecological disorder or emergency.

Ensure an aseptic technique and always use appropriate infection control measures.
**Additional information**

**Care of the newly born**

- Ensure the airway is clear of amniotic fluid/meconium (suction only if obstructed).
- Ensure excessive traction is not placed on the cord.
- Initiate tactile stimulation and drying of the newborn to encourage breathing.
- Assess breathing or crying, muscle tone, heart rate – [CPG: Resuscitation – Newly born](#).
- Clamp and cut umbilical cord as required. Reassess cord for bleeding. After 15 minutes reclamp if required.
- Assess APGAR score at 1 and 5 minutes, then assess mother and newborn continually every five minutes.
- Newborn hypothermia can occur quickly and depress breathing. It is very important to keep the newborn warm and skin to skin contact will greatly assist thermoregulation. Pay particular attention to keeping the head covered as heat loss from the newborn head can be substantial.\(^1\)

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### APGAR Score

<table>
<thead>
<tr>
<th><strong>Action</strong></th>
<th><strong>0</strong></th>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appearance</strong></td>
<td>Look at skin colour</td>
<td>Blue/pale</td>
<td>Pink (extremities blue)</td>
</tr>
<tr>
<td><strong>Pulse</strong></td>
<td>Count heart rate</td>
<td>Absent</td>
<td>&lt; 100</td>
</tr>
<tr>
<td><strong>Grimace</strong></td>
<td>Monitor response</td>
<td>No response</td>
<td>Grimace</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Look at muscle tone</td>
<td>Limp</td>
<td>Some flexion/extension</td>
</tr>
<tr>
<td><strong>Respiration</strong></td>
<td>Count and assess</td>
<td>Absent</td>
<td>Slow/irregular</td>
</tr>
</tbody>
</table>
Transport to hospital
Pre-notify as appropriate

Reassess route

Patient in labour?

Y

Pre-notify as appropriate

Signs of imminent delivery?

Y

• Position mother
• Prepare equipment
• Consider analgesia

Cord prolapsed?

Y

Manage as per:
• CPG: Cord prolapse

N

Breech presentation?

Y

Manage as per:
• CPG: Breech delivery

N

Ensure controlled delivery of head

Cord loop around neck?

Y

Unloop cord over head, or if too tight clamp and cut cord

N

Shoulder obstructed?

Y

Manage as per:
• CPP: Shoulder dystocia

N

Control rate of delivery

Is amniotic fluid clear?

Y

• Good breathing/crying
• Good muscle tone

Manage as per:
• CPG: Resuscitation – Newly born

N

Post delivery cares

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS