TeleED At-The-Elbow Guide: Spontaneous vaginal delivery

Gravid patient presents in labor

- Cervix >5cm
  - No
  - Consider transfer
  - Yes
  - Head down?
    - No
      - See Malpresentation ATE Guide
    - Yes
      - Prepare for ED delivery

Supportive labor care

Avoid supine position, consider cervix recheck if urge to push or encourage pushing with spontaneous urge

Encourage pushing during contractions, “Hands poised” with crowning, allow restitution of head. Check for/reduce nuchal cord. Prepare for shoulder dystocia. “Pinkies to perineum”, Gentle downward direction to deliver anterior shoulder, then upwards for posterior shoulder. Baby to abdomen. 30-60 seconds delayed cord clamping if vigorous

Third stage management

Pitocin 10 units IM or 20 units in 1L NS @1000cc/hr. Gentle downward traction on cord + fundal massage. Assess fundal tone

Assess for perineal laceration, pack prn. Skin-to-skin for stable dyad, maternal VS, pad checks and fundal tone assessment q15 minutes. Prepare for postpartum transfer.

Postpartum care

See Postpartum Hemorrhage and/or Shoulder Dystocia ATE Guides