

WHAT IS FIRST AID?

First aid is the help given to someone who is injured or ill to keep them safe and to cause no further harm. The role of a first aider is to give someone this help.

THE FIRST AIMS OF FIRST AID ARE:

- Preserve life
- Prevent illness or injury from becoming worse
- Relieve pain, if possible
- Promote recovery
- Protect the unconscious

All information provided is from St John Ambulance in partnership with Sir Brian Bell Foundation Papua New Guinea

ASSISTING DURING CHILDBIRTH

SIGNS AND SYMPTOMS

Patient is about to give birth when:

- The mother is expecting a baby
- Water breaks from the amniotic sack
- The mother has an urge to push
- When the mother starts having frequent lower abdomen cramping, approximately 30 seconds apart

IMPORTANT NOTE:

The below information is provided to assist the Village Birthing Assistant with the delivery of the baby. We always recommend calling an ambulance on 111 or seeking medical help if the mother has no professional assistance available.

You must call for an ambulance or seek urgent medical help immediately in the following situations:

- If the mother has been in labour for over 24 hours.
- If the baby's feet or bottom are coming out first.
- If the baby's head does not advance.
- If the mother does not deliver the placenta.
- If the baby is not crying at birth.
- If the mother is pregnant and has severe lower abdominal pain and the baby is not due at this time.
- If there is severe bleeding that does not stop.

It is important to know:

1. A first time mother can be in labour for up to 24 hours from time of the first lower stomach cramp to the delivery, or from the time the water breaks to the time of birth.
2. A second time mother can take only 8-12 hours to deliver. A third or fourth time mother can birth as short as 2-4 hours.
3. The time of the first contraction is as important as the time in between contractions.

What to prepare to help the birthing

- A clean, comfortable space for mother.
- Clean warm coverings/cloth/towels for the baby to keep warm following birth.
- Clean cloth/pads to provide to the mother for bleeding after the complete birth of the placenta.
- Towels with a large bowl of warm water to help mum stay clean and fresh throughout the labour. Change to clean water regularly.
- A bucket or bowl to put placenta in following the birth.
- 3 x sterile/clean string or clamps for the umbilical cord.
- Sterile/clean scissors or new razor blade for the Village Birthing Assistant to cut the cord following clamping the cord.
- Soap.

DURING LABOUR

Hygiene

1. Always wash hands with soap before and after touching mother or baby.
2. Suggest to mother to clean the birth canal and surrounding regions just prior to imminent delivery.
3. Help mother to stay clean and assist to shower if she requests.

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What to say

1. Always ask the mother what she needs.
2. Reassure and provide comfort to the mother.
3. Ensure that the mother has privacy and protect her from harm if it is safe to do so.

Movement

1. Allow the mother to move during labour. It supports blood movement through the body and helps with delivery.

Eating and drinking

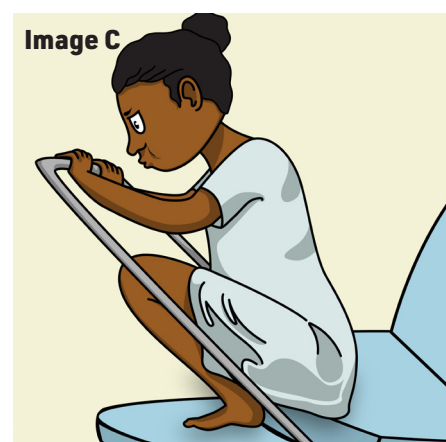
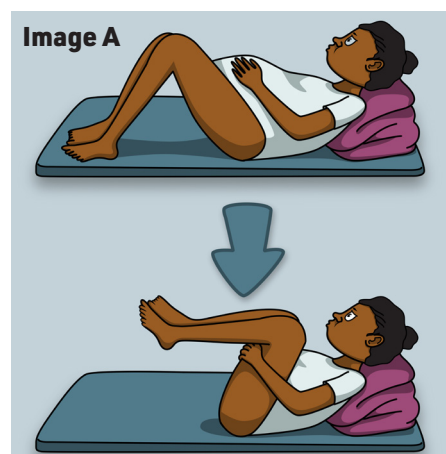
1. Assist the mother with eating and drinking throughout the labour; it provides energy to both baby and mum.

IMMINENT DELIVERY:

1. If during the delivery process, the baby is not advancing suggest to the mother positions such as;
 - a. Lay on back bring "knees to chest" (Image A). Assistants can help hold her knees to the chest.
 - b. Place forehead on pillow whilst knees are on ground with bottom in the air (Image B).
 - c. Squatting position knees to chest (Image C).
2. Remember mum can remain in a position of comfort but if delivery becomes difficult, and not progressing, the above position changes should be incorporated.

If the feet or bottom of the baby are coming out first, explain to the mother:

- This is a life threatening emergency. Call 111 for ambulance or seek urgent medical assistance.
 - Support baby's weight only. Do not pull at baby (this will clamp the cord and cause baby to lose oxygen).
 - Manage the situation by putting mum in the (Image B) position. Prepare to DRSABC for baby.
 - If baby delivers, be ready to do CPR with the cord still attached to baby. Do not cut the cord in this instance!
- Do not** cut the cord if doing CPR on baby following long delivery, unless a qualified health worker says you should.
- Do not** pull on baby.





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FIRST AID IN THE PACIFIC

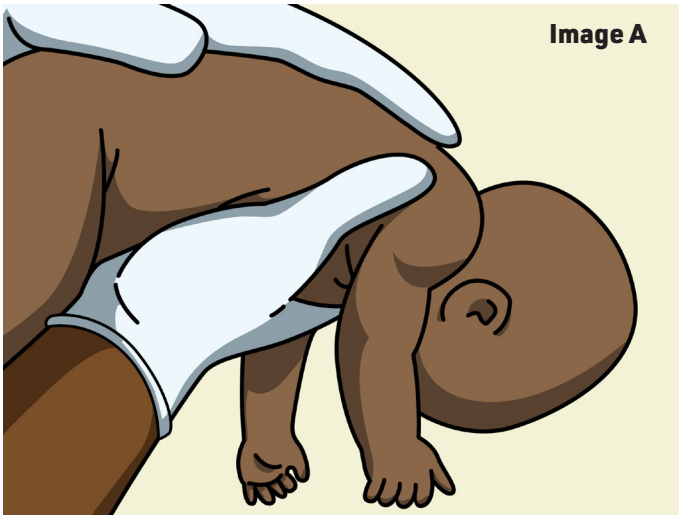
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NORMAL DELIVERY:

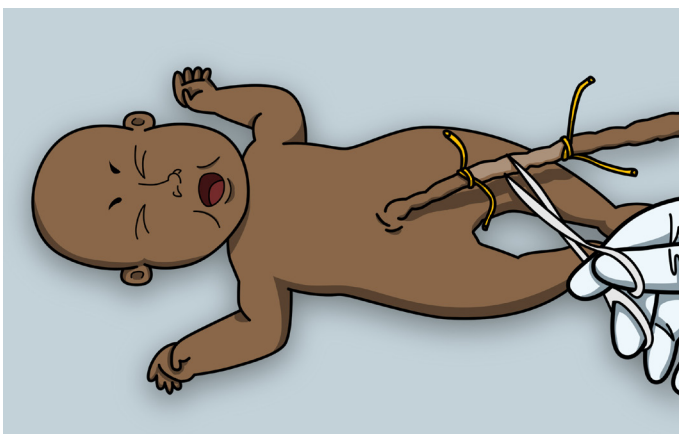
Once baby has been delivered:

1. Prepare for the baby to be very slippery.
2. Hold baby in the head down position and immediately stimulate it by rubbing its back (Image A)
3. If the baby is crying and breathing, place the baby straight onto mother's chest, skin to skin.
4. Cover the baby with a **warm dry cloth** or towel. If the baby gets cold they may stop breathing.
5. Prompt the mother to start breastfeeding. This releases a hormone called oxytocin into the mother's body which assists to deliver the placenta.
6. Consider clamping the umbilical cord once the baby is settled and the cord has stopped pulsating.
7. Baby delivered not breathing or responding after 30 seconds of stimulation:
 - Has the mother been pregnant greater than 34 weeks? Yes! Do CPR
 - Less than 34 weeks? Do not do CPR.
8. Support the mother until ambulance arrives.



CUTTING THE UMBILICAL CORD

1. Do not clamp the cord until the cord stops pulsating. Approximately 3 minutes after delivery.
2. The cord should be clamped in two positions with clamps, sterile string or large fishing line.
3. Clamp 1) 10 cm from babies stomach. Clamp 2) 3 cm from clamp 1. Clamp 3) 14cm from the mother.
4. The cord should then be cut with sterile scissors or new razor blade between clamp 1 and clamp 2.



IMPORTANT NOTE:

Only touch mum or baby with clean hands and follow the advice of qualified health workers



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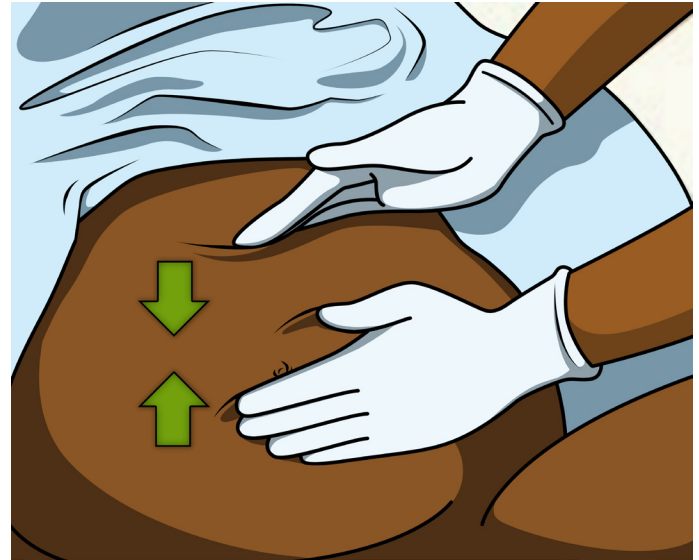
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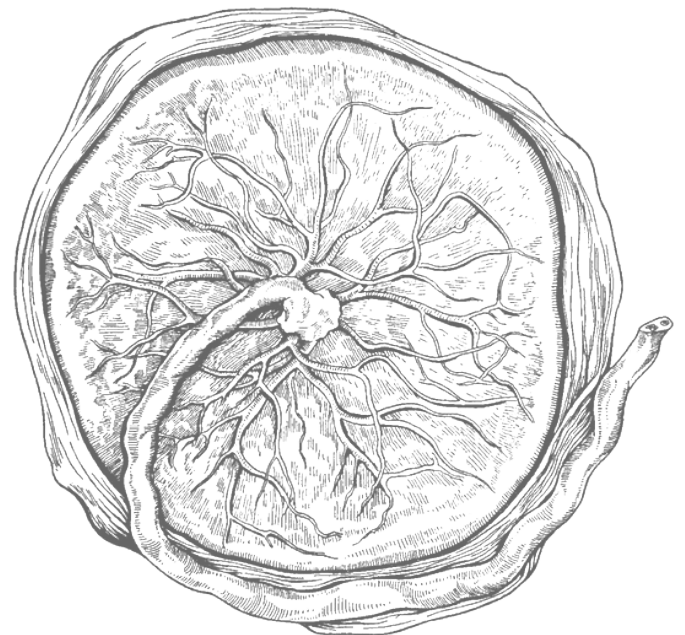
DELIVERING THE PLACENTA:

1. Continue to monitor the cord length from the mother.
2. Never pull at the umbilical cord.
3. Prepare pads and cloth to apply to mother following the birth of the placenta, for bleeding.
4. Prepare a bowl to place the placenta in so that it can be inspected by a qualified health worker.
5. Continue to prompt mum to breastfeed the new baby as this will help her to deliver the placenta.
6. Remember to call for an ambulance or get medical help if the placenta is not delivered within 30 minutes. An undelivered placenta can cause severe bleeding and infection leading to loss of life.
7. After the placenta is delivered inspect the birth canal for any tears or grazes. If there is active bleeding apply compression with clean pads or cloths.
8. Massage the uterus to help it contract and stop bleeding. Rub one hand at the belly button and one below towards each other.



IMPORTANT NOTE:

The placenta is the food source of the baby. It connects the baby to mother via the umbilical cord. If the placenta stays attached to mum and is not delivered within 30 minutes, it can cause mum to lose a lot of blood and become unconscious or later cause infection. Call for an ambulance if mum has not delivered the placenta 30 minutes after the baby was delivered.



WHAT YOU SHOULD NOT DO:

- ⊘ **Do not** tell the mother to push if the placenta is not delivered. Pushing may cause bleeding.
- ⊘ **Do not** keep the mother in bed if she wants to move around.



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