

FIELD DELIVERY WITH NUCHAL CORD

25 y/o female G2P1 whose water broke and having contractions one minute apart. History of substance use disorder and on methadone. Fetus at approximately 36-37 weeks. Patient was having labor pains, sensation to move bowels and to push. No prenatal care.

EMS Note

- ▶ Dramatic change in frequency of pain. Sensations increasing. Re-exam noted amniotic sac at vaginal opening. The sac was ruptured by EMS.
- ▶ Baby head and cord visible. Cord around neck. Patient coached, baby delivered; cord manually removed.
- ▶ Birth was completed in truck. Baby cried immediately. Airway suctioned via bulb syringe. No meconium staining noted. APGAR 8.

Discussion: During delivery, the head will engage in the pelvis and oftentimes as the pregnancy progresses, there is an urge to move the bowels. This can actually result in the mother delivering on the toilet especially if she is unaware of being pregnant.

Nuchal cord is a life-threatening emergency to the fetus since it will compress the flow of the blood to the fetus during the delivery. The oxygenated blood is carried by the umbilical vein and because of its thin wall, it is easily compressible. This leads to hypovolemia and hypoxia resulting in decreased perfusion to the brain.

Treatment is to have the mother stop pushing and stretch the cord over the fetus' head. This will unwrap the cord and allow immediate blood flow. Keep in mind that the cord is pliable and will stretch.

Another potential complication is the possibility of withdrawals. This is something that typically will not be an issue for the medics.

AND REMEMBER KEEP THE BABY WARM

This baby did well and was discharged with mom 2 days later.