



PROCEDURE CHECKLIST

Emergency vaginal delivery

Managing an imminent, uncomplicated cephalic vaginal birth in the emergency department, including the third stage and immediate care of mother and newborn, while obstetric and neonatal help arrive.



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Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Emergency delivery pack: sterile gloves, drapes, two cord clamps, sterile scissors, gauze
- ☐ Warm towels, hat and plastic bag or wrap for a preterm baby
- ☐ Neonatal resuscitaire or warm flat surface, neonatal bag-valve-mask with masks, suction, pulse oximeter, timer
- ☐ Oxytocin 10 units for intramuscular injection, and other uterotonics per local protocol
- ☐ Intravenous cannulae, bloods including group and save
- ☐ Receptacle for the placenta and a way to measure blood loss
- ☐ Personal protective equipment

Before · Call and prepare

- ☐ Call the obstetric (midwife and obstetrician) and neonatal teams immediately
- ☐ Take a focused history: gestation, parity, previous deliveries, antenatal problems, rupture of membranes and liquor colour, bleeding, multiple pregnancy, presentation if known
- ☐ Check maternal observations and listen to the fetal heart
- ☐ Prepare the neonatal resuscitation area and equipment; warm the room and towels
- ☐ Insert an intravenous cannula and send bloods if time allows
- ☐ Explain what is happening, gain consent and ensure privacy with a chaperone

Before · Position and assess

- ☐ Position the mother semi-recumbent or in her preferred position; avoid lying flat on her back (use left lateral tilt)
- ☐ Inspect the perineum for the presenting part, cord, bleeding or meconium

☐ **Do not perform a digital vaginal examination if there is antepartum bleeding until placenta praevia has been excluded**

During · Delivery of the head

- ☐ Put on sterile gloves; encourage the mother to push with contractions and to pant as the head crowns
- ☐ Place a hand gently on the advancing head to maintain flexion and control the speed of delivery, supporting the perineum with the other hand
- ☐ Once the head is delivered, feel around the neck for the cord
- ☐ If the cord is tight and cannot be reduced, apply two clamps, cut between them and deliver promptly
- ☐ Allow the head to restitute and rotate to face the mother's thigh

During · Delivery of the shoulders and body

- ☐ With the next contraction, apply gentle downward traction to deliver the anterior shoulder
- ☐ Then guide upward to deliver the posterior shoulder; the body usually follows quickly

☐ **Do not use excessive traction on the head, and do not apply fundal pressure**

If the shoulders do not deliver with gentle traction, suspect shoulder dystocia: call for help, place in McRoberts position and apply suprapubic pressure.

☐ Note the time of birth

During · Immediate newborn care

- ☐ Dry the baby, remove wet towels, cover and assess tone, breathing and heart rate
- ☐ Place the well baby skin-to-skin with the mother
- ☐ Delay cord clamping for at least 60 seconds in a well baby and mother
- ☐ If the baby is not breathing, start newborn life support: open the airway and give 5 inflation breaths
- ☐ Clamp the cord in two places and cut between the clamps

During · Third stage

- ☐ Give oxytocin 10 units IM after delivery of the anterior shoulder or the baby (active management)
- ☐ Watch for signs of placental separation: lengthening of the cord, a gush of blood, a firm rising uterus

☐ **Do not pull on the cord without uterotonic given and a hand guarding the uterus above the pubis**

Uncontrolled traction risks uterine inversion and cord avulsion.

- ☐ Deliver the placenta by controlled cord traction with counter-pressure above the pubic bone
- ☐ Rub up the fundus to encourage contraction

After · Mother

- ☐ Examine the placenta and membranes for completeness and keep them for the obstetric team
- ☐ Estimate blood loss; treat postpartum haemorrhage if more than 500 mL or the mother is compromised
- ☐ Inspect the perineum for tears and control bleeding with pressure; repair is by the obstetric team
- ☐ Monitor pulse, blood pressure, uterine tone and lochia
- ☐ Offer analgesia and support breastfeeding

After · Baby and handover

- ☐ Keep the baby warm and check temperature, breathing and colour; record Apgar scores at 1 and 5 minutes
- ☐ Label mother and baby according to local policy
- ☐ Give vitamin K per local neonatal policy with parental consent
- ☐ Hand over to the obstetric and neonatal teams and transfer mother and baby together
- ☐ Document times of birth and placental delivery, drugs given, blood loss, perineal findings and neonatal condition



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-emergency-delivery · red rows are the steps that must not be missed