

COMPLICATIONS

COMPLICATION	STAY AT HOME	TRANSPORT TO HOSPITAL
ROM w/o ctx within 12 hrs	Take FHT + temp, pulse, bp frequently (every hour). No bath. Nothing in vagina. 2 qts water daily. Echinacea + Rose Hips (Vitamin C) + Nettles + Garlic every 4 hours while waking. Wear a clean pad and change as often as needed. No panties or wear loose fitting cotton panties.	If pulse increases noticeable, temp. rises, or baby's heart rate begins to increase (more than 10 bpm). If you exceed a time limit with which you are comfortable.
PERSISTENT BLEEDING During and/or between ctx, painless	Persistent bleeding (slow drip or heavier), usually bright red is a sign of hemorrhage. Don't confuse this with normal bloody show or blood tinged waters. Some blood is usually passed at the onset of labor and after that, occasionally. Blood may also be passed when baby begins to move down late in 1 st stage or during pushing.	Depending on the cause and the severity of the bleeding, you may still be able to try a vaginal birth but you need to be prepared for a cesarean section.
FETAL HEART RATE RISE	This usually means mother is breathing too fast, hyperventilating, holding their breath, lying in a bad position for the baby, or dehydrated. Slow down breathing, take good cleansing breaths between contractions, change position, give Vitamin E capsules, hydrate. Recheck in 15-30 minutes.	It is dangerous for the baby if between ctx (a) the heart rate rises 20 or more beats for 10-20 minutes despite remedies. If the heart rate rises sharply between ctx and drops during ctx and reaches its lowest point 30 or more seconds after the peak of the ctx (late decel). If this happens 4 or 5 times in a row despite remedies, transport.
FETAL HEART RATE DROPS	This may be a temporary situation where the cord has been momentarily compressed. Slow your breathing and take good cleansing breaths between contractions, change position, hydrate, give Vitamin E capsules. If not successful, try knee/chest position. During hard labor and pushing, the baby's heart beat normally drops during contractions and comes back up at the end.	Though the baby's heart beat normally drops during hard labor ctx, it should not drop more than 60 beats. (b) Between ctx, be concerned if the heart rate drops to 100 bpm or lower. If the heart beat does not recover in 3-4 ctx in either case described above, transport. (c) Transport if during ctx, heart rate reaches its lowest point 30 seconds or more after the peak of the ctx 4-5 times in a row.
MECONIUM	Meconium is normally passed with a breech baby. Is your baby definitely head down? If so, meconium passage increases your risk factor. If its old, brown, a small amount, or faint, you can probably stay home provided the FHT is good. Be prepared to suction well and resuscitate.	If its heavy, fresh green or brown, thick, and accompanied by falling FHT. This may still be a temporary situation but you have no way of knowing. Even if the heart rate recovers and no more meconium, be prepared to transfer.
PAIN	Most women experience pain during labor, especially as baby begins to move down. With a posterior presentation, where baby comes out face up, there is added pressure on the mother's back. Try hands and knees position. Try to relax, keep energy & spirits up.	If pain is persistent and does not go away between ctx and does not feel like it "belongs" in labor.
SLOW PROGRESS OR STOP	Mother may need to rest, drink or eat, urinate or move bowels. Mother may be tense, scared, discouraged, distracted. Get up, change position, walk, talk out your feelings, rest, get people out of the space. Nipple stimulation may get labor going again.	If mother is getting exhausted despite remedies or unable to maintain control. If labor has gone on for 2-3 days with no progress. If hard labor exceeds 12 hours with no apparent progress.
SHAKING, TREMBLING	Give magnesium rich juices, fruits, tea, dolomite, magnesium supplements, or "labor-aid." Rub legs and feet. Stretch, walk, relax. Shaking often starts at the end of 1 st stage and continues through pushing. Sometimes it occurs with a long pushing stage.	If shaking gets worse and is accompanied by rising BP. The hospital will give IV magnesium sulfate to stop the shakes.
PROLAPSED CORD	Only if the baby is going to be born immediately. He/she will need help breathing and may need emergency attention.	Get mother into knee/chest position or any position where hips are higher than head. Cover cord with a warm, moist sterile cloth (sterile: 1 tsp. salt/1 cup water)

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NO URGE TO PUSH (10cm)	You can wait as long as mother and baby are OK. Mother may need to relax, change position, drink something, empty bowels, or empty bladder. Discouragement or impatience can cause this or baby may need to change position, flex his head, come down...etc. Stay calm, keep energy reserves up, sit up, walk. DON'T PUSH if you don't have the urge.	If you exceed a time limit with which you're comfortable or if mother is getting exhausted or if baby is in distress.
PUSHING w/o PROGRESS	As long as mother and baby are OK. Mother may not be pushing effectively or she may be holding back. Pushing can be quite intense. Rest and breathe through a few ctx. Get up, walk, squat through ctx, relax, empty bladder or bowels, drink something.	If its longer than 2-3 hours and mother is definitely pushing effectively and getting nowhere.
TIGHT CORD AROUND NECK	Usually baby can be somersaulted during birth. If it is actually tight preventing descent, loosen cord if possible. If not possible try to put one finger between cord and baby's neck. If not possible, just wait for the birth. You may have to help baby breathe.	No
SHOULDERS STUCK	If baby cries and breathes with just his head born, you can wait indefinitely or transport when you're ready. IF he does not breathe and shoulders are not born in 2 ctx: <ol style="list-style-type: none"> 1. Call 911 2. Have mother NOT push but BLOW instead 3. Hook fingers under baby's bottom arm. Try to rotate shoulder and arm toward baby's face. Twist baby. 4. Press evenly over top of uterus or with hands on both sides toward baby and push w/ 1 ctx as hard as you can w/o causing mother pain. 5. OR push shoulders back in if possible and twist at same time, then repeat 3/4 	This is a very difficult but highly unlikely situation. You want to get the baby out as soon as you can but if you try the maneuvers and they don't work, you may lose too much time which is why we suggest you call 911 for help immediately if you think this is occurring and then try the maneuvers. You need to be very firm when trying to twist a stuck baby.
BABY NOT BREATHING	If baby is pink, purplish color, if cord is still pulsing and baby responds to touch by moving or making faces, WAIT. You can stimulate baby and he/she will most likely breathe or is already breathing imperceptibly.	If baby is white or bluish, does not pink up, is limp, lifeless, and does not respond to stimulation. Keep baby warm. Call 911. Start PPV/Mouth to Mouth.
UTERUS NOT CONTRACTING AFTER BIRTH	Nurse baby or stimulate nipples. Keep space quiet, calm, and dark. Use oxytocic herbs. Gently stimulate uterus.	If none of the remedies work and there is excessive bleeding. The hospital will likely give Pitocin or other medication.
PLACENTA NOT OUT AFTER 1 HOUR	Calm skin-to-skin since birth and baby should have been helped to latch if needed within the first 30 minutes. If not, do this now. Get mother up to sit or squat over a bowl. Sometimes the placenta just sits in the cervix or in the vagina. A hot antiseptic bath (1/4 cup salt added) or sitting over steaming water may help. Angelica or another placenta release herb can be given.	If there is excessive bleeding, uterus isn't firm, mother is pale and dizzy, there is an increase in size of the uterus (indicating pooling blood), part of the placenta has come out, or if you exceed a time with which you're comfortable. Manual removal is painful. A partially retained placenta can cause hemorrhage and infection. Bring the delivered portion to the hospital with you.
LACERATIONS, TEARS	If they don't extend through the muscle layer of the perineum. Start comfrey-goldenseal sitz baths as soon as possible.	If they extend through the muscle layer of the perineum, you'll need stitches. Start comfrey-goldenseal sitz baths as soon as possible.
POSTPARTUM HEMORRHAGE	As long as you can get it under control with remedies. Watch for: mother soaking more than 1 pad per half hour after the first half hour. Bleeding does not decrease within one hour. Uterus is soft, not firm like a grapefruit. Uterus is developing a hard lump or tender spot, increasing with time. Mother is getting faint, exhibiting signs of shock.	Call 911 if PPH is not under control. Have mother lie down with feet and legs elevated. Use bimanual compression – ride in ambulance to provide.
SHOCK	As long as you can get it under control with remedies. Watch for pale and sweaty skin, breathing is fast and shallow, rapid pulse (over 100 bpm), dizziness, faintness, thirst.	Call 911 if not under control. Keep mother cool (not uncomfortably). Keep mother lying down with feet elevated. Give water with 1 tsp. salt & 1/2 tsp. baking soda per quart.