

CSG Ep 2 Vaginal Delivery

Welcome to Ultrasounds, a podcast by OBGYN Delivered. I'm Rachel, a fourth year medical student, and today's episode is a continuation of our OBGYN Clerkship Survival Guide series where I will be sharing some tips and tricks for various parts of an OBGYN clerkship. So today we are talking about what you can expect as a med student during a vaginal delivery!

Once a patient is complete, they will start pushing! This can take awhile, and often a lot of the pushing is done with their L&D nurse. You can help out by holding one of the patient's legs if needed. Once baby is getting lower, the nurse will call or page the team to come and get ready for the delivery. There is a cart or table that will have sterile supplies as well as gown and gloves. There is no scrub tech here, so you have to glove and gown yourself. This takes some practice, it can be helpful to try it in the team room if you have some downtime. You will likely also need to pull your own gown and gloves, so make sure to learn where those are located so you can take care of that step too beforehand.

Birth involves quite a bit of blood and can be intense - if you ever feel unwell or lightheaded, (which totally happens!) step aside or find a seat! It is much better to do that than become a patient!

Most of the med student role during the actual delivery of the baby is observational, but you may be given the opportunity to help deliver the baby, hand over hand with your attending! After the very magical moment of the baby being born, is your moment to shine - delivering the placenta!!

As long as everyone is doing okay, there is no rush to cut the umbilical cord. It is often standard practice to delay about 90 seconds before cutting the cord. After that, you may help clamp and cut the cord or assist a support person or partner in cutting the cord. There is a plastic clamp that will clamp the cord close to the baby, an inch or two away from their skin. Then you will place another clamp on the longer end of the umbilical cord, milking blood out of that segment first. This leaves the area that the partner or support person can cut the cord between the two clamps.

From there, the baby gets to go do some bonding and we turn our attention to the placenta! There is often some combination of samples taken, cord blood and an umbilical cord segment. The umbilical cord will already have a clamp on the end from cutting the cord to detach baby. You will leave that cord in place and milk some blood towards that clamped end. You then apply another clamp about 6 inches up the cord, and then one more and cut between them. That segment you have will now have clamps on both ends and you can set it aside. And your third clamp will be at the end of the cord. To collect the cord blood, you will SLOWLY unclamp the cord to fill a lab tube halfway. Be really careful with this step, things are slippery and it's easy to lose control of the cord and make a bloody mess (I have done this!) but if that happens, birth is messy, don't worry! After you get the cord blood, you cut a segment of cord for other sampling.

Now to help deliver the placenta! The general idea here is to guard the uterus (to prevent inversion) while applying GENTLE traction on the umbilical cord. To guard the uterus, you apply pressure to the lower abdomen/suprapubic area, with your non dominant hand while applying the downward pressure on the cord with your dominant hand. As the cord lengthens, you have reposition the clamp closer to the vulva to help yourself out. Once you see the placenta starting to come out, you will want to twist, twist, twist as it delivers to encourage all the membranes to come out. You did it! You can set the placenta in the bucket or container they will have on the delivery kit table. You also always want to examine the placenta to make sure it is intact.

From there, the attending or resident will examine the vagina and vulva for any tears and repair them, you can help cut their sutures if needed. And that's a vaginal delivery!

Quick note here that vaginal deliveries can also be assisted - with a device called a vacuum or forceps where the doctor helps with delivery by also applying a pulling force while the patient pushes. This is sometimes used in situations where the baby is descended very low but for whatever reason the pushing phase has been very prolonged. The delivery of the placenta and steps after baby is born are the same as described above!

There will be an extremely helpful video linked in the show notes demonstrating all of this with a model!

Of course, every attending you work with may do things slightly differently, but hopefully this gives you a good sense of what to expect! Our next episode in this series will focus on C sections! Thank you for listening and remember, we put in the labor so you can deliver!

Shownotes

Join Rachel for a walkthrough of what you can expect as a medical student during a vaginal delivery!

Transcript

Resources

[Vaginal Delivery Walkthrough](#)

