

Pregnancy, Childbirth & Newborn Care

The Medical Care chapter names midwifery in one line and means it: assisting childbirth is a real skill worth building through a class or an experienced mentor, not from a page. This guide isn't a substitute for that training. It's bounded, real guidance for the scenario this book plans around throughout, help genuinely isn't coming, and something is happening regardless.

What this guide is, and isn't

This covers prenatal planning, recognizing real labor, what actually helps if delivery happens before real care arrives, and immediate newborn care. It does not cover how to manage a complicated delivery, that's exactly the training this book already points to. The World Health Organization's own framing is the right one to start from: the large majority of births proceed normally without intervention, and an attendant's real job is hygiene, warmth, and watching for bleeding, not actively "delivering" a baby.

Prenatal planning

Pregnancy is the one medical scenario in this entire book with an actual known timeline, which makes advance planning genuinely more effective here than almost anywhere else.

- Know the due date and keep a physical copy of prenatal records (blood type, any complications, planned delivery location) with the household's other emergency documents.
- Identify, in advance, at least two realistic routes and destinations for reaching real obstetric care, and a backup plan for if travel isn't possible at all.
- Know your own or your household member's Rh factor; Rh-negative status matters for a real medical decision (RhoGAM) that only a provider can make, but knowing it in advance saves real time if care becomes available partway through an emergency.

WARNING

Pregnancy Symptoms That Are Always a Real Emergency

Heavy vaginal bleeding, a severe headache that doesn't resolve, sudden vision changes (blurring, spots, or flashing lights), and a noticeable, sustained decrease in fetal movement are not symptoms to wait out. The headache and vision changes specifically can signal preeclampsia, a real, dangerous

complication that a layperson genuinely cannot manage without medical care. Any of these means real care, not home management, is the priority, regardless of how far from help you actually are.

Recognizing real labor

True labor contractions are regular, get closer together over time, and keep getting stronger regardless of position or activity; Braxton Hicks (false labor) contractions are irregular and often ease up with rest or a position change. Once labor is confirmed, a water breaking, contractions 5 minutes apart lasting a minute each for a first birth, or any bleeding, get moving toward real care immediately rather than waiting to see how things progress.

If delivery happens before help arrives

Most births genuinely do proceed normally. The steps below are for the specific situation where labor has progressed too far to reach real care in time.

1. Wash your hands and forearms with soap and clean water for a full **3 minutes** before touching anything.
2. Let the mother find whatever position is most comfortable; don't force a specific position.
3. As the head emerges, support it gently, don't pull. The rest of the body typically follows within one more contraction.
4. Dry the baby immediately and place them skin-to-skin on the mother's chest, then cover both with a warm blanket. A newborn loses heat fast, real hypothermia risk within minutes, and skin-to-skin contact is the single most effective way to prevent it.
5. **If the baby isn't crying or breathing within the first few seconds after drying**, stimulate them: rub the back firmly but not roughly, or flick a fingertip against the sole of the foot, for 10-15 seconds. Most babies respond to this alone. If there's still no effective breathing after that, this is exactly the kind of emergency described below, get to real care by whatever means are actually available, this guide can't safely walk you through actual newborn resuscitation beyond this first step.
6. **Leave the umbilical cord intact if there's any realistic chance of reaching real care**, even delayed by hours; there's no urgency to cut it. If you must cut it because help genuinely isn't coming, tie it off tightly in two places roughly a hand's width apart with clean string or ribbon, then cut between the two ties with a clean (ideally sterilized) blade.
7. The placenta typically delivers on its own within about 30 minutes. Let it come on its own with gentle guidance only; never pull on the cord or placenta to speed this up, which risks a real hemorrhage.

Postpartum Hemorrhage Is the Leading Cause of Maternal Death Worldwide, and Uterine Massage Is a Real Response

After the placenta delivers, firmly massage the mother's lower abdomen, over the uterus, in a circular motion. This encourages the uterus to contract, which is what actually controls bleeding after birth; a uterus that stays soft and doesn't contract is the single most common cause of dangerous postpartum bleeding. This is a real, evidence-backed action a layperson can take, not a folk remedy, and it's worth doing immediately and continuing while arranging evacuation to real care, not a substitute for it. Heavy bleeding that continues despite firm massage is a true emergency; get to real care by whatever means are actually available.

WARNING

What's Genuinely Beyond Home Management

A baby presenting anything other than head-first (breech), the umbilical cord emerging before the baby (cord prolapse), labor that stalls for hours without progress, seizure activity in the mother, or bleeding that doesn't respond to uterine massage are all real emergencies beyond what this guide, or any guide, can safely walk a layperson through. Treat any of these as a reason to reach real care by whatever means are actually available, not a problem to solve at home.

Immediate newborn care

- **Warmth first.** Dry the baby thoroughly and keep them skin-to-skin with the mother, covered, since a term newborn in an unheated space can become dangerously cold within minutes.
- **Cord care once cut:** keep the stump clean and dry. Don't apply anything to it, alcohol included; plain clean-and-dry care has real evidence behind it over antiseptics.
- Encourage breastfeeding within the first hour if the mother is able; it supports the mother's own uterine contraction (helping with the hemorrhage risk above) as well as feeding the baby.

WARNING

Real Newborn Danger Signs

Difficulty breathing, a bluish tint to the skin or lips, persistent lethargy or a baby who won't wake to feed, refusal to feed at all, fever, seizure activity, or redness, swelling, or discharge at the cord stump or eyes are all reasons to seek real care immediately, not signs to monitor overnight.

Sources

- WHO, essential newborn care principles (thermal care, skin-to-skin, cord care): WHO
- Emergency childbirth steps (handwashing, supporting the head, cord management, delivering the placenta): Water Safety Guy; Ohio State Health & Discovery
- Postpartum hemorrhage as the leading cause of maternal death, and uterine massage as first-line response: Cochrane; American Nurse
- Newborn cord care (clean, dry, no antiseptic) and danger signs: Healthy Newborn Care, NCBI Bookshelf
- Preeclampsia warning signs (severe headache, vision changes) during pregnancy: American College of Obstetricians and Gynecologists
- WHO newborn stimulation technique (back rub, foot flick) before resuscitation: WHO / Healthy Newborn Network