



# Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 235  
VERSION: 1

## **SUBJECT: BIRTH OUT OF ASEPSIS (BOA) DELIVERY**

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**PURPOSE:** To outline the nursing responsibilities in managing an imminent Birth Out of Asepsis (BOA) delivery.

**POLICY:** Nursing Staff will make every effort to provide a safe environment during an imminent BOA delivery.

**PROCEDURE:**

1. Summon the provider to bedside.
2. Obtain the BOA kit:
  - HDUC - Observation Room
  - SVUC - Observation Room
  - Prenatal Clinic
  - LLA - Observation Room
  - Little Rock - Observation Room
3. Simultaneously have someone call 911 to request assistance/transport for an impending birth. Pending the condition of the fetus, two ambulances may need to be requested.\*\*
4. Put on sterile or clean gloves.
5. Inform the patient of pending delivery and encourage cooperation.
6. Instruct the patient to breathe and pant through the mouth, to avoid pushing.
7. Open the BOA kit and prepare to assist the provider.
8. Apply gentle downward pressure and control the expulsion of the infant's head. With the free hand, exert forward pressure on the chin of the infant. This will help to prevent lacerations and rapid expulsion of the head through the perineum.
9. Check for umbilical cord around the neck and slip it off, over the head, if it is present and loose.
10. Apply gentle downward traction to deliver the anterior shoulder.
11. After the anterior shoulder is completely delivered, apply gentle traction by an upward movement to deliver the posterior shoulder.
12. Allow the body to deliver spontaneously.

13. Avoid placing the neonate on the mother's abdomen until after the cord has been cut.
14. Suction with bulb syringe as needed. To prevent aspiration of secretions, turning head allows secretions to pool, facilitating removal.
15. Clamp the cord with two peons approximately halfway between baby and mother; cut with scissors between clamps.
16. Place infant skin to skin on mother's abdomen. Use towels to wipe infant. Cover with warm blankets, to prevent heat loss. Premature neonates, < 29 weeks, should be placed in a plastic bag keeping the face exposed.
17. Following the delivery, the newborn will be assessed using the APGAR scoring system, at 1 and 5 minutes.
18. The mother will be assessed thoroughly, including vital signs and condition of perineal area.
19. Ensure privacy for mother and newborn.
20. Give report to the responding ambulance transport.
21. Create separate charts for mother and infant, if appropriate.
22. Documentation by nursing staff shall include, but not be limited to:
  - a) Time of delivery/birth
  - b) APGAR Score, at 1 and 5 minutes
  - c) Sex/Gender of newborn
  - d) Assessment of mother

**\*\*Births resulting in the delivery of a premature or critically ill newborn, will require separate ambulances. Multiple births may require an additional ambulance.**

**APGAR Scoring System**

Signs	0 Points	1 Points	2 points	Score
Appearance	<input type="checkbox"/> Pale	<input type="checkbox"/> Blue	<input type="checkbox"/> Pink	
Pulse	<input type="checkbox"/> Absent	<input type="checkbox"/> < 100	<input type="checkbox"/> > 100	
Grimace	<input type="checkbox"/> Absent	<input type="checkbox"/> Grimace	<input type="checkbox"/> Cry Active	
Activity	<input type="checkbox"/> Limp	<input type="checkbox"/> Some tone	<input type="checkbox"/> Active	
Respiration	<input type="checkbox"/> Absent	<input type="checkbox"/> Irregular	<input type="checkbox"/> Regular	
<b>Total Score</b>				

**REFERENCE:**

Prior Ambulatory Care policy #949 approved 12/1/2006

Approved By: Susan Knapp (CHIEF NURSING OFFICER I)	
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Supersedes: HDHS Ambulatory Care Policy 949, Birth Out of Asepsis (BOA) Delivery Effective Date: 12/01/06 DHS High Desert Hospital, Emergency Delivery Effective Date: 02/01/88	