Once the infant is delivered, the airway will be suctioned. *Suctioning will help open the airway and promote breathing.*

The umbilical cord will be examined for two arteries and one vein; results will be documented. The cord will be clamped and cut. A Hollister clamp (see Figure 7-25) or other clamp will be used to clamp the cord. The presence of two arteries and one vein is normal; the presence of only one artery forecasts genitourinary problems. Cord clamping separates the infant from the placenta and promotes stabilization.

The vagina and cervix will be inspected for lacerations. Lacerations and an episiotomy will be sutured. The placenta will be delivered and inspected to be sure it is intact.

Following delivery of the placenta, the nurse may be asked to administer Pitocin, either intramuscularly or intravenously. *Pitocin will stimulate uterine contractions and decrease bleeding.*

The infant may be placed on the mother’s abdomen to begin the bonding process, or the infant may be placed under a warmer. *These locations both provide warmth. The infant will lose heat rapidly, so warm, dry blankets should be used. Drying the infant by rubbing its back stimulates crying, which is necessary to expand the lungs.*

The airway is suctioned as needed. Procedure 7-3 describes nasopharyngeal suctioning with a DeLee mucus trap. *A patent airway is the first priority in neonates, as in adults.*

The Apgar score is taken at 1 minute and at 5 minutes. *The score creates an objective reading on the newborn’s status. It shows that the infant is stabilizing or identifies the need for follow-up care.*

Identification (bands, band with alarm, footprint, mother’s fingerprint) of the mother and the neonate is performed while still in the delivery room. Identification is done before mother or infant leaves the room in which the birth occurred. This prevents the possibility of misidentification. Follow facility policy closely and make sure the identification bands are neither too loose nor too tight. Loose bands can slip off; tight bands can interfere with circulation.

When the infant has stabilized, he or she will be weighed and measured. If ordered, the nurse will give the infant Aqua Mephyton (vitamin K) and an antibiotic eye ointment. *The neonate’s height and weight are used as a baseline. The infant’s liver is immature. Vitamin K is needed to stimulate the production of blood clotting factors. The eye ointment (often erythromycin) is used to prevent eye infection. (Chapter 9 discusses care of the healthy newborn.)*

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### Calculations for IV Pitocin Solution

**NOTE** 1 Unit = 1,000 milliunits

**TO MAKE SINGLE-STRENGTH IV SOLUTION:** Add 10 Units of Pitocin to 1 liter of compatible IV fluid (lactated Ringer’s, or D5 W).

**TO INFUSE:** Convert prescribed milliunits/min to mL/hr and set infusion pump. *IV infusion pump MUST be used for client safety.*

**AMOUNT ORDERED:** 20 milliunits/min

**CALCULATIONS:** 10 Units/1 L = 10,000 milliunits/1,000 mL

10 milliunits/1 mL = 100 milliunits/mL

Cross-multiply to get 20 = 10X

X = 2, so 2 mL/min

Multiply by 60 minutes to get amount infused per hour.

**THINK:** 20 milliunits = 2 mL/min

2 mL/min × 60 min/hr = 120 mL/hr (2 × 60 = 120)

Set the infusion pump for 120 mL/hr.

---

### Table 7-7

**Pharmacology: Drug Used to Stimulate Labor**

<table>
<thead>
<tr>
<th>DRUG</th>
<th>USUAL ROUTE/DOSE</th>
<th>CLASSIFICATION</th>
<th>SELECTED SIDE EFFECTS</th>
<th>DON’T GIVE IF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pitocin (oxytocin)</td>
<td>IV</td>
<td>Oxytocic hormone</td>
<td>Prolonged uterine contractions, which can harm fetus</td>
<td>Fetal distress is apparent</td>
</tr>
<tr>
<td></td>
<td>To stimulate labor:</td>
<td></td>
<td>Afterpains</td>
<td>Contractions are more than every 2 minutes, lasting over 90 seconds</td>
</tr>
<tr>
<td></td>
<td>0.5–20 milliunits/min</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To prevent hemorrhage:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20–40 milliunits/min</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>