## Preventing complications and preparing for safe delivery

### Start with a clinically informed risk review

Preventing complications begins before labor with a structured review of maternal, fetal, placental, and logistical risk factors. This review is not meant to label someone as fragile; it helps the care team decide whether birth is appropriate at home, in a birth center, or in a hospital with surgical, anesthesia, neonatal, and blood transfusion capability. Conditions such as prior cesarean birth, placenta previa or suspected accreta spectrum, hypertensive disorders, diabetes, fetal growth restriction, multiple gestation, malpresentation, anemia, coagulation disorders, and a history of postpartum hemorrhage can change delivery planning.

A practical risk review should also include gestational age, group B streptococcus status when tested, Rh status, allergies, current medications, prior anesthesia issues, and any cultural or communication needs that could affect consent during urgent decisions. A medication and allergy list is especially important because labor care may involve antibiotics, antihypertensives, oxytocin, analgesia, anesthesia, or blood products. If risk status changes late in pregnancy, the plan should be updated rather than treated as a fixed document.

## Choose a birth setting with appropriate escalation pathways

The safest birth setting is the one that can meet the expected level of risk and respond quickly if the unexpected occurs. For low-risk pregnancies, supportive physiologic care may be entirely appropriate, but there still needs to be a clear escalation pathway for heavy bleeding, prolonged labor, maternal fever, abnormal fetal heart rate patterns, shoulder dystocia, cord prolapse, seizures, or newborn respiratory compromise. The key question is not only where birth feels comfortable, but how rapidly emergency assessment and treatment can begin.

Facility protocols for birth interventions should be discussed in advance when possible. Ask how the team manages obstetric hemorrhage, hypertensive emergencies, infection prevention, cesarean decision-to-incision timing, neonatal resuscitation preparation, and transfer between care areas. The World Health Organization emphasizes that safe childbirth depends on standardized critical practices around admission, birth, and the early postpartum period. Checklists support teams by making essential steps visible at moments when cognitive load is high.

## Recognize warning signs before labor becomes an emergency

Several complications are safer to manage when they are recognized early. Preterm labor, prelabor rupture of membranes, decreased fetal movement, vaginal bleeding, severe headache, visual symptoms, right upper quadrant or epigastric pain, facial or hand swelling, fever, foul-smelling fluid, severe abdominal pain, and symptoms of severe hypertension all warrant prompt contact with a clinician or urgent evaluation. These signs do not diagnose a specific condition by themselves, but they can indicate problems such as infection, placental bleeding, hypertensive disease, or fetal compromise.

During labor, stalled progress, abnormal fetal heart rate patterns, meconium-stained fluid, malpresentation, suspected cephalopelvic disproportion, shoulder dystocia, and excessive bleeding may require rapid decisions. A flexible birth preferences document can help because it separates values from fixed expectations. For example, someone may strongly prefer mobility, delayed cord clamping, or low-intervention labor while also agreeing that continuous monitoring, operative birth, antibiotics, or cesarean delivery may be

appropriate if clinical status changes.

**Prepare for hemorrhage and hypertensive complications**

Postpartum hemorrhage is one of the most time-sensitive delivery complications. Prevention and preparedness include identifying anemia before birth, documenting prior hemorrhage or uterine surgery, confirming blood type and antibody status, and knowing whether the birth setting has medications, intravenous access, uterotonic agents, tranexamic acid when clinically indicated, blood products, and surgical backup. Active management of the third stage of labor may be recommended in many settings to reduce hemorrhage risk, but the specific approach should be guided by the care team and local protocol.

Hypertensive disorders also require careful preparation because preeclampsia can worsen during labor or after delivery. Severe-range blood pressure, neurologic symptoms, liver involvement, low platelets, kidney dysfunction, pulmonary edema, and seizures are clinical red flags. People with known hypertension or preeclampsia should ask their clinician what thresholds require urgent evaluation, whether home blood pressure monitoring is appropriate, and what postpartum follow-up is planned. The goal is not self-treatment; it is faster recognition and timely escalation.

**Reduce infection risk with clear prevention steps**

Infection prevention is a shared responsibility between the care team and the birth environment. Standard precautions include hand hygiene, clean equipment, appropriate sterile technique for vaginal examinations and procedures, and judicious limitation of examinations after membrane rupture. When membranes rupture before labor or for a prolonged period, clinicians may assess infection risk based on gestational age, maternal temperature, fetal heart rate, fluid characteristics, group B streptococcus status, and other factors.

Antibiotics may be recommended in specific circumstances, such as confirmed group B streptococcus colonization, certain cases of prolonged rupture of membranes, suspected intra-amniotic infection, cesarean prophylaxis, or other clinical indications. These decisions should be individualized because unnecessary antibiotics also have consequences. Parents can prepare by knowing test results, reporting fever or foul-smelling fluid promptly, and asking what

postpartum infection warning signs should trigger care. Endometritis, wound infection, mastitis, urinary infection, and sepsis can occur after birth, so discharge instructions matter.

**Plan for labor decision points and newborn support**

Common labor intervention decision points include induction or augmentation, artificial rupture of membranes, continuous fetal monitoring, assisted vaginal birth, cesarean delivery, and newborn resuscitation after birth. Preparing for possible interventions means understanding what each option is intended to prevent or treat, what alternatives may exist, and how consent will be handled if decisions become urgent. This is especially relevant for breech presentation, abnormal fetal heart rate, obstructed labor, prolonged second stage, or suspected shoulder dystocia during birth.

Newborn readiness is part of maternal safety planning. A baby may need immediate warming, airway positioning, stimulation, oxygen support, positive pressure ventilation, or advanced neonatal resuscitation if breathing is delayed or fetal distress occurred. Parents do not need to manage these steps themselves, but they can ask whether trained personnel and equipment will be present. If the pregnancy has known fetal concerns, prematurity, growth restriction, or meconium risk, delivery planning should include neonatal support rather than treating it as an afterthought.

**Make the practical plan usable under stress**

A safe delivery plan should be concise enough to use during real labor. Keep essential documents available: identification, insurance or registration information if relevant, prenatal records, ultrasound summaries, laboratory results, medication list, allergy list, blood type information, and emergency contacts. The birth partner should know the planned facility, parking or entrance logistics, triage phone number, childcare arrangements for other children, and how to communicate preferences if the laboring person is exhausted or receiving anesthesia.

Postpartum support planning is also complication prevention. The first days after birth bring risk for hemorrhage, hypertensive worsening, infection, venous thromboembolism, urinary retention, severe pain, mood symptoms,

breastfeeding complications, and newborn feeding or breathing concerns. Before discharge, families should receive clear instructions on bleeding volume, fever, blood pressure symptoms, wound concerns, calf pain, chest pain, shortness of breath, severe headache, seizures, depression, intrusive thoughts, and when to seek emergency care. Safe birth continues beyond delivery.