



San Benito County Emergency Medical Services Agency

UNCOMPLICATED CHILDBIRTH AND EMERGENCY CHILDBIRTH

Policy : O-1
Effective : May 1, 2010
Reviewed : May 1, 2010

I. BLS Treatment Protocol:

- A. Treat maternal life threats. (See Policy 4000).
- B. Assess. Examine for crowning during contractions. Time the contractions. If baby is crowning and mother feels urge to defecate (push), deliver at scene.
- C. If baby is delivered: apply two clamps on cord at 6 and 8 inches from baby. Cut cord between clamps.
- D. Assess using the APGAR scoring matrix. Keep the baby warm.
- E. Treat neonatal life threats as needed.
- F. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats in both the mother and neonate. (See Policy 4000).
- B. Transport
- C. Contact Base Station.

Notes:

1. See Protocol C8-P for direction regarding neonatal resuscitation. See Emergency Childbirth for postpartum hemorrhage management.
2. Remember that patients in their second and third trimester can suffer from supine hypotensive syndrome when lying supine. When possible position these patients in a left lateral position.

Emergency Childbirth

III. BLS Treatment Protocol:

- A. Assess for impending delivery or complications. Examine for crowning during contractions. Time the contractions. If baby is crowning and mother feels urge to defecate (push), deliver at scene.

- B. Treat life threats. (See Policy 4000).
- C. Place mother in position of comfort.
- D. Prepare for transport/ transfer of care.

IV. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000).
- B. Transport.
- C. Contact Base Station.

V. Possible Complications (BLS/ ALS):

A. Significant Bleeding (greater than 500cc):

Before delivery - Place mother in left lateral position.

After delivery - Massage fundus of uterus and place baby to breast.

Track bleeding by applying peripads.

Add Pitocin 20 units/1000ml, run IV wide open.

If unable to start IV, give Pitocin 10 units IM.

B. Prolapsed Cord

Place mother in knee-chest position or elevate hips with pillows or folded blankets.

Insert hand into vagina and attempt to gently push the presenting part upward to release pressure on the cord. **Do not damage cord by attempting to push back inside vagina.**

C. Nuchal cord:

Attempt to gently slide umbilical cord over neonate's head. If unable to do so, place mother in knee/chest position and transport. Cutting the cord before the neonate's chest is delivered will cause severe hypoxia and anoxia of the neonate.

D. Breech / Limb Delivery:

Place mother in left lateral or knee/chest position

E. Eclampsia (Actively Seizing):

Place mother in left lateral position

See Seizure Protocol N2