

EL DORADO COUNTY EMS AGENCY

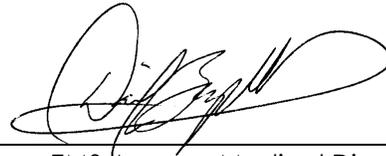
PREHOSPITAL PROTOCOLS

Effective: July 1, 2009

Reviewed: April 2011

Revised: **July 2016, 2018**

Scope: BLS/ALS - Adult



EMS Agency Medical Director

CHILDBIRTH

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE – Be prepared to support ventilation with appropriate airway adjuncts. Flow of protocol presumes a woman is in active labor.

Position mother in a lateral recumbent position. Inspect the perineum for crowning, bulging, bleeding or abnormal presentation.

The following questions should be asked to determine maternal history:

- Is the patient under a doctor's care?
- Past medical history, current medications?
- What is the due date?
- Gravida and Para Status, single fetus or twins?
- Any problems with this or other pregnancy / delivery?
- When did contractions start, How far apart and How long do they last?
- Has the patient's water broken? What Time? What color was fluid, was there an odor?
- Is there sensation of fetal activity?
- Does the patient feel the urge to bear down?

NORMAL PRESENTATION DELIVERY IS IMMINENT:

- 1) Encourage mother to breathe through contractions so as to avoid precipitous delivery and vaginal tearing.
- 2) Prepare OB kit.
- 3) As head is delivered, observe for any obvious obstructions, suction baby's mouth and nose with the bulb syringe. Note any meconium staining.
- 4) If cord is around baby's head and cannot be easily slipped off, double clamp the cord and cut the cord between the clamps, with a finger between the cord and the baby, to ensure that the baby is not injured by cutting.
- 5) Continue delivery, encourage mother to push once head is delivered.
- 6) After baby is delivered, dry thoroughly and wrap in a warm blanket. Keep baby's head warm and dry, and positioned at or below the level of the perineum until the cord is cut.
- 7) After 30 seconds, Double clamp cord 6 inches from baby and cut between the clamps, if you have not already done so in step 4.
- 8) If baby is vigorous allow mother to hold baby and breast-feed to facilitate uterine contractions. **Note:** Place baby skin to skin with mother and cover to keep baby warm.
- 9) Place baby on cardiac monitor and oximetry for continuous monitoring. Record APGAR at 1 and 5 minutes. Reassess maternal vital signs.
- 10) Follow **NEONATAL RESUSCITATION** protocol if:
 - Signs of distress, cyanosis, bradycardia, flaccidity occur,
 - Preterm (36 weeks or less gestation)
 - There is evidence of meconium on the baby or in the fetal fluids.

- 11) Prepare to deliver the placenta, do not pull on the cord. After the placenta is delivered, gently massage fundal area to cause the uterus to contract. Bring the placenta to the hospital.
- 12) Continue to monitor mother and baby. Keep baby as warm and dry as possible. Reassess airway and vital signs frequently. Suction baby's mouth and nose, as needed.

ABNORMAL PRESENTATIONS: Contact Base Station if delivery is imminent.

Prolapsed Cord:

- Provide high flow oxygen via non re-breather mask.
- Place mother in knee chest position.
- If cord not pulsating; insert two gloved fingers into vagina and lift baby off of cord.
- Encourage mother to breathe through contractions.

Breech/Limb Presentation Birth:

- Do not attempt to deliver baby by pulling on extremities.
- Place mother in knee chest position.
- Provide high flow oxygen via non re-breather mask.
- If baby is only partially delivered and baby's head has not delivered; insert two gloved fingers into vagina and place over the baby's face to create an air passage.

Multiple Births:

- Clamp cord of first baby before the second baby is born.
- Care for the babies as you would for a single delivery.
- Maintain identity of first born.

ALS TREATMENT

DELIVERY NOT IMMINENT:

NORMAL SALINE – Consider IV access.

DELIVERY IS IMMINENT:

NORMAL SALINE –Establish IV access. If patient is in shock, or is compensating for impending shock, refer to SHOCK protocol.

CONTACT BASE STATION

APGAR SCALE

	Sign	0 Points	1 Point	2 Points
A	Activity (Muscle Tone)	Absent	Arms and Legs Flexed	Active Movement
P	Pulse	Absent	Below 100 BPM	Above 100 BPM
G	Grimace (Reflex Irritability)	No Response	Grimace	Sneeze, cough, pulls away
A	Appearance (Skin Color)	Blue-gray, pale all over	Normal, except for extremities	Normal over entire body
R	Respiration	Absent	Slow, irregular	Good, crying