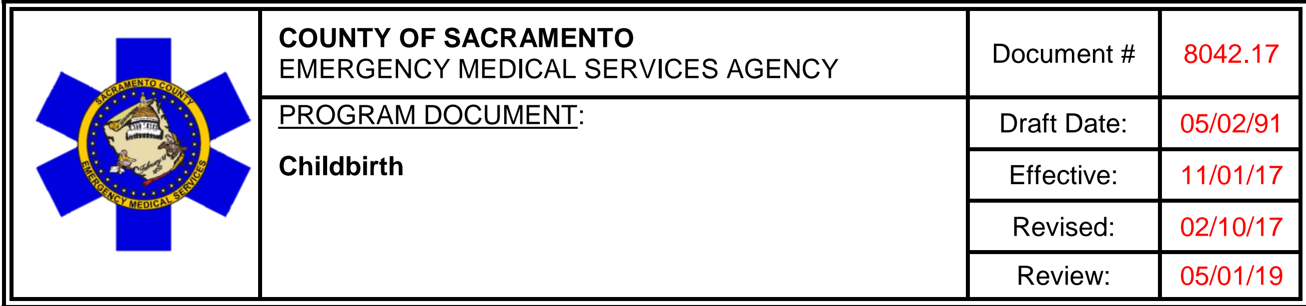


	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8042.17
	PROGRAM DOCUMENT: **Childbirth**	Draft Date:	05/02/91
		Effective:	11/01/17
		Revised:	02/10/17
		Review:	05/01/19

EMS Medical Director

EMS Administrator

Purpose:

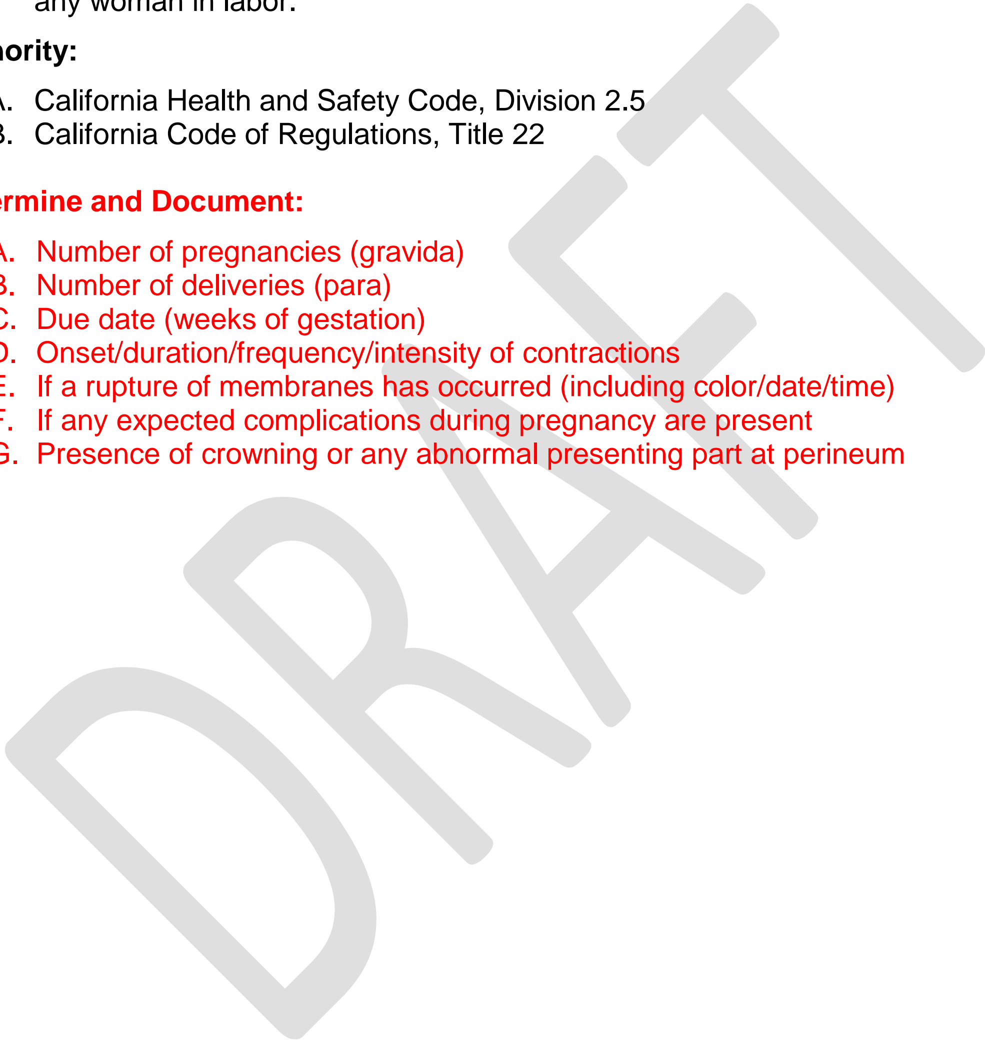
A. To serve as the treatment standard for childbirth in the prehospital setting. Applies to any woman in labor.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22

Determine and Document:

A. Number of pregnancies (gravida)
B. Number of deliveries (para)
C. Due date (weeks of gestation)
D. Onset/duration/frequency/intensity of contractions
E. If a rupture of membranes has occurred (including color/date/time)
F. If any expected complications during pregnancy are present
G. Presence of crowning or any abnormal presenting part at perineum



- Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 possible.
- Airway adjuncts as needed.
- If delivery is not in progress: Transport patient in left lateral recumbent position.

Presenting Part

Prolapsed Cord

Rapid Transport and early hospital notification

- Immediately place mother on high flow O2
- Place mother in knee-chest position.
- Insert gloved hand into vagina and gently push provide constant manual pressure on presenting part to avoid compression of the cord.
- When the head is crowning with the prolapsed cord, immediate delivery is the most rapid means of restoring O2 to the infant

ALS obtain IV assess if signs of hemodynamic instability exist for mother. Initiate IV with NS; titrate to a systolic blood pressure ≥ 90mm Hg

Head

- Control the decent of the fully crowned head. If cord is around neck, gently slip it over the head or across the shoulder. If cord cannot be removed, gently clamp the cord in 2 locations approximately 1 cm apart and cut the cord between the clamps.
- When head delivered, gently lower the head to deliver the anterior (upper) shoulder. Once shoulder is delivered, gently raise the head to deliver the posterior (lower) shoulder. Prepare for remainder of the baby's body to be delivered.
- Hold baby in slightly head down position.
- Clamp and cut cord. Leave a minimum of 6 inches of cord for the umbilicus. There is no hurry to cut the cord
- Dry and warm the baby.

Breech or Footing

Rapid transport and early hospital notification

- Avoid compression of the cord by presenting part.
- Allow delivery to progress passively until baby's waist appears.
- When legs and buttocks are delivered, the head can be assisted out.
- If head does not deliver in 1-2 min. insert a gloved hand into the vagina and create an airway for the infant.

ALS obtain IV access is signs of hemodynamic instability exist for mother. Initiate IV with NS; titrate to a systolic blood pressure ≥ 90mm Hg

APGAR at 1 and 5 minutes

- Suctioning should be reserved for babies who have an obvious obstruction to spontaneous breathing or require positive pressure ventilation. See Neonatal Resuscitation, PD#9009.
- Always consider the possibility of multiple births.
- Consider blow-by oxygen.

Transport. Do not wait for delivery of Placenta.

After delivery of placenta, gently massage fundus until firm.

	Sign	0	1	2
A - Appearance	Color	Central cyanosis	Peripheral cyanosis	Normal
P - Pulse	Heart Rate	Absent	Slow < 100/min	> 100 / min
G - Grimace	Reflex Irritability	No Response	Grimace	Cough or sneeze
A - Activity	Muscle Tone	Limp	Some motion	Active motion
R - Respirations	Respirations	Absent	Slow / irregular	Good, crying

NOTES:

- Newborn patients needing resuscitation ~~All newborn patients must be resuscitated~~ should be treated in accordance with ~~per~~ Protocol (PD) #9009-Neonatal Resuscitation.
- Newborns can suffer from hypothermia, which can occur in minutes.
- Keep baby at or below the level of the mother's heart until cord is clamped.
- Do not pull on the umbilical cord.
- Expedite transport if there is partial delivery of the infant and no further progress after 1-2 minutes.

*If delivery occurs prior to/during transport, one (1) Patient Care Reports (PCRs), for each patient, shall be completed