PO95 CHILDBIRTH PROTOCOL

EMT	AEMT	EMT-I	Paramedic

ABCs
O2 15L NRB
IV access

Obtain OB HX

Overview:

- EMS providers called to a possible prehospital childbirth should determine if there is enough time to transport expectant mother to hospital or if delivery is imminent
- If imminent, Stay on Scene and immediately prepare to assist with the delivery.
- If there is an infant in distress call for additional EMS resources to provided care to 2 patients.

Specific Information needed:

- Ob (Obstetrical) HX
  - Number of Pregnancies (gravida)
  - Live Births (PARA)
  - Expected delivery date
  - Length of previous labors
  - Narcotic use in past 4 hours

If suspected imminent Childbirth:

- Allow PT to remain in position of comfort
- Visualize perineum
- Determine if there is time to transport

Delivery imminent

Delivery is imminent if there is crowning or bulging of perineum

Delivery not imminent

- Transport in a position of comfort, preferably on the left side , to the hospital if time and conditions allow
- Monitor for progression to imminent delivery

Emergency Childbirth Procedure

- If there is a prolapsed umbilical cord or apparent breech presentation, go to obstetrical complications protocol and initiate immediate transport
- For otherwise uncomplicated delivery:
- Position mother supine on flat surface, if possible
- Do not attempt to impair or delay delivery
- Support and control delivery of head as it emerges
- Protect perineum with gentle hand pressure
- Check for cord around neck, gently guide head and neck downward to deliver anterior shoulder. Support and gently lift head and neck downward to deliver posterior shoulder.
- Rest of infant should deliver with passive participation - get a firm hold on baby
- Keep newborn at level of mother's vagina until cord stops pulsating and is double clamped

Critical Thinking:

- Normal pregnancy is accompanied by higher heart rates and lower blood pressures
- Shock will be manifested by signs of poor perfusion
- Labor can take 8-12 hours, but as little as 5 min if high PARA
- The higher the PARA the shorter the labor is likely to be
- High risk factors include: No prenatal care, drug use, teenage pregnancy, DM, HTN, cardiac disease, prior breech or C section, preeclampsia, twins
- Note the color of amniotic fluid or meconium staining

Postpartum Care Infant

- Suction mouth and nose only if signs of obstruction by secretions
- Respirations should begin within 15 seconds after stimulating reflexes. If not, begin artificial ventilations at 30-40 breaths per min
- If apneic, cyanotic or HR<100 begin neonate resuscitation
- Dry baby and wrap in warm blanket
- After umbilical cord stops pulsating, double clamp 6" from infant abdominal wall and cut between clamps with a sterile scalpel. If no sterile cutting instrument available, lay infant on mothers abdomen and do not cut clamped cord
- Document 1 and 5 min APGAR scores

Postpartum Care Mother

- Placenta should deliver in 20-30 min. If delivered, collect in plastic bag and bring to hospital. Do not pull cord to facilitate placenta delivery and do not delay transport awaiting placental delivery
- If the perineum is torn and bleeding, apply direct pressure with sanitary pads
- Postpartum hemorrhage – see obstetrical complications protocol
- Initiate transport once delivery of child is complete and mother can tolerate movement.

Approved by Laramie Fire Department Medical Director March 1, 2024