# 601

# CHILDBIRTH

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(Signature On-file)
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## CHILDBIRTH

***Protocol Procedure:*** Flow of protocol presumes a patient is in active labor.

**Basic Life Support**

EMT

**ABCs / ROUTINE MEDICAL CARE –**

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Position mother in a left lateral recumbent position. Inspect the perineum for crowning, bulging, bleeding or abnormal presentation(foot, hand, etc.).

**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 multiples?
- Any problems with this or other pregnancy / delivery?
- When did contractions start? How far apart? 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 movement?
- Does the patient feel the urge to bear down?

**<u>NORMAL PRESENTATION:</u> DELIVERY IS IMMINENT:**

1. Encourage mother to breathe through contractions to avoid precipitous delivery and vaginal tearing.
2. Prepare OB kit and place chucks or other materials under the mothers buttocks and thigh and establish minimum 20g IV access.
3. As head is delivered, observe for any obvious obstructions. Note any meconium staining.
4. If cord is around baby's neck 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. Ensure that the baby is not injured by cutting.

5. Continue delivery, encourage mother to push once head is delivered. If shoulder dystocia is suspected (>5 contraction pushes with no progress beyond single shoulder exposed), place mother in knee-chest position, or assist mother in getting in hands and knees position. Provide mother high flow oxygen via non re-breather mask. Place spo2 monitor on baby's ear, and transport imminently, encouraging mother to breathe through contractions.
6. After baby is delivered, dry thoroughly and wrap in a warm blanket (see Neonatal Resuscitation Policy). Keep baby's head warm and dry, and positioned at or below the level of the perineum until the cord is cut.
7. Place SPO2 sticker on babys **right** hand
8. Delay cord clamping for 30 - 60 seconds unless resuscitation is required. Double clamp cord 6 inches from baby and cut between the clamps, if you have not already done so in step 4.
9. 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.
10. Follow NEONATAL RESUSCITATION protocol if indicated – including but not limited to:
    a. Signs of distress, cyanosis, bradycardia, flaccidity, or abnormal vital signs
    b. Evidence of meconium
    c. Preterm (36 weeks or less gestation)
11. Prepare to deliver the placenta, do not pull on the cord. After the placenta is delivered, gently massage fundus 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. Routine suctioning is not indicated.

**ABNORMAL PRESENTATIONS: Contact Base if delivery is imminent.**

**Prolapsed Cord:**

- Provide mother high flow oxygen via non re-breather mask
- Place mother in knee chest position
- 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 mother 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

# Advanced Life Support

## Paramedic

| Delivery Imminent | Delivery Not Imminent |
|---|---|
| **Vascular Access – Establish IV**<br><br>If patient is in shock, or is compensating for impending shock, refer to **SHOCK protocol**. | **Vascular Access** – Consider saline lock. |

**POSTPARTUM HEMORRHAGE:**

**TRANEXAMIC ACID – 1 gm** in 100 mL of NaCl infused over 10 minutes for profuse postpartum bleeding (estimated blood loss >500cc) if less than 3 hours since delivery.

| | 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 |

| Targeted Preductal $SpO_2$ (Right Hand) | |
|---|---|
| 1 min | 60% - 65% |
| 2 min | 65% - 70% |
| 3 min | 70% - 75% |
| 4 min | 75% - 80% |
| 5 min | 80% - 85% |
| 10 min | 85% - 95% |