

Marquette County EMS Medical Control Authority

Obstetrical Emergencies Protocol

Part 1, Section 1
Page 1 of 2

Purpose: To provide protocols for pre-hospital care of patients who are experiencing complications with childbirth and/or for birth in the field for patients who have a potential for imminent delivery.

- M B S P**
- I. Assessment Information**
- A. History:
1. Past Medical History: previous births, previous complications, previous labor(s).
 2. Current History: duration of gestation (weeks), whether single or multiple births are expected, integrity of membrane.
 3. Assess contractions for duration and frequency.
- B. Determine whether to transport or remain at scene due to imminent delivery (need to push or bear down, crowning, previous deliveries). If question on whether to transport, contact Medical Control.
- SP**
- II. General Management**
- A. Evaluate and maintain airway, provide oxygen and support ventilation as needed.
- B. Monitor vital signs at appropriate intervals.
- C. Obtain vascular access, if time permits.
- M B S P**
- III. Management of Normal Delivery**
- A. Have oxygen and suction readily available for care of the newborn.
- B. **If signs of newborn delivery are imminent, and there is no time to transport, prepare for delivery.**
1. As baby's head begins to emerge from vagina, support it gently with hand and towel to prevent an explosive delivery.
 - a. Mouth and nose must be suctioned.
 2. After head is delivered, look and feel to see if cord is wrapped around baby's neck
 - a. **If the cord is around neck and loose**, slide it gently - over the head - **Do Not Tug**.
 - b. **If the cord is around neck and snug**, clamp the cord with 2 clamps and cut between the clamps.
 3. As the shoulders deliver, carefully hold and support the head and shoulders as the body delivers, usually very suddenly - and the baby is very slippery! **Note the exact time of delivery.**
 4. Prevent heat loss.
 - a. Dry baby off and remove all wet linen.
 - b. Place baby in warm environment.
 5. Place the baby on its side with head lower than the body and **gently** suction mouth and then nose making sure the airway is clear.
 - a. If evidence of meconium, it is critical to suction immediately and completely prior to delivery of the body. Contact Medical Control immediately.
 - b. Additional stimulation, tapping feet, etc.
 - c. If no spontaneous cry within one minute, repeat suctioning and prepare for infant resuscitation (See Pediatric protocols)
 6. When infant is delivered and breathing normally, cord should be tied or clamped 8 inches from navel with two ties, 2 inches apart and cut between the two.
 7. Score APGAR at one minute and five minutes after delivery. See APGAR chart below.

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- 8. Prepare and transport.
- 9. If placenta delivers spontaneously, contain and deliver to hospital with mother. Record time of placental delivery, and estimated amount of fluid loss.
- 10. Following placental delivery, externally massage the uterus to aid in contraction of the uterus.

- M B S P**
- IV. Abnormal Deliveries (breech position, prolapsed cord, etc.)**
- A. Immediately transport and contact Medical Control as soon as appropriate.
 - B. Administer oxygen
 - C. For *persistent seizures*, consider:
 - 1. Contact Medical Control for administration of **Magnesium Sulfate** 2gms in 250 to 500 ccs. Normal Saline over 1-2 minutes with IV running wide open. Additional 2 gms in 250 to 500 ccs Normal Saline IVP may be repeated, OR;
 - 2. **Diazepam** (Valium) 5 - 10 mg IVP slowly, OR; **midazolam** (Versed) 0.5 - 1 mg/kg to a maximum of 5 mg IVP.
- P**
- V. Special Considerations**
- A. Pre-eclampsia (hypertension, headaches); eclamptic seizure
 - 1. If seizure occurs, administer **midazolam** (Versed) 0.5 -1 mg, max of 5 mg IVP, (If IV unsuccessful, administer midazolam 0.1mg/kg, to maximum of 10mg IM.)
 - 2. Contact Medical Control.
 - B. For vaginal bleeding refer to Hemorrhagic Emergencies (non-traumatic) Protocol (Part1, Section1).
- P**
- M B S P**

<u>Apgar Score</u>			
Sign	0	1	2
Heart rate	absent	>100	<100
Respiratory effort	absent	slow	good, crying
Muscle tone	limp	some flexion	active
Reflex irritability	no response	grimace	cough/sneeze
Color	blue, pale	body pink	completely pink

AUTHENTICATION AND APPROVAL

Marquette County EMS Medical Director
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Date