
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.

- MB 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.
- MB 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.**
- SP**
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.

Obstetrical Emergencies Protocol

7. Score APGAR at one minute and five minutes after delivery. See APGAR chart below.
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.

IV. Abnormal Deliveries (breech position, prolapsed cord, etc.)

M B S P

- 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.

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V. Special Considerations

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- 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.

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- B. For vaginal bleeding refer to Hemorrhagic Emergencies (non-traumatic) Protocol (Part1, Section1).

<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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