

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8042.18
	<u>PROGRAM DOCUMENT:</u>  <b>Childbirth</b>	Initial Date:	05/02/91
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Signature on File

EMS Medical Director

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Signature on File

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. Is patient under a doctor's care
- B. Number of pregnancies (gravida)
- C. Number of deliveries (para)
- D. Due date (weeks of gestation)
- E. Onset/duration/frequency/intensity of contractions
- F. If a rupture of membranes has occurred (including color/date/time)
- G. If any expected complications during pregnancy are present
- H. Presence of crowning or any abnormal presenting part at perineum
- I. Is there sensation of fetal activity
- J. Does the patient feel the urge to push

- 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.
- Consider vascular assess if time allows.
- If inspection of the perineum reveals abnormal presentation (i.e. foot, buttocks, hand or face), place patient in the knee-chest or left lateral decubitus position; begin immediate transport.

**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 presenting part off cord.
- Cover exposed cord with wet saline dressing.
- When the head is crowning with the prolapsed cord, immediate delivery is the most rapid means of restoring O2 to the infant

**Head**

- Control the decent of the fully crowned head with your gloved hand cupped over the cranium.. 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. Support the head; do not allow the presenting part to press on the cord.
- 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.

APGAR at 1 and 5 minutes

- APGAR of 7 or greater-dry, place skin to skin with mother or if mother refuses, wrap warmly, place cap on baby's head and proceed to assess mother
- 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. Heated humidification systems are preferable to cool mist systems, which can produce hypothermia in the infant

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 should be treated in accordance with 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.
- Any patient in labor or who delivers in the field shall be taken to a facility with L&D services. Consideration should be given to the patient's pre-determined hospital for delivery, if possible.

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

If Multiple Births:

- Clamp cord of first baby before the second is born
- Care for the babies as you would a single delivery
- Maintain identity of first born

**Cross Reference:** Pediatric Neonatal Resuscitation PD# 9009