

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11  
Supersedes: 09/01/05

Protocol: P-011

## CHILDBIRTH

### SUBJECTIVE FINDINGS

- History of prenatal care.
- Estimated due date – use to determine gestational age, or duration of the pregnancy.
- Anticipated problems (multiple fetuses, premature delivery, placenta previa, lack of prenatal care, use of narcotics or stimulants, etc.).
- Gravida/Para.
- Onset of regular contractions.
- Rupture of membranes, color of fluids, time of rupture.
- Frequency of contractions.
- Urge to bear down or have bowel movement.

### OBJECTIVE FINDINGS

Observe perineal area for:

- Fluid or bleeding.
- Crowning (check during contraction).
- Abnormal presentation (breech, extremity, cord).

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Routine Medical Care.</li><li>• Oxygen via nasal cannula at 2-6 L/min or if indicated, via nonrebreather mask at 10-15 L/min.</li><li>• If birth not imminent, place patient in left lateral position.</li></ul>	<ul style="list-style-type: none"><li>• IV of NS when indicated.</li></ul>

### NORMAL DELIVERY

- Assist with delivery. Sterile technique.
- Control and guide delivery of baby's head and body.
- Check for nuchal cord - slide over head if possible; if tight, clamp and cut, unwind, then deliver baby quickly.
- Suction mouth, then nares.
- Clamp and cut cord.
- Dry and wrap infant for warmth (especially the head); if possible, place with the mother for shared body heat.
- Note time of delivery.
- Assess infant's status using APGAR score at 1 and 5 minutes post delivery. See PRECAUTIONS AND COMMENTS.
- Evaluate mother post delivery for evidence of shock due to excessive bleeding.
- Deliver placenta.

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## PREMATURE BIRTHS (< 36 weeks gestational age)

**Greater than 20 weeks gestational age:** If signs of life present, attempt to resuscitate and transport to Pediatric Critical Care Center.

**If less than or equal to 20 weeks gestational age:** Place infant and all uterine contents that are expelled during delivery in a biohazard bag and bring with mother to Receiving Hospital.

## POST-PARTUM HEMORRHAGE

### BLS Treatment

- Fundal massage

### ALS Treatment

- Fluid challenge

## BREECH DELIVERY

- Assist with delivery, if imminent.
- Provide airway with gloved hand for baby if needed.
- If unable to deliver, left lateral Trendelenburg position and rapid transport.

## PROLAPSED CORD

- Left lateral Trendelenburg position, elevate hips, if possible or knee-chest position.
- If cord is present, manually displace presenting part of cord and maintain displacement.
- Rapid transport.

## DOCUMENTATION

If hemorrhage is documented IV of NS placed.  
APGAR score documented.

## PRECAUTIONS AND COMMENTS

- The first priority in childbirth is assisting the mother with delivery of the child.
- Newborn hypothermia can occur within minutes.
- Consider early tracheal suctioning after delivery of the infant with evidence of meconium.
- Keep the baby at or below the level of the mother until the cord is clamped.
- Do not pull on the cord.
- Do not delay transport for delivery of placenta. If it delivers, place it in a plastic bag for transport.
- If hemorrhage is present prior to delivery in a patient who is near term, consider emergencies such as placental abruption, placenta previa, and uterine rupture. Treat with IV fluid bolus (consider a second IV line and pressure infusion.)

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## APGAR SCORE:

<b>Appearance</b> (skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
<b>Pulse</b>	0=Absent	1=Less than 100/min	2=100/min and above
<b>Grimace</b> (Irritability)	0=No response	1=Grimace	2=Cough, sneeze, cry
<b>Activity</b> (Muscle tone)	0=Limp	1=Some flexion of the extremities	2=Active motion
<b>Respirations</b>	0=Absent	1=Slow and irregular	2=Strong cry

- If delivery occurs at less than or equal to 20 weeks gestational age and no resuscitation is performed, provide grief support to parent(s).
- When in doubt about gestational age or infant viability, contact Base Hospital Physician for consultation.