

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2009

Reviewed: April 2011

Revised: **July 1, 2016**

Scope: BLS/ALS - Adult



EMS Agency Medical Director

CHILDBIRTH

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE – Be prepared to support ventilation with appropriate airway adjuncts.

Position mother in a lateral recumbent position. Inspect the perineum for crowning.

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 twins?**
- **Any problems with this or other pregnancy / delivery?**
- **When did contractions start, How far apart and How long do they last?**
- **Has the patient's water broken? What color was fluid, was there an odor?**
- **Is there sensation of fetal activity?**
- **Does the patient feel the urge to bear down?**

DELIVERY IS IMMINENT AND NORMAL PRESENTATION:

1. Encourage mother to breathe through contractions so as to avoid precipitous delivery and vaginal tearing.
2. Prepare OB kit.
3. As head is delivered, observe for any obvious obstructions, suction baby's mouth and nose with the bulb syringe. Note any meconium staining.
4. If cord is around baby's head 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, to ensure that the baby is not injured by cutting.
5. Continue delivery, encourage mother to push once head is delivered.
6. After baby is delivered, dry baby thoroughly with towels and wrap in a warm blanket. Keep baby's head warm and dry, and positioned at or below the level of the vagina until the cord is cut. Allow mother to hold baby and breast-feed to facilitate uterine contractions. **Note:** Placing baby skin to skin with mother is good way to keep baby warm.
7. After 30 seconds, Double clamp cord 6 inches from baby and cut between the clamps, if you have not already done so, as per step 4.
8. Follow **NEONATAL RESUSCITATION** protocol if signs of distress, cyanosis, bradycardia, or flaccidity occur. Also follow **NEONATAL RESUSCITATION** protocol if the baby was born preterm (<37 weeks of gestation) or there is evidence of meconium on the baby or in the fetal fluids. Record APGAR at 1 and 5 minutes. Reassess maternal vital signs.
9. Be prepared to deliver the placenta, do not pull on the cord. Bring the placenta to the hospital. After the placenta is delivered, gently massage fundal area.
10. Continue to monitor mother and baby. Keep baby as warm and dry as possible.
11. Reassess airway and vital signs frequently. Re-suction baby's mouth and nose, as needed.

FOR ABNORMAL PRESENTATIONS

Prolapsed Cord:

- If cord not pulsating; insert two gloved fingers into vagina and attempt to lift baby off of cord.
- Place mother in knee chest position.
- Provide high flow oxygen via non re-breather mask.
- Encourage mother to breathe through contractions.

Breech Birth:

- Do not attempt to deliver baby by pulling on its legs.
- Place mother in knee chest position.
- Provide 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.

PROTOCOL PROCEDURE: Flow of protocol presumes a woman is in active labor.

Imminent delivery with abnormal presentations should be discussed with the base station to decide if delivery should be attempted en route.

ALS TREATMENT

DELIVERY NOT IMMINENT:

NORMAL SALINE – Consider IV access.

DELIVERY IS IMMINENT:

NORMAL SALINE –Establish IV access. If patient is in shock, or is compensating for impending shock, refer to SHOCK protocol.

CONTACT BASE STATION

APGAR SCALE

| | 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 |