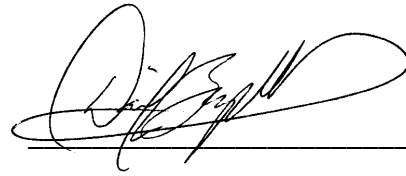


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

BLS Child Birth

INFORMATION NEEDED:

- Estimated due date, month of pregnancy, any complications
- Contractions
 - Onset of regular contractions, frequency of contractions, rupture of membranes, and fluid and if so what color, urge to bear down, number of previous pregnancies and live births.

OBJECTIVE FINDINGS:

Observe perineal area for fluid, bleeding, crowning, and abnormal presentation (breech, extremity, cord).

TREATMENT:

The following questions should be asked to determine maternal history:

- Is the patient under a doctor's care?
- Are you having twins or more?
- Past medical history, current medications?
- What is the due date?
- Any problems with this or other pregnancy/delivery?
- When did the 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?
- Can you feel the baby moving?
- Does the patient feel the urge to push or bear down?

ALL PATIENTS

1. ABC's
2. Open OB kit
3. Oxygen 6L/min via nasal cannula or 10-15L/min via non-rebreather mask for respiratory distress.

4. If birth is not imminent place patient in left lateral recumbent position during transport.

Normal Delivery

1. Assist mother with delivery, clean, preferably sterile technique.
2. Control and guide delivery of neonate's head and body.
3. Observe for any obvious obstructions or meconium staining.
4. Check for cord around the neck: if present gently slide around the head if possible, if tight, double clamp and cut with a finger between the cord to ensure the baby is not injured. Unwind and deliver neonate as quickly as possible.
5. Continue delivery, encourage mother to push, once the head has been delivered.
6. Suction neonate's mouth then nose with bulb syringe.
7. 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
8. After 30 seconds, Double clamp cord 6 inches from the baby and cut umbilical cord.
9. Dry and wrap neonate for warmth (especially the head); if possible allow infant to breast feed or place on mother's chest skin to skin.
10. Note time of delivery and assess:
 - a. Respirations
 - b. Pulse rate
 - c. Strength of crying
11. Perform neonatal resuscitation if needed.
12. Evaluate mother post-delivery for any signs of shock due to excessive bleeding
13. Deliver placenta, and place in a biohazard bag and transport to hospital
14. Perform fundal massage to help stop postpartum bleeding

Breech Delivery:

1. Assist with and continue delivery if possible.
2. Provide airway for neonate with gloved hand if unable to continue delivery.
3. If unable to deliver, place mother in shock position.
4. Ensure ALS transport

Prolapsed Cord:

1. Place mother in shock position, elevate hips with pillows, if possible place mother in knee chest position.
2. If cord is present, assess cord for palpable pulse.
3. If strong regular pulse is absent, gently insert gloved hand into vagina to relieve pressure on cord.

4. Cover exposed cord with saline soaked dressing
5. Ensure ALS response

Notes:

1. First priority in childbirth is assisting the mother with delivery of child.
2. Neonates are susceptible to hypothermia
 - a. Ensure newborn is warm and dry
3. Ensure newborn has a clear airway, suction with bulb syringe as needed.
4. Keep baby at or below the level of mother's heart until the cord has been clamped.
5. Do not pull on the umbilical cord