

<b>Childbirth</b>			
<b>BLS Procedures</b>			
<p>Determine</p> <ul style="list-style-type: none"> <li>• Number of pregnancies (gravida)</li> <li>• Number of deliveries (para)</li> <li>• Due date (weeks of gestation)</li> <li>• Onset/duration/frequency/intensity of contractions</li> <li>• If a rupture of membranes has occurred (including color/date/time)</li> <li>• If any expected complications during pregnancy are present</li> <li>• Presence of crowning or any abnormal presenting part at perineum</li> </ul>			
<b>PROLAPSED CORD</b>		<b>OTHER PRESENTING PART</b>	
Cover cord with wet saline dressing Place mother in left-lateral Trendelenberg position Provide constant manual pressure on presenting part to avoid cord compression  Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes	<b>DELIVERING</b>		<b>NOT DELIVERING</b>
	Elevate hips Assist delivery while initiating Code-3 transport Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)		Place mother in left-lateral Trendelenberg position Initiate Code-3 transport
<p>If the HEAD is crowning, prepare to assist mother with delivery –            Guide baby out  <b>ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION:</b> suction mouth, then nose            Dry and stimulate (rub gently, but briskly with warm towel, provide stocking cap if available)            While drying infant, assess for prematurity, poor respiratory effort, or lack of muscle tone. If any exist, double clamp and cut cord, and begin resuscitation according to VC EMS Policy 705.16, "Neonatal Resuscitation"            Place infant skin-to-skin with mother, cover both with dry linen, and observe for breathing, activity, and color            Double clamp cord and cut with sterile scissors between clamps            Note time of birth            Begin transport. To help prevent heat loss from infant, turn up the heat in the treatment area of the ambulance</p> <ul style="list-style-type: none"> <li>• Do not wait for placenta to deliver</li> </ul> <p>If placenta delivers, assist and package, then gently massage fundus</p> <ul style="list-style-type: none"> <li>• Do not massage fundus until the placenta has delivered</li> </ul> <p>Newborn assessment – at 1 minute and 5 minutes post-delivery (Note: if infant requires resuscitation at birth, defer APGAR scoring to a later time. Resuscitation should not be delayed to assess for APGAR score.</p>			
<b>APGAR score</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>A - Appearance</b>	Blue/Pale	Pink w/ blue extremities	Pink
<b>P - Pulse</b>	Absent	< 100 bpm	> 100 bpm
<b>G - Grimace (reflex irritability)</b>	Absent	Grimace	Cough/Cry/Sneeze
<b>A - Activity (muscle tone)</b>	Limp	Some flexion	Active
<b>R - Respirations</b>	Absent	Slow	Good cry
<b>ALS Standing Orders</b>			
IV/IO Access			
<b>Base Hospital Orders only</b>			
Consult with ED Physician for further treatment measures			
Additional Information <ul style="list-style-type: none"> <li>• If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination.</li> </ul>			

Effective Date: December 1, 2017  
Next Review Date: September 30, 2019

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Last Reviewed: September 14, 2017

VCEMS Medical Director