



# OB - Childbirth

## Adult Medical

**Austin County**  
EMS Protocol & Guideline

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**Overview:** EMS providers called to a possible prehospital childbirth should determine if there is enough time to transport expectant mother to hospital or if delivery is imminent. If imminent, stay on scene and immediately prepare to assist with the delivery

### EMT

- Airway/Oxygen appropriate for condition
- Obtain obstetrical history –
  - Number of pregnancies (gravida)
  - Live births (PARA)
  - Expected delivery date
  - Length of previous labors
  - Narcotic use in past 4 hours
- Allow patient to remain in position of comfort
- Visualize perineum
- Determine if there is time to transport

#### Delivery Not Imminent

- Transport in position of comfort, preferably on left side to patient's requested hospital if time and conditions allow
- Monitor for progression to imminent delivery

#### Imminent Delivery

Delivery is imminent if there is crowning or bulging of perineum

### Emergency Childbirth Procedure

- If there is a prolapsed umbilical cord or apparent breech presentation, go to obstetrical complications protocol and initiate immediate transport
- For otherwise uncomplicated delivery:
- Position mother supine on flat surface, if possible
- Do not attempt to impair or delay delivery
- Support and control delivery of head as it emerges
- Protect perineum with gentle hand pressure
- Check for cord around neck, gently remove from around neck, if present
- Suction mouth, then nose of infant as soon as head is delivered
- If delivery not progressing, baby is "stuck", see obstetrical complications protocol and begin immediate transport
- As shoulders emerge, gently guide head and neck downward to deliver anterior shoulder. Support and gently lift head and neck to deliver posterior shoulder
- Rest of infant should deliver with passive participation – get a firm hold on baby
- Keep newborn at level of mother's vagina until cord stops pulsating and is double clamped

#### Postpartum Care Infant

- Suction mouth and nose only if signs of obstruction by secretions
- Respirations should begin within 15 seconds after stimulating reflexes. If not, begin artificial ventilations at 30- 40 breaths/min
- If apneic, cyanotic or HR < 60, begin neonatal resuscitation
- Dry baby and wrap in warm blanket
- After umbilical cord stops pulsating, double clamp 6" from infant abdominal wall and cut between clamps with sterile scalpel. If no sterile cutting instrument available, lay infant on mother's abdomen and do not cut clamped cord
- Document 1 and 5 minute APGAR scores

#### Postpartum Care Mother

- Placenta should deliver in 20-30 minutes. If delivered, collect in plastic bag and bring to hospital. Do not pull cord to facilitate placenta delivery and do not delay transport awaiting placenta delivery
- If the perineum is torn and bleeding, apply direct pressure with sanitary pads
- Postpartum hemorrhage – see obstetrical complications protocol
- Initiate transport once delivery of child is complete and mother can tolerate movement

## Apgar Scale

	Score		
	0	1	2
Heart Rate	Absent	Under 100	Over 100
Breathing	Absent	Slow, Irregular	Good, Crying
Muscle Tone	Limp	Some movement of extremities	Active motion
Responsiveness (Baby's reaction when nose is irritated)	No response	Grimace	Cough or sneeze
Color	Light-Skinned Child: blue or pale Dark-Skinned Child: grayish or pale	Light-Skinned Child: body pink, limbs blue Dark-Skinned Child: strong body color, grayish limbs	Light-Skinned Child: completely pink Dark-Skinned Child: strong color with pink lips, palms, and soles