Childbirth

BLS Procedures

Determine
- Number of pregnancies (gravida)
- Number of deliveries (para)
- Due date (weeks of gestation)
- Onset/duration/frequency/intensity of contractions
- If a rupture of membranes has occurred (including color/date/time)
- If any expected complications during pregnancy are present
- Presence of crowning or any abnormal presenting part at perineum

<table>
<thead>
<tr>
<th>PROLAPSED CORD</th>
<th>DELIVERING</th>
<th>NOT DELIVERING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover cord with wet saline dressing</td>
<td>Elevate hips</td>
<td>Place mother in left-lateral Trendelenberg position</td>
</tr>
<tr>
<td>Place mother in left-lateral Trendelenberg position</td>
<td>Assist delivery while initiating Code-3 transport</td>
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<tr>
<td>Provide constant manual pressure on presenting part to avoid cord compression</td>
<td>Assist with breech delivery while supporting the infant’s body (covering to maintain body warmth)</td>
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</tbody>
</table>

Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes.

If the HEAD is crowning, prepare to assist mother with delivery –
Guide baby out
ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION: 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
- Do not wait for placenta to deliver
If placenta delivers, assist and package, then gently massage fundus
- Do not massage fundus until the placenta has delivered

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.

<table>
<thead>
<tr>
<th>APGAR score</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Appearance</td>
<td>Blue/Pale</td>
<td>Pink w blue extremities</td>
<td>Pink</td>
</tr>
<tr>
<td>P – Pulse</td>
<td>Absent</td>
<td>&lt; 100 bpm</td>
<td>&gt; 100 bpm</td>
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<tr>
<td>G – Grimace (reflex irritability)</td>
<td>Absent</td>
<td>Grimace</td>
<td>Cough/Cry/Sneeze</td>
</tr>
<tr>
<td>A – Activity (muscle tone)</td>
<td>Limp</td>
<td>Some flexion</td>
<td>Active</td>
</tr>
<tr>
<td>R – Respiration</td>
<td>Absent</td>
<td>Slow</td>
<td>Good cry</td>
</tr>
</tbody>
</table>

ALS Standing Orders

IV/IO Access

Base Hospital Orders only
Consult with ED Physician for further treatment measures

Additional Information
- 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.