



CHILDBIRTH

BLS Procedures

Determine:

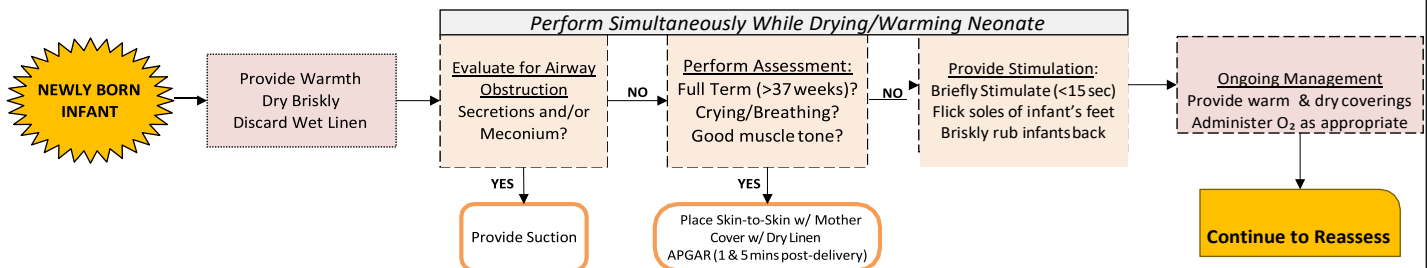
- Number of G/P/AB [pregnancies (gravida), deliveries (para), spontaneous and/or elective abortions]
- Due date (weeks of gestation)
- Onset/duration/frequency/intensity of contractions
- If a rupture of membranes has occurred (including color)
- If any expected complications during pregnancy are present
- Mother's Past Medical History
- Presence of crowning or any abnormal presenting part at perineum

PROLAPSED CORD	OTHER PRESENTING PART	
	DELIVERING	NOT DELIVERING
<ul style="list-style-type: none">• Cover cord with wet saline dressing• Instruct the mother to stop pushing• Place mother in left-lateral position• Attempt to lift the presenting fetal part (usually the head) off of the umbilicus• Maintain this position (lifting presenting part) until transfer of care at the hospital• Initiate Transport	<ul style="list-style-type: none">• Elevate hips• Assist delivery while initiating Code-3 transport• Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)	<ul style="list-style-type: none">• Place mother left-lateral (Trendelenburg)• Initiate Code-3 transport

Consider 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 guide baby out and assist mother with delivery:

- Note Time of Birth
- Double clamp the cord (1st clamp placement: 3-6 inches; 2nd clamp placement: 2-3 inches after 1st clamp)
- Perform assessment below and cut the cord with sterile scissors (should wait a minimum of 30 seconds before cutting cord)



- Begin transport
- Do not wait for placenta to deliver
 - If placenta delivery is present, assist and package, then gently massage fundus
 - Do not massage fundus until the placenta has delivered

If the butt is "crowning":

- Have the mother push until the butt and legs are out to the mid-calves and then assist the feet out
- If only one leg is presenting, reach up and bring down the second leg
- Grab the torso carefully with a towel or blanket (be careful not to squeeze the infant's abdomen)
- Pull down a loop of cord to allow for further delivery & rotate baby right or left, whichever is easier, to deliver the top shoulder
- Raise body to deliver the bottom shoulder
- Put gloved finger inside mouth and flex the chin toward the chest
- Gently pivot the baby upward without pulling on the head
 - An assistant can provide suprapubic pressure to assist you with the delivery
- Double clamp the cord and cut using process above

Neonatal Assessment – APGAR score at 1 min and 5 mins Post-Delivery

- If after 5 minutes, APGAR is ≤ 7
 - Reassess APGAR using 5-minute intervals and consider additional supportive care.
 - Refer to [Policy 533-31 – Neonatal Resuscitation](#)



Santa Barbara County EMS
County Wide Protocols

Policy 533-30

Expanded Scope

Same as BLS

ALS Prior to Base Hospital Contact

- Vascular Access

Normal Saline

- IV/IO – 1L
- May keep TKO or as saline lock

Base Hospital Physician Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- Complete neonatal assessment (APGAR Score) at the following intervals:
 - **1 minute post-delivery**
 - **5 minutes post-delivery**
- **Note:** If after 5 minutes, APGAR is ≤ 7
 - Reassess APGAR using 5-minute intervals and consider additional supportive care.
 - Refer to [Policy 533-31 – Neonatal Resuscitation](#)

APGAR Score	0	1	2
A – Appearance	Blue/Pale	Pink w/ blue extremities	Pink
P – Pulse	Absent	< 100 bpm	> 100 bpm
G – Grimace (Reflexes)	Absent	Grimace	Cough/Cry/Sneeze
A – Activity (Muscle Tone)	Limp	Some flexion	Active
R – Respirations	Absent	Slow	Good cry

- Refer to [Appendix A](#) for age-appropriate vital signs