


Section: BLS OB/GYN Emergencies  
Subject: BLS COMPLICATED BIRTH CONDITIONS  
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Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic BLS treatments
2. High flow **oxygen** via NRBM and airway management
3. Rapid transport to the closest obstetrical capable hospital unless birth is in progress
4. **Breech Delivery**
  - a. Support baby's legs and trunk when they appear, but do not pull on any presenting parts.
  - b. Keep the presenting part warm.
  - c. Do not encourage the mother to push.
  - d. If the child's body has delivered and the head appears caught in the vagina, insert sterile gloved fingers along the sides of the nose to push the vaginal wall away from the face forming an airway passage. Maintain this position until the infant is completely delivered.
  - e. May help rotate baby's head beneath the symphysis pubis and allow delivery.
  - f. Provide supplemental **oxygen** near hand created vaginal airway.
  - g. If delivery is not imminent, transport in the knee-chest position.
5. **Limb Presentation**
  - a. Elevate the mother's pelvis into the knee-chest position.
  - b. Support the protruding limb.
6. **Prolapsed Cord**
  - a. Elevate the mother's pelvis into the knee-chest position.
  - b. Do not attempt to replace the umbilical cord in the vaginal canal.
  - c. Check the umbilical cord to see if there is a pulse present.
  - d. Insert sterile gloved fingers to relieve pressure on the umbilical cord if the presenting part of the infant is compressing it.
  - e. Apply gentle counter pressure to the baby's head, in an attempt to control the delivery.
  - f. Keep the umbilical cord moist.
7. ALS transport criteria:
  - a. All field deliveries by HCFR personnel require ALS transport.
8. QA Points:
  - a. Do not place a gloved hand inside the vagina except in the case of:
    - i. Prolapsed cord
    - ii. Breech delivery with entrapment of the head
  - b. Placing of the hand in the vagina under other circumstances may cause fatal bleeding infection, or even accidental rupture of membranes and possible cord prolapse.