



FAST RESPONSE SCHOOL OF HEALTHCARE EDUCATION
EMERGENCY MEDICAL TECHNICIAN
EMT: SPECIALTIES – LEARNING SHEET



EMERGENCY CHILDBIRTH

OBJECTIVE:

Student will demonstrate the proper technique to correctly assist the mother in giving birth and to provide appropriate newborn and postnatal care of the mother.

EQUIPMENT:

1. OB manikin.
2. OB Kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, examination gloves, gown, receiving blanket, bulb syringe, plastic bags, OB pad)
3. Eye Protection
4. EMT Assistant

Childbirth Technique:

1.	Takes body substance isolation precautions.
2.	Obtain the following information from the mother during the patient history (used to determine if delivery is imminent): <ul style="list-style-type: none">• When is your baby due?• How many times have you been pregnant (Gravida)?• How many babies have you had (Para)?<ul style="list-style-type: none">○ Vaginal? C-Section? Stillborn?• Are you under a doctor's care?• Prenatal Vitamins?• Medications (over the counter, street and prescribed)?• Does your doctor expect any complications with this pregnancy• Are you expecting multiple births today? (twins, triplets)• When did the contractions begin?• How far apart are the contractions?• How long is each of the contractions lasting?• Do you feel the need to bear down or move your bowels?• Has your water broken and was it stained?
3.	Explains the necessity of examining the patient for crowning.
4.	Have patient lie supine with knees drawn up and spread apart.
5.	Observes for crowning or any presenting part.
6.	Prepare OB Kit.
7.	Drape area and create a sterile field.
8.	Put on sterile gloves.
9.	Place hand on infant's head avoiding fontanel to prevent explosive delivery.
10.	Apply gentle downward pressure to the perineum using second hand.
11.	Check for cord around the infant's neck when the head presents. Slips cord over head or shoulder or clamps and cuts cord if necessary.



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12. Clear the infant's airway by suctioning mouth and then the nose with a bulb syringe or other appropriate device. (Expels air from the syringe prior to insertion.) <ul style="list-style-type: none">• Mouth First• Nostrils Second
13. Apply gentle downward pressure to head to release upper shoulder.
14. Apply gentle upward pressure on head to release lower shoulder.
15. Once delivered, hold infant with both hands with firm, but gentle grip.
16. Keep infant at level of birth canal until cord is clamped.
17. Record the time of delivery.
18. Re-suction baby's mouth and nose with the bulb syringe. <ul style="list-style-type: none">• Mouth First• Nose Second
19. Provide Tactile Stimulation. <ul style="list-style-type: none">• Rub infant's back briskly• Flick bottom of infant's feet
20. Dry baby and wrap in clean, dry, warm blanket, ensuring that the head is covered.
21. Complete an APGAR Score (done at 1 minute after birth AND 5 minutes after birth) <ul style="list-style-type: none">• A – Appearance• P – Pulse• G – Grimace• A – Activity• R - Respirations
22. Feel for the cessation of the umbilical pulse,
23. Clamp the umbilical cord. <ul style="list-style-type: none">• First clamp – 6 inches to 8 inches from infant• Second clamp – 1 inch to 2 inches from first clamp towards mother
24. Check to ensure that clamps are secure and cut the umbilical cord.
25. Hand infant to mother and instruct mother to start breast feeding.
26. Deliver placenta without pulling on the umbilical cord to speed delivery. (transport all placental tissue with mother and baby in plastic bag)
27. Apply sanitary napkin or OB pad to perineum.
28. Massage fundus gently on mother (located just below umbilicus) – If Bleeding uncontrolled
29. Transport mother and baby to hospital for evaluation.
IF Mother Exhibits Signs of Shock
30. Place mother in supine position.
31. Administer 15 LPM of oxygen by Non-rebreather mask to mother.

CRITICAL CRITERIA

• Did not take or verbalize BSI	• Did not determine if birth is imminent
• Did not properly clamp and cut the umbilical cord	• Did not re-suction airway once infant delivers
• Did not assess APGAR scores	• Did not properly control postpartum bleeding
• Did not immediately suction mouth prior to nose when head is delivered	