

- iii. Initiate IV fluid resuscitation and, if approved by medical direction, transfuse blood products
  - iv. Consider administration of tranexamic acid (TXA)
  - v. Although recommended following all deliveries, if postpartum hemorrhage occurs following delivery, consider administration of oxytocin
- h. Maternal cardiac arrest
    - i. Apply manual pressure to displace uterus from midline
    - ii. Treat per the [Cardiac Arrest Guideline \(VF/VT/Asystole/PEA\)](#) for resuscitation care (defibrillation and medications should be given for same indications and doses as if non-pregnant patient)
    - iii. Transport as soon as possible if infant is estimated to be over 24 weeks gestation (perimortem Cesarean section (also known as resuscitative hysterotomy) at receiving facility is most successful if started within 5 minutes of maternal cardiac arrest)

### **Patient Safety Considerations**

1. Supine Hypotension Syndrome:
  - a. If mother has hypotension before delivery, place patient in left lateral recumbent position or manually displace gravid uterus to the left in supine position
  - b. Knee-chest position may create safety issues during rapid ambulance transport
2. Do **not** routinely suction the infant's airway (even with a bulb syringe) during delivery
3. Newborns are very slippery, take care not to drop the infant
4. Dry, warm and stimulate all newborns to facilitate respirations and prevent hypothermia
5. Do not pull on the umbilical cord while the placenta is delivering
6. If possible, transport between deliveries if mother is expecting twins

### **Notes/Educational Pearls**

1. OB assessment:
  - a. Length of pregnancy
  - b. Number of pregnancies
  - c. Number of viable births
  - d. Number of non-viable births
  - e. Due date (calculate gestational age in weeks)
    - i. If unknown gestational age, rough estimated gestational age with palpation of the uterine fundus at the umbilicus is 20 weeks
  - f. Last menstrual period
    - i. Only ask for estimated last menstrual period (first day of last period) if patient has not had prenatal care/ultrasound and does not know their due date.
  - g. Prenatal care
  - h. Number of expected babies (multiple gestations)
  - i. Drug use and maternal medication use
  - j. Any known pregnancy complications – hypertension, gestational diabetes, placenta previa, premature labor, history of fetal demise, fetal anomalies/birth defects, etc.
  - k. Signs of imminent delivery (e.g., crowning, urge to push, urge to move bowels, mother feels delivery is imminent)
  - l. Location where patient receives care (considered a preferred destination if time delay is not an issue and based on local protocols)
2. Notify medical direction/receiving facility if: