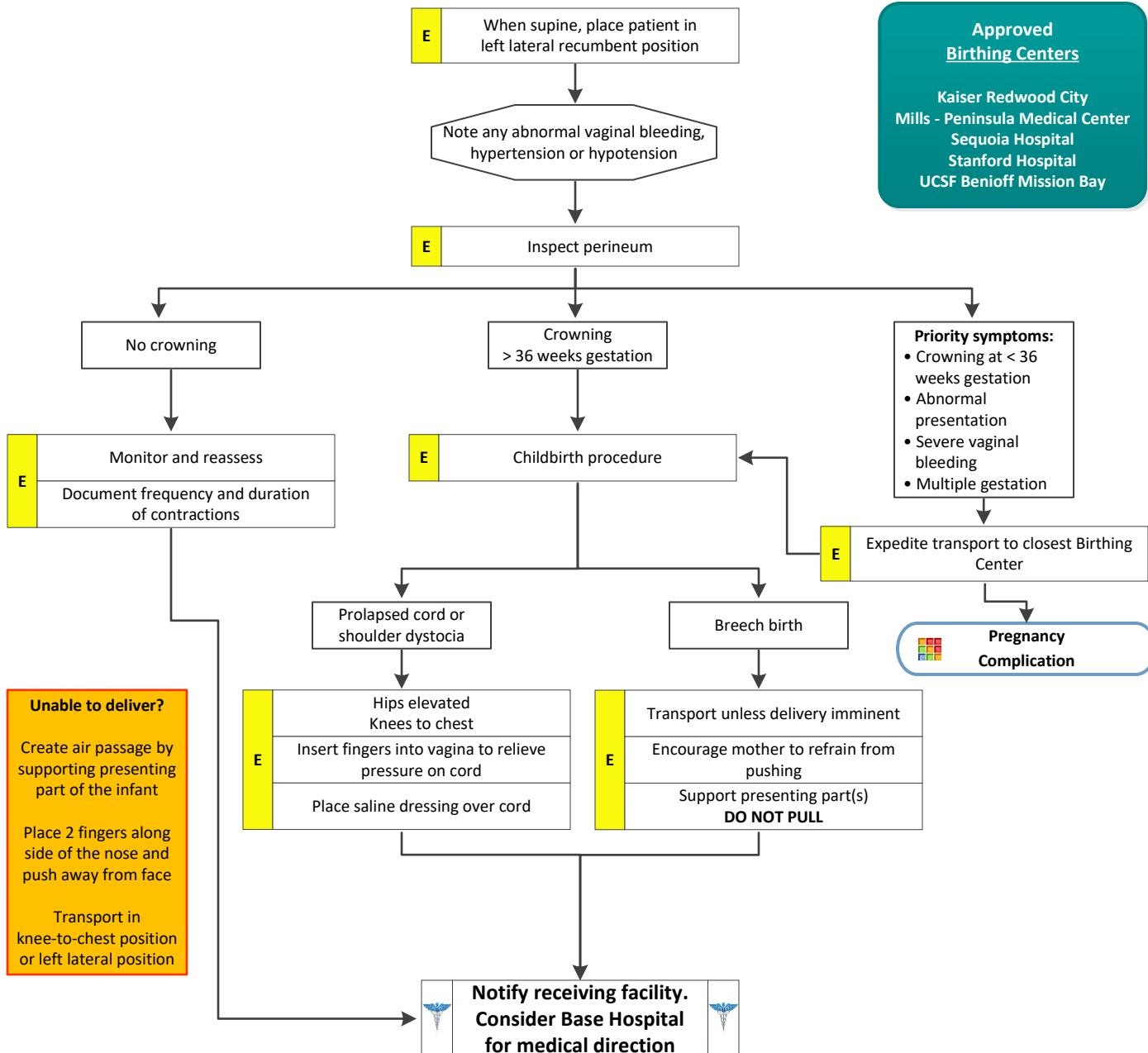


# Childbirth (Mother)

For delivery or imminent delivery of a fetus beyond the first trimester (12 weeks). For < 12 weeks use Pregnancy Complication

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> <li>• Due date</li> <li>• Time contractions started/how often</li> <li>• Rupture of membranes</li> <li>• Time/amount of any vaginal bleeding</li> <li>• Sensation of fetal activity</li> <li>• Past medical and delivery history</li> <li>• Medications</li> <li>• Gravida/Para status</li> <li>• High risk pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions</li> <li>• Vaginal discharge or bleeding</li> <li>• Crowning or urge to push</li> <li>• Meconium</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal presentation <ul style="list-style-type: none"> <li>• Buttock</li> <li>• Foot</li> <li>• Hand</li> </ul> </li> <li>• Prolapsed cord</li> <li>• Placenta previa</li> <li>• Abruptio placenta</li> </ul>



# Childbirth (Mother)

For delivery or imminent delivery of a fetus beyond the first trimester (12 weeks). For < 12 weeks use Pregnancy Complications

## Pearls

- Do not perform digital vaginal exam
- Document all times (delivery, contraction frequency and length, and time cord was cut).
- Document the name of the prehospital provider who cut the cord.
- After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.
- For prolapsed cord, wrap cord in saline soaked gauze cover to keep warm.

