

**San Joaquin County
Emergency Medical Services Agency****BLS Childbirth**

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

INFORMATION NEEDED:

Estimated due date, month of pregnancy, any anticipated problems e.g. pre-eclampsia, lack of prenatal care, expected multiple births.

Onset of regular contractions, current frequency of contractions, rupture of membranes.

Urge to bear down, number of previous pregnancies and live births.

OBJECTIVE FINDINGS:

Observe perineal area for fluid, bleeding, crowning (during contraction), and abnormal presentation (breech, extremity, cord).

TREATMENT:**All Patients:**

1. Primary Survey – ensure ABC's.
2. Open OB Kit.
3. Monitor SpO₂.
4. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 6 L/min via nasal cannula or 10-15 L/min via NRB mask for respiratory distress.
5. If birth not imminent, place patient in left lateral recumbent position during transport.

Normal Delivery:

1. Assist mother with delivery, clean, preferably sterile technique.
2. Control and guide delivery of neonate's head and body.
3. Check for cord around neck, gently slide over head if possible, if tight clamp and cut to unwind and deliver neonate as quickly as possible.
4. Once delivered, wipe face with clean dry cloth, suction only, if needed, using a bulb syringe.
5. Clamp and cut umbilical cord.
6. Dry and wrap neonate for warmth (especially the head); if possible allow infant to breast feed or place on mother's chest.
7. Note time of delivery and assess respirations, pulse rate and strength of crying.

8. Perform neonatal resuscitation if needed.
9. Evaluate mother after delivery for evidence of shock due to excessive bleeding.
10. Deliver placenta, and place in a bio-hazard bag and transport to hospital.
11. Perform fundal message to help stop postpartum bleeding.
12. Secondary Survey and Routine Medical Care.

Breech Delivery:

1. Assist with and continue delivery if possible.
2. Provide airway for neonate with gloved hand if unable to continue delivery.
3. If unable to deliver, place mother in shock position.
4. Minimize scene time ensure transport.
5. Secondary Survey and Routine Medical Care

Prolapsed Cord:

1. Place mother in shock position, elevate hips with pillows, if possible place mother in knee chest position.
2. If cord is present, assess cord for palpable pulse.
3. If strong regular pulse is absent, gently insert gloved hand into vagina to relieve pressure on cord.
4. Cover exposed cord with saline soaked dressing.
5. Minimize scene time ensure transport.
6. Secondary Survey and Routine Medical Care.

Notes:

1. First priority in childbirth is assisting mother with delivery of child.
2. The primary enemy of the newborn is hypothermia which can occur in minutes.
3. Ensure newborn is warm and dry.
4. Ensure newborn has a clear airway, suction with bulb syringe as needed.
5. Keep baby at or below the level of the mother's heart until cord is clamped.
6. Do not pull on the umbilical cord.