

## Childbirth

### BLS Procedures

Determine

- Number of pregnancies (gravida)
- Number of deliveries (para)
- Due date (weeks of gestation)
- Onset/duration/frequency/intensity of contractions
- If a rupture of membranes has occurred (including color/date/time)
- If any expected complications during pregnancy are present
- Presence of crowning or any abnormal presenting part at perineum

PROLAPSED CORD	OTHER PRESENTING PART	
	DELIVERING	NOT DELIVERING
Cover cord with wet saline dressing Place mother in left-lateral Trendelenberg position Provide constant manual pressure on presenting part to avoid cord compression	Elevate hips Assist delivery while initiating Code-3 transport Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)	Place mother in left-lateral Trendelenberg position Initiate Code-3 transport
Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes		

If the HEAD is crowning, prepare to assist mother with delivery –

Guide baby out

ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION: suction mouth, then nose

Dry and stimulate (rub gently, but briskly with warm towel, provide stocking cap if available)

While drying infant, assess for prematurity, poor respiratory effort, or lack of muscle tone. If any exist, double clamp and cut cord, and begin resuscitation according to VC EMS Policy 705.16, "Neonatal Resuscitation"

Place infant skin-to-skin with mother, cover both with dry linen, and observe for breathing, activity, and color  
Double clamp cord and cut with sterile scissors between clamps

Note time of birth

Begin transport. To help prevent heat loss from infant, turn up the heat in the treatment area of the ambulance

- Do not wait for placenta to deliver

If placenta delivers, assist and package, then gently massage fundus

- Do not massage fundus until the placenta has delivered

Newborn assessment – at 1 minute and 5 minutes post-delivery (Note: if infant requires resuscitation at birth, defer APGAR scoring to a later time. Resuscitation should not be delayed to assess for APGAR score.)

APGAR score	0	1	2
A - Appearance	Blue/Pale	Pink w/ blue extremities	Pink
P - Pulse	Absent	< 100 bpm	> 100 bpm
G - Grimace (reflex irritability)	Absent	Grimace	Cough/Cry/Sneeze
A - Activity (muscle tone)	Limp	Some flexion	Active
R - Respirations	Absent	Slow	Good cry

### ALS Standing Orders

IV/IO Access

### Base Hospital Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination.