

OB/Gyn: Childbirth

EMR

Management of a Normal Delivery

- Support the baby's head over the perineum.
- If the membranes cover the head after it emerges, tear the sac with your fingers or forceps to permit escape of the amniotic fluid. Suction meconium as needed. **Suction mouth and then nose with a bulb syringe.** Depress the bulb syringe before placing in the baby's mouth or nose.
- Gently guide the head downward until the shoulder appears. The other shoulder is delivered by gentle upward traction. The infant's face should be upward at this point.
- If the cord is around the neck, loosen cord and attempt to slip overhead. If unable to do so, clamp it with two clamps, cut the cord between the clamps, and unwrap the cord from around the neck.
- Clamp the umbilical cord with two clamps and cut the cord between them. First clamp 4" above baby, second clamp 6" above baby.
- Dry and wrap baby to keep warm, warming hat on head if available.

EMR STOP

EMT

ADVANCED EMT

- Assess APGAR score.
- Transport as soon as possible to SJRMC.

Management of a Breech Delivery

- Contact Medical Control
- Place patient on left side
- If unable to deliver head, place sterile gloved hand into the vagina with palm towards baby's face to press away vaginal tissue and establish an airway.
- Transport immediately to SJRMC

Management of Prolapsed Cord or Limb Presentation

- Contact Medical Control
- Place the mother on left side or in knee-to-chest position.
- Place sterile gloved hand in the vagina and attempt to hold the baby's head away from the cord.
- Keep the cord moist using a sterile dressing and sterile water
- Transport immediately to SJRMC
- APGAR score should be recorded at 1 minute and 5 minutes after birth

OB/Gyn: Childbirth (continued)

- Do not withhold resuscitation efforts to determine APGAR score

SIGN	0	1	2
A- Appearance	Blue, pale	Body pink, extremities blue	Completely pink
P – Pulse	Absent	Below 100 bpm	Above 100 bpm
G- Grimace (reflexes – flick soles of feet)	No response	Grimace	Vigorous cry
A- Activity (muscle tone)	Limp	Some flexion	Active motion
R- Respirations	No effort	Weak, irregular	Strong cry

EMT / ADVANCED EMT

Key Points

- Determine the estimated date of expected birth, the number of previous pregnancies and # of live births
- Determine if the amniotic sac (bag of waters) has broken, if there is vaginal bleeding or mucous discharge, or the urge to bear down.
- Determine the duration and frequency of uterine contractions
- Examine the patient for crowning. If delivery is not imminent, transport as soon as possible. If delivery is imminent, prepare for an on-scene delivery.
- If multiple births are anticipated but the subsequent births do not occur within 10 minutes of the previous delivery transport immediately.
- After delivery of the placenta gently massage the uterus
- Bring the placenta and any other tissue to the hospital for inspection
- Suction thick meconium as soon as possible, using no more than 100 mmHg of suction.