

CHILDBIRTH

I. PRIORITIES:

- A. Delivery in the hospital environment where adequate facilities and personnel are available for neonatal resuscitation is always preferable to field delivery. However, if labor is far advanced and it is obvious that delivery will occur prior to arrival at the hospital, the more prudent course may be to assist delivery at the scene. Variables to be considered are: distance to the hospital, road conditions, stage of labor, parity of mother, experience of pre-hospital personnel, and quantity and skill of available assisting personnel.
- B. Assessment - Examine infant first (vital signs, lung sounds, color, muscle tone, response to suctioning or flicking foot).

Assess APGAR on all newborns (refer to APGAR Chart under Further Evaluations). Evaluate at 1 minute and 5 minutes. If signs of obvious distress, begin resuscitation immediately.

Maternal vital signs. Estimate blood loss. Placenta delivered?

II. TREATMENT:

- A. Delivery in progress upon EMT arrival
 - 1. Oxygen - 15 liters by non-rebreather mask to mother.
 - 2. Control the descent of the fully crowned head with your hand cupped over the cranium.
 - 3. As the head delivers, suction mouth and nose with bulb syringe before the first breath is taken. Check for the cord looped around the neck.
 - 4. If the cord is around the neck, gently slip it over the head or across the shoulder, if possible. Clamp and cut between the clamps only as a last resort if the cord is tight and obstructing the descent of the baby. (Once the cord is clamped, baby is without oxygen supply until it breathes on its own.)
 - 5. When the head is delivered, it will rotate naturally to face laterally. Gently lower the head to deliver the anterior (upper) shoulder.
 - 6. When upper shoulder is delivered, gently raise the head to deliver the posterior (lower) shoulder. The body should then deliver smoothly.
 - 7. Immediately suction the mouth and nose with a bulb syringe. Hold the baby in a slightly head down position.
 - 8. Clamp and cut the cord with sterile scissors or scalpel. Do not attempt to collect cord blood unless placenta has delivered as well. Leave a minimum of 6 inches of cord from the umbilicus. There is no hurry to clamp the cord, but do not delay drying and

wrapping baby. Document if the cord is cut by sterile or non-sterile equipment.

9. Assess the baby (APGAR)

APGAR 7 or greater - Dry, wrap warmly, and proceed to assess mother.

APGAR less than 7 - Start resuscitation immediately.

10. Always consider the possibility of twins.

B. Delivery prior to arrival of EMTs or performed by EMTs

1. If resuscitation not necessary (or APGAR = 7 or greater)

a) Suction nose and mouth.

b) Clamp and cut the cord with sterile scissors or scalpel. Do not attempt to collect cord blood unless placenta has delivered as well. Leave a minimum of 6 inches of cord from the umbilicus. There is no hurry to clamp the cord, but do not delay drying and wrapping baby. Document if the cord was cut by sterile or non-sterile equipment.

c) Dry and wrap warmly.

2. Infant APGAR 6 or less

Begin respiratory or cardiopulmonary resuscitation as needed.

3. Mother

a) Oxygen - 15 liters/minute by non-rebreather mask if heavy blood loss or abnormal vital signs.

b) If BP < 100, heavy bleeding or signs of shock, refer to Shock Protocols. Massage abdomen over the uterus to aid in contraction. Putting the infant to the mother's breast (if infant's and mother's condition allows) will also stimulate contraction.

c) If placenta has delivered, place in plastic bag and transport with mother and newborn. If placenta has not delivered, do not apply traction to cord in attempts to deliver it.

d) Monitor blood pressure and pulse enroute to hospital.

C. If a prolapsed cord is visible at perineum, immediately place mother in a knee to chest position, on high flow of oxygen, insert gloved hand into the vagina and push against presenting part to keep pressure off the umbilical cord.

III. FURTHER EVALUATION:

A. APGAR Chart:

Appearance	Pulse	Grimace	Activity	Respiratory Effort	Score
Blue - Pale	0	No Response	Flaccid	Absent	0
Body Pink Limbs Blue	<100	Grimace	Some Flexion	Slow, Irregular Weak Cry	1
Completely Pink	>100	Cough, Sneeze, Cry	Active Movement	Strongly Crying	2

- B. The vast majority of deliveries are completely uncomplicated and require minimal, if any, assistance. The major life threats are perinatal or neonatal asphyxia and maternal hemorrhage. Neonatal hypothermia is a real, but easily preventable, threat.