REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Obstetric Emergency: Childbirth/Normal/Abnormal Deliveries/ Post-Partum Hemorrhage

Overview: Delivering an infant usually progresses independently of Prehospital providers. The critical question is whether delivery is imminent, indicated by crowning of the head or bulging of the perineum or rectum. The focus of care is to control delivery and prevent injury from expulsive forces that cause tearing of maternal perineal and pelvic tissues and injury of the infant's head or lead to dropping the infant. However make no attempt to stop an imminent delivery.

INFORMATION NEEDED

__History of prenatal care
__Estimated due date
__Anticipated problems (multiple fetuses, premature delivery, placenta previa, lack of prenatal care, use of narcotics or stimulants, etc.)
__Gravida/para
__Onset of regular contractions
__Rupture of membranes, color of fluids, time of rupture
__Frequency of contractions
__Urge to bear down or have bowel movement

OBJECTIVE FINDINGS

__Observe perineal area for:
__Fluid or bleeding
__Crowning (check during contraction)
__Abnormal presentation (breech, extremity, cord)

TREATMENT

__RMC
__Pulse oximetry
__O2 via nasal cannula at 2-6 L/min or if indicated, via nonrebreather mask at 10-15 L/min
__If birth not imminent, place patient in left lateral position

NORMAL DELIVERY

__Assist with delivery
__Sterile technique
__Control and guide delivery of baby's head. After the head delivers, use bulb syringe to suction the infant's nose and mouth. This is critical if meconium is present, because aspiration causes significant lung injury.
__Check for nuchal cord - slide over head if possible; if tight, clamp and cut, unwind, then deliver baby quickly
__ Proceed to control and guide delivery of the body.
__Suction mouth, then nares
__Clamp and cut cord
__Dry and wrap infant for warmth (especially the head); if possible place with the mother for shared body heat
__Note time of delivery
__Assess infant's status using APGAR score at 1 and 5 minutes post delivery (see PRECAUTIONS AND COMMENTS).
__Evaluate mother post delivery for evidence of shock due to excessive bleeding
__Deliver placenta

POST-PARTUM HEMORRHAGE

___Fundal Massage
___Immediate transport to nearest hospital versus ALS intercept whichever is quickest.

BREECH DELIVERY

__Assist with delivery, if able
__Provide airway with gloved hand for baby if needed
__If unable to deliver, left lateral Trendelenburg position and rapid transport

PROLAPSED CORD

__Left lateral Trendelenburg position, elevate hips, if possible or knee-chest position
__If cord is present, manually displace presenting part of cord and maintain displacement
__Rapid transport

Documentation of adherence to protocol:
___ APGAR score documented

APGAR SCORE:

Appearance (skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
Pulse	0=Absent	1=Less than 100/min	2=100/min and above
Grimace (Irritability)	0=No response	1=Grimace	2=Cough, sneeze, cry
Activity (Muscle tone)	0=Limp	1=Some flexion of the extremities	2=Active motion
Respirations	0=Absent	1=Slow and irregular	2=Strong cry

PRECAUTIONS AND COMMENTS

- The first priority in childbirth is assisting the mother with delivery of the child.
- Newborn hypothermia can occur within minutes.
- Perform thorough suctioning after delivery of the infant with evidence of meconium.
- Keep the baby at or below the level of the mother until the cord is clamped.
- Do not pull on the cord.
- Do not delay transport for delivery of placenta. If it delivers, place it in a plastic bag for transport.
- If hemorrhage is present prior to delivery in a patient who is near term, consider emergencies such as placental abruption, placenta previa, and uterine rupture. ALS intercept ASAP

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Obstetric Emergency: Childbirth/Normal/Abnormal Deliveries/ Post-Partum Hemorrhage

Overview: Delivering an infant usually progresses independently of Prehospital providers. The critical question is whether delivery is imminent, indicated by crowning of the head or bulging of the perineum or rectum. The focus of care is to control delivery and prevent injury from expulsive forces that cause tearing of maternal perineal and pelvic tissues and injury of the infant's head or lead to dropping the infant. However make no attempt to stop an imminent delivery.

INFORMATION NEEDED

__History of prenatal care
__Estimated due date
__Anticipated problems (multiple fetuses, premature delivery, placenta previa, lack of prenatal care, use of narcotics or stimulants, etc.)
__Gravida/para
__Onset of regular contractions
__Rupture of membranes, color of fluids, time of rupture
__Frequency of contractions
__Urge to bear down or have bowel movement

OBJECTIVE FINDINGS

__Observe perineal area for:
__Fluid or bleeding
__Crowning (check during contraction)
__Abnormal presentation (breech, extremity, cord)

TREATMENT

__ RMC
__ Pulse oximetry
__O2 via nasal cannula at 2-6 L/min or if indicated, via nonrebreather mask at 10-15 L/min
__ If birth not imminent, place patient in left lateral position
__IV NS access with large bore tubing (no microdrip/minidrip)

NORMAL DELIVERY

__Assist with delivery
__Sterile technique
__Control and guide delivery of baby's head. After the head delivers, use bulb syringe to suction the infant's nose and mouth. This is critical if meconium is present, because aspiration causes significant lung injury.
__Check for nuchal cord - slide over head if possible; if tight, clamp and cut, unwind, then deliver baby quickly
__ Proceed to control and guide delivery of the body.
__Suction mouth, then nares
__Clamp and cut cord
__Dry and wrap infant for warmth (especially the head); if possible place with the mother for shared body heat
__Note time of delivery
__Assess infant's status using APGAR score at 1 and 5 minutes post delivery (see PRECAUTIONS AND COMMENTS).
__Evaluate mother post delivery for evidence of shock due to excessive bleeding (Refer to Obstetric Emergency: Hemorrhage protocol)
__Deliver placenta

POST-PARTUM HEMORRHAGE

___Fundal Massage
__ IV NS Access and 500 cc fluid bolus.
__ Immediate transport to closest hospital ASAP

BREECH DELIVERY

__Assist with delivery, if able
__Provide airway with gloved hand for baby if needed
__If unable to deliver, left lateral Trendelenburg position and rapid transport

PROLAPSED CORD

__Left lateral Trendelenburg position, elevate hips, if possible or knee-chest position
__If cord is present, manually displace presenting part of cord and maintain displacement
__Rapid transport

Documentation of adherence to protocol:

___ IV placed
___ APGAR score documented

APGAR SCORE:

Appearance (skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
Pulse	0=Absent	1=Less than 100/min	2=100/min and above
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PRECAUTIONS AND COMMENTS

- The first priority in childbirth is assisting the mother with delivery of the child.
- Newborn hypothermia can occur within minutes.
- Consider early tracheal suctioning after delivery of the infant with evidence of meconium.
- Keep the baby at or below the level of the mother until the cord is clamped.
- Do not pull on the cord.
- Do not delay transport for delivery of placenta. If it delivers, place it in a plastic bag for transport.
- If hemorrhage is present prior to delivery in a patient who is near term, consider emergencies such as placental abruption, placenta previa, and uterine rupture. Treat with IV NS fluid bolus (consider a second IV NS line and pressure infusion.)