CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.30
Subject Paramedic Treatment Protocols **CHILDBIRTH**	Page 1 of 3
References Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

All Deliveries

(Mother)

1. Oxygen	Low flow if no complications or prolonged labor. High flow for abnormal or difficult deliveries. Refer to EMS Policy #530.02.
2. IV Access	LR TKO – standard tubing if complications or prolonged labor.
3. Transport	Transport with mother on left side.
4. Contact Hospital	Per EMS Policy #530.02.

Routine Delivery of Newborn

1. Control Descent of Head	Cup hand over head to prevent explosive delivery.
2. Suction Mouth and Nose	This should be accomplished before the first breath is taken.
3. Check for Cord Looped around the Neck	If present, slip cord over head or across shoulder. If cord is tight around neck and preventing descent, double clamp and cut between clamps. NOTE: Once the cord is clamped, baby is without oxygen. Supplemental oxygen may be needed until baby breathes on its own.

STANDING ORDERS – CONTINUED ON NEXT PAGE

Approved By		Revision
EMS Division Manager	**Daniel J. Lynch** (Signatures on File at EMS Agency)	**06/01/2009**
EMS Medical Director	**Jim Andrews, M.D.** (Signatures on File at EMS Agency)	

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STANDING ORDERS (CONTINUED)

4. Head Rotates Laterally	This step should happen spontaneously.
5. Deliver Anterior Shoulder	Gently lower the head to deliver the anterior (upper) shoulder. If the anterior shoulder does not deliver, attempt to deliver posterior shoulder by gently raising the head. Alternate between the two until one shoulder delivers. If shoulders do not deliver despite continued attempts, **CONTACT BASE HOSPITAL FOR PHYSICIAN ASSISTED DELIVERY**. After delivery of the shoulders, the body should then deliver smoothly. Immediately suction the mouth and nose with a bulb syringe. Hold the baby in a slightly head down position.
6. Dry Newborn	Place in new, warm blanket to keep warm. Place newborn on mother's abdomen or breast.
7. Cut Cord	Clamp cord and cut 6 inches from newborn.
8. Assess Newborn	Refer to Apgar Chart and Neonatal Resuscitation Protocol (Policy #530.31) if needed.
9. Massage Fundus	Following delivery of baby, put the infant to mother's breast and massage fundus.
10. Placenta Delivery	When placenta delivers, transport it in a plastic bag. Do not apply traction on cord in attempts to deliver placenta. If placenta not delivered within 30 minutes after birth, contact Base Hospital.
	Breech Presentation
1. Consult Base Hospital	Consider a physician directed delivery.
2. Transport	STAT with lights and siren.
3. Deliver Newborn	During the course of a breech delivery in which the body is out, but the head is not delivered within three minutes, suffocation may occur when the baby's umbilical cord is compressed by its head in the birth canal and while its face is pressed against the vaginal wall. If the head does not deliver with three minutes, insert gloved hand into vagina, palm towards baby's face, form a "V" with your fingers on either side of the baby's nose, and push the vaginal wall away from the baby's face until head is delivered. This procedure should form an air passage to allow the infant to breathe. Do not attempt to pull the baby out. Do not allow explosive delivery. Transport immediately with mother in shock position with hips elevated above head. Be careful not to hyperextend or hyperflex the baby's neck during movement of the mother or during transport.
	Prolapsed Cord
1. Position	Place the mother in shock position with her hips elevated on pillows, or knee chest position.
2. Oxygen	High flow. Refer to EMS Policy #530.02.
3. Protect Cord	With a gloved hand, gently push the baby up to the vagina to take pressure off the cord. Do not attempt to push cord back. Cover exposed portion of cord with saline soaked gauze.
4. Transport	STAT with lights and siren, while continuing 1, 2 and 3 above. EXCEPTION: When head is crowning with prolapsed cord, *immediate* delivery is the most rapid means of restoring oxygen to infant. Allow baby to deliver.

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Examine infant first, assess APGAR on all newborns (see below).

   If signs of distress, refer to Neonatal Resuscitation, Policy #530.31.

   Estimate maternal blood loss. Placenta delivered? Always assess for twins.

2. If delivery will occur prior to arrival at the hospital, delay transport and assist delivery at the scene. Variables to be considered are: Distance to hospital, road conditions, stage of labor, parity of mother, experience of personnel and quantity and skill of available assistants.

   If patient is in labor and is pushing, discreetly inspect the perineum (digital exams are not done). If crowning, prepare to deliver at the scene.

3. If inspection reveals a prolapsed cord or an abnormal presentation (foot, buttocks, hand or face): Transport immediately. The rare exception may be when transport time is long and delivery is far advanced (e.g., body delivered to beyond umbilicus). In this situation, the only hope for infant survival may be a physician directed delivery at the scene. Contact Base Hospital immediately.

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

5. Document time of delivery of infant and placenta, who performed the delivery, and cutting of cord. Document at what point in the delivery the paramedic took charge.

6. Assess APGAR score at 1 and 5 minutes.

APGAR CHART

	APGAR SCORE		
	0	**1**	**2**
Appearance	Blue or Pale	Body Pink, Limbs Blue	Complete Pink
Pulse	0	Less than 100	100 or greater
Grimace	No Response	Grimace	Cough, Sneeze, Cry
Activity	Flaccid	Some Flexion	Active Movement
Respiratory Effort	Absent	Slow, Irregular, Weak Cry	Strong Cry