



## Protocol 700-O1: Childbirth

Revision 5/22/18  
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### BLS Treatment

- ❖ Treat maternal life threats. (See Procedure 701 *Life Threats*).
- ❖ Assess. Examine for crowning during contractions. Time the contractions. If baby is crowning and mother feels urge to defecate (push), deliver at scene.
- ❖ If baby is delivered: apply two clamps on cord at 6 and 8 inches from baby. Cut cord between clamps.
- ❖ Assess using the APGAR scoring matrix. Keep the baby warm.
- ❖ Treat neonatal life threats as needed.
- ❖ Prepare for transport / transfer of care

### ALS Treatment

- ❖ Treat life threats in both the mother and neonate. (See Procedure 701 *Life Threats*).
- ❖ Transport
- ❖ Contact Base Station.

### Special Considerations

- ❖ See Protocol 700-C8-P *Neonatal Resuscitation* for direction regarding neonatal resuscitation.
- ❖ Remember that patients in their second and third trimester can suffer from supine hypotensive syndrome when lying supine. When possible position these patients in a left lateral position.
- ❖ Possible Complications (BLS/ ALS):
  - Significant Bleeding (greater than 500cc):
    - Before delivery - Place mother in left lateral position.
    - After delivery - Massage fundus of uterus and place baby to breast.
    - Track bleeding by applying peripads.
  - Prolapsed Cord
    - Place mother in knee-chest position or elevate hips with pillows or folded blankets.
    - Insert hand into vagina and attempt to gently push the presenting part upward to release pressure on the cord. Do not damage cord by attempting to push back inside vagina.
  - Nuchal cord:
    - Attempt to gently slide umbilical cord over neonate's head. If unable to do so, place mother in knee/chest position and transport. Cutting the cord before the neonate's chest is delivered will cause severe hypoxia and anoxia of the neonate.
  - Breech / Limb Delivery:
    - Place mother in left lateral or knee/chest position
  - Eclampsia (Actively Seizing):
    - Place mother in left lateral position
    - See Protocol 700-N2 *Seizure*