

POLICIES AND PROCEDURES

POLICY: 554.71 TITLE: Childbirth

EFFECTIVE: 07/01/2024 REVIEW: 07/2027

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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CHILDBIRTH

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II <u>PURPOSE</u>

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP P = Paramedic D = Base Hospital Physician Order Required

	F	Е	0	Р	D	
ASSESSMENT			Χ	Χ		
PULSE OXIMETRY: apply and monitor.			Χ	Χ		
CAPNOGRAPHY: apply and monitor.				Χ		
OXYGEN : if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.				Χ		
ECG MONITOR: lead placement may be delegated. Treat as indicated.				Χ		
VASCULAR ACCESS: IV/IO, rate as indicated.				Χ		
TRANSPORT: mother placed on left side.				Χ		
DELIVER NEWBORN: if no time for transport, proceed with delivery. Use hand to prevent explosive delivery. If cord is wrapped around neck & cannot be slipped over the newborn's head, double clamp & cut between clamps. Complete delivery of newborn's body. Dry newborn & keep warm, place newborn on mother's abdomen or breast. Allow cord to stop pulsating, then clamp and cut 6-8 inches from newborn. Consider delayed cord clamping (60 seconds) if newborn is stable.	X	X	X	X		
ASSESS NEWBORN: assess APGAR score at 1 & 5 minutes.				Χ		
MASSAGE FUNDUS: following delivery of placenta.			Χ	Χ		
OXYTOCIN: following delivery of the placenta for postpartum hemorrhage and all twins, triplets, etc. 20 units/1000 mL NS. Bolus 500 mL over 30 minutes, then infuse at a rate of 250 ml per hour. OR 10 units IM.			X	X		
TRANEXAMIC ACID: 1 gm in 100 mL of NaCl infused over 10 minutes IV/IO for profuse postpartum bleeding following delivery of the placenta and for all multiple births.				X		
BREECH PRESENTATION						
DELIVER NEWBORN: for a buttock presentation, allow newborn to deliver to the waist without active assistance (support only). Use hand to prevent explosive	Х	X	Χ	X		

delivery. When legs & buttocks are delivered, the head can be assisted out. If the head does not deliver within 4-6 minutes, insert gloved hand into vagina, palm towards baby's face & cord between fingers, & create an airway.						
TRANSPORT: while retaining airway for newborn if head undelivered.				Χ		
PROLAPSED CORD						
	F	Е	0	Р	D	
POSITION: place the mother in shock position with her hips elevated on pillows or knee chest position.		Х	Х	Χ		
PROTECT UMBILICAL CORD: insert gloved hand into vagina & gently push presenting part off the cord. Cover exposed portion of cord with saline soaked gauze. Do not try to push cord back into vagina.		Х	х	Х		
TRANSPORT: while protecting the umbilical cord.		Χ	Х	Χ		

APGAR SCORE	0	1	2
APPEARANCE	Blue	Pink Body/Blue Limbs	All Pink
PULSE	Absent	< 100/Min	>100/Min
GRIMACE	None	Grimace	Cough/Sneeze
ACTIVITY	Limp	Some Flexion	Active Motion
RESPIRATIONS	Absent	Slow/Irregular	Good