POLICY: 554.71
TITLE: Childbirth

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

CHILDBIRTH

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

II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMT~~'~~s and Paramedics within their scope of practice.

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

	F	E	O	~~A~~	P	
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated.				X	X	
TRANSPORT: mother placed on left side.	X	X	X	X	X	
DELIVER NEWBORN: If no time for transport, proceed with delivery. Use a 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 chest for skin to skin. Cover head and body, keeping mouth and nose visible. 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	X	
ASSESS NEWBORN: assess APGAR score at 1 & 5 minutes.	X	X	X	X	X	
MASSAGE FUNDUS: following delivery of placenta.	X	X	X	X	X	
POSTPARTUM HEMORRHAGE						
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~~l~~ per hour **OR** 10 units IM. **DO NOT ADMINISTER OXYTOCIN PRIOR TO DELIVERY.**			~~X~~		X	

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VASCULAR ACCESS: P - IV/IO, start second line.				X	X	
	F	E	O	A	P	D
TRANEXAMIC ACID: if estimated blood loss ≥ 1500 mL with continued bleeding, start second IV/IO access and give 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. May repeat every 30 minutes. **DO NOT GIVE OXYTOCIN AND TXA IN SAME IV LINE.**					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 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.	X	X	X	X	X	
TRANSPORT: while retaining airway for newborn if head undelivered.	X	X	X	X	X	
PROLAPSED CORD						
POSITION: place the mother in shock position with her hips elevated on pillows or knee chest position.	X	X	X	X	X	
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.	X	X	X	X	X	
TRANSPORT: while protecting the umbilical cord.	X	X	X	X	X	

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