

DELIVERY COMPLICATIONS

BREECH BIRTH / SHOULDER DYSTOCIA

	EMR	EMT	PM
1. Provide Adult Routine Medical Care - support life threatening problems with airway, breathing, and circulation.	•	•	•
2. If birth is not imminent, transport patient on her left side	•	•	•

BREECH BIRTH:

3. Prepare to transport with care enroute if only the buttocks or lower extremities are delivered	•	•
4. If delivery is in progress, contact OLMC	•	•
5. Once legs are delivered, support the baby's body wrapped in a towel/chux	•	•
6. If the cord is accessible, palpate frequently for pulsations and attempt to loosen to create slack for delivery of the head.	•	•
7. After the torso/shoulders are delivered, sweep down the arms.	•	•
8. To facilitate the delivery of the head: If face down, elevate the legs/trunk Apply firm pressure over the mother's fundus Allow the entire body to be delivered with contractions while supporting the newborn's body The head should deliver in ≤ 30 sec. Once head delivers, anticipate need for neonatal resuscitation	•	•
9. If head does NOT deliver ≤ 30 sec. Reach 2 gloved fingers in the shape of a "V" into the vagina with the palm facing the neonate's face to locate mouth/nose Push vaginal wall away from the neonate's face to maintain airway Keep your fingers in place during transport. Alert receiving hospital Keep the delivered portion of the body warm and dry	•	•
10. Anticipate maternal hemorrhage after the birth of the infant	•	•

SHOULDER DYSTOCIA

3. Hyperflex the mother's hips to severe supine knee-chest position. (McRobert's position).	•	•
4. Apply firm suprapubic pressure to attempt to dislodge shoulder.	•	•

PEARLS:

1. Take care not to hyperextend the neck. Never attempt to pull the infant by the legs or trunk.
2. Do not attempt delivery or delay transport of any single limb or other abnormal presentation
3. If needed, put the mother in a kneeling position which may assist in the delivery of the newborn