

EMERGENCY CHILDBIRTH

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> • Gravida (# of pregnancies) • Para (# of live births) • Due date • High risk concerns • Previous labor time • State of amniotic sac • Duration, frequency of contractions 	<ul style="list-style-type: none"> • Signs of imminent birth <ul style="list-style-type: none"> Crowning Bulging Perineum Involuntary Pushing • Signs of complications <ul style="list-style-type: none"> Prolapsed cord Profuse bleeding Meconium staining 	<ul style="list-style-type: none"> • Braxton Hicks contractions • Premature rupture of membranes

	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	•	•	•

DELIVERY:

3. If contractions are 2 minutes apart, or signs of imminent birth are present, prepare for delivery Don standard precautions and sterile gloves from OB kit Drape mother's abdomen and perineum	•	•	•
4. Protect perineum with gentle hand pressure while supporting the neonate's head as it emerges from the vagina. Tear amniotic membrane if it is still intact at this point.	•	•	•
5. Check for nuchal cord (cord wrapped around the neck)		•	•
6. Facilitate delivery of the upper shoulder by gently guiding the head downwards	•	•	•
7. Facilitate delivery of the lower shoulder by lifting the head and neck slightly	•	•	•
8. Get a firm grasp on neonate. The rest of the neonate should deliver with minimal assistance	•	•	•
9. Note time of delivery and record on neonate's PCR.	•	•	•

NEWBORN and POST PARTUM CARE:

10. Stimulate neonate by drying, rubbing back or flicking the soles of the feet. Do not shake neonate	•	•	•
11. Perform rapid assessment: term gestation, crying or breathing and good muscle tone. Obtain 1 minute APGAR Score . If needed see Neonate Resuscitation		•	•
12. Keep neonate level with the vagina. After 1-3 min., double clamp the cord 8 in. from the newborn and 2 in. apart. Cut between the two clamps	•	•	•
13. Maintain neonate warmth - wrap in blanket, keep head covered	•	•	•
14. Obtain 5 min. APGAR Score. If < 7, repeat score every 5 min. for 20 min.	•	•	•

15. Allow placenta to deliver spontaneously. Do not delay transport while waiting for placenta to deliver. When delivered, collect placenta in plastic bag, bring to hospital and document time of placental delivery.	•	•	•
16. Check perineum for tears. If torn and bleeding, apply direct pressure with sanitary pads, and have patient bring legs together.		•	•
17. Monitor for vaginal bleeding > 500mL and hypotension		•	•
<u>NORMAL SALINE</u> in 500mL increments			•
Once placenta is delivered, massage fundus to stop bleeding. Check every 5 min. for firmness. Massage as necessary		•	•
Contact OLMC			
<u>TRANEXAMIC ACID</u> (TXA): 1g diluted in 100mL D5W IVPB, over 10 min.			•
18. Utilize identification tags for mother and neonate, must include mothers name, gender of newborn, time of delivery.	•	•	•
19. Transport neonate in a secured seat/device unless resuscitation is needed.	•	•	•

MATERNAL RESUSCITATION MODIFICATIONS

3. Perform left uterine displacement while the patient is in the supine position.	•	•	•
4. Chest compressions should be performed slightly higher on the sternum than normal		•	•
5. Defibrillation should be performed following standard guidelines.			•

PEARLS:

1. After delivery of neonate, suctioning (with a bulb syringe) should be reserved for infants who have obvious obstruction to the airway or require positive pressure ventilation
2. If neonate presents with [shoulder dystocia](#) (as evident by "Turtle sign"), hyperflex mother's hips to severe supine knee-chest position (McRoberts's). Apply firm suprapubic pressure to attempt to dislodge shoulder.
3. If strong cry, regular respiratory effort, good tone, and term gestation, infant should be placed skin-to-skin with mother and covered with dry linen

NEONATE PCR DOCUMENTATION:

1. Time of delivery, gender and mother's name.
2. If nuchal cord was present.
3. If meconium flecks were noted in amniotic fluid.
4. APGAR scores at 1 minute and 5 minutes.
5. Any infant resuscitation initiated and response.