

Southern Illinois Regional EMS System

FF-1 EMERGENCY CHILDBIRTH

ALS/ILS/BLS

Phase 1 Labor:

- Patient assessment and initial medical care
- Obtain history and determine if there is adequate time to transport:
 - Gravida (#of pregnancies) Para (# of live births)
 - Number of
 - Miscarriages
 - Stillbirths
 - Abortions
 - Multiple births
 - Due date (EDC) or LMP.
 - Onset and current duration of contractions:
 - Frequency of contractions:
 - Time from beginning of one to the beginning of the next.
 - Length of previous labors in hours.
 - Status of membranes:
 - Intact or ruptured
 - If ruptured:
 - Inspect for prolapsed cord or evidence of meconium.
 - Note time since rupture
 - High-risk concerns:
 - Lack of prenatal care
 - Drug abuse
 - Teenage pregnancy
 - History of:
 - Diabetes
 - Hypertension
 - Cardiovascular disease
 - Other pre-existing conditions that may compromise mother/fetus
 - Preterm labor (less than 37 weeks)
 - Previous breech birth
 - Previous C-section
 - Multiple fetuses
- Inspect for:
 - Bulging perineum
 - Crowning
 - Whether patient is involuntarily pushing
 - Feel like she has to move her bowels with contraction
 - If contractions are 2 minutes apart or less, or any of the above are present:
 - Prepare for delivery
- Initial Medical Care Special Considerations:
 - (ALS/ILS) IV/IO NS TKO rate
 - If mother is hyperventilating:
 - Encourage eye contact
 - Coach to take slow, deep breaths

Southern Illinois Regional EMS System

FF-1 EMERGENCY CHILDBIRTH (continued)

- If mother becomes hypotensive or lightheaded at any time:
 - Turn to left side
 - Oxygen 15 LPM O2 NRB mask
 - IV fluid challenge in 200mL increments, if indicated
- If delivery is not imminent:
 - Allow mother to assume most comfortable position and transport

Phase 2 Delivery:

- Allow head to deliver passively
- Control rate of delivery by placing palm of one hand gently over occiput
- Protect perineum with pressure from other hand
- If amniotic sac still intact:
 - Gently twist or tear the membrane
- If meconium presenting in the fluid:
 - Gently suction the infant's nose and mouth as soon as the head delivers
- Once the head is delivered:
 - Allow it to passively turn to one side
 - This is necessary for the shoulders to deliver
- Feel around the infant's neck for the umbilical cord (nuchal cord):
 - If present, attempt to gently lift it over the baby's head
 - If unsuccessful, double clamp and cut the cord between the clamps
- To facilitate delivery of the upper shoulder:
 - Gently guide the head downward
 - Support and lift the head and neck slightly to deliver the lower shoulder
- The rest of the infant should deliver quickly with the next contraction:
 - Firmly grasp the infant as it emerges
 - Baby will be wet and slippery
- Keep newborn level with mom's vagina until the cord stops pulsating and is clamped.
- Proceed to Post-Partum Care protocol