

Southern Illinois Regional EMS System

FF-3 DELIVERY COMPLICATIONS

ALS/ILS/BLS

Breech Birth:

- A double footling or frank breech presentation generally delivers in 3 stages:
 - Legs
 - Abdomen
 - Abdomen to shoulders
 - Head
 - Infants are at risk for hypoxia due to cord compression
- Patient assessment and initial medical care:
 - Oxygen therapy 15 LPM NRB to O₂ sat > 94%
 - (ALS/ILS) IV/IO NS TKO rate
- Prepare for delivery if birth is imminent.
 - Refer to Emergency Childbirth protocol
- Transport:
 - It is acceptable to stay on the scene while attempting delivery of the head and only to the shoulders of the baby
 - If en-route, stop the vehicle to attempt delivery of the head
- Contact Medical Control and/or receiving hospital

Breech Delivery:

- As soon as the legs are delivered:
 - Support the baby's body and wrap in a towel
 - If the cord is accessible:
 - Palpate frequently for pulsations
 - Attempt to loosen the cord to create slack for delivery of the head
 - After the torso and shoulders are delivered:
 - Gently sweep down the arms
 - If face is down:
 - Gently elevate the legs and trunk to facilitate delivery of the head
 - Do not hyperextend the neck
 - Applying firm pressure over the mother's fundus will facilitate delivery of the head
 - The head should deliver in 30 seconds (with the next contraction). If not:
 - Place 2 gloved fingers into the vagina to locate the baby's mouth and pull chin down.
 - Then push vaginal wall away from baby's mouth to form an airway
 - Keep your fingers in place and transport immediately
 - Alert the receiving hospital of the baby's position
 - Keep delivered portion of baby's body warm and dry
 - If head delivers:
 - Anticipate neonatal distress and follow appropriate protocol
- Anticipate the need for maternal hemorrhage control after the birth of the infant.
 - Refer to the postpartum care protocol

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FF-3 DELIVERY COMPLICATIONS (continued)

Breech Note:

- Single limb presentations or other abnormal presentations may require C-Section
- Do Not Attempt Delivery in the Field
- Rapid transport

Prolapsed Cord:

- Patient assessment and initial care protocol
- Rapid transport
- Notify medical control and/or receiving facility
- Elevate the mother's hips
- Instruct patient to "pant" with contractions
- Cover the exposed cord with a moist dressing and keep warm
- Palpate the cord frequently for pulsations