

	1814	BLS Obstetrical Emergencies
Nor-Cal EMS Policy & Procedure Manual	BLS Procedures	
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

## INDICATIONS

- A patient experiencing an emergency involving childbirth where patient reports or demonstrates vaginal bleeding and imminent delivery.

## CONTRAINDICATIONS

- Do not pull infant out, assist with delivery.
- Do not delay transportation if complications arise.

## PRECAUTIONS

- Infants are extremely slippery when born due to fluids and vernix. Handle infants very carefully, use towels if available.

## PROCEDURES

- Childbirth:
  - Determine if delivery is imminent, get history. If delivery is not imminent, monitor contractions, coach mother.
  - Be alert for the possibility of multiple births or complications. Re-assess for continued labor.
  - Position of comfort unless otherwise indicated.
  - After delivery and suctioning of airway, dry infant. Keep infant and mother warm.
  - Record baby APGAR score at (1) minute and (5) minute:

	Sign	2	1	0
A	Appearance (skin color)	Normal over entire body	Normal except extremities	Cyanotic or pale all over
P	Pulse	>100 bpm	<100 bpm	Absent
G	Grimace (reflex irritability)	Sneezes, coughs, or vigorous cry	Grimaces	No response
A	Activity (muscle tone)	Active	Arms and legs flexed	Absent
R	Respirations	Good, crying	Gasping, irregular	Absent

- Monitor for post-partum hemorrhage, place pad externally on mother.
  - Massage fundus of uterus after delivery of placenta. Encourage the mother to nurse the infant.
- Complications:
  - If delivery is breech presentation, and head doesn't deliver within 4-6 minutes, insert one gloved hand into the vagina and create an airway for the infant. Transport Code 3 ASAP.
  - If the cord is wrapped around the infant's neck, gently slip the cord over the head of the infant. If unable to slip the cord over the head, double clamp the cord and cut the cord between clamps.
  - If the cord is prolapsed, place the mother in knee chest position to remove pressure from the cervix and cord.
- If Mother actively seizing:
  - Administer oxygen, titrate to Spo2 94%
  - Place in left lateral position
- If a patient is hemorrhaging vaginally before delivery:
  - Administer oxygen and titrate to Spo2 to 94%.

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- Place in shock position on left side with abdomen supported.

#### KEY TAKEAWAYS

- Identify signs of shock.
  - Determine due date and gestational age of pregnancy. (number of weeks of pregnancy).
  - Communicate with transporting ambulance or base hospital.
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