THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY PROTOCOLS

Emergency Childbirth

CFR AND ALL PROVIDER LEVELS

- 1. ABCs and vital signs.
- 2. Airway management.
- 3. Assess the mother for shock and treat, if appropriate.
- 4. If the mother is in active labor, visually inspect the perineum (area between the vagina and the anus) for bulging or crowning.
- 5. If delivery is imminent, proceed as follows:
 - a. Administer oxygen if there are any complications with delivery.
 - b. Apply gentle pressure against the neonate's head to prevent tearing of the perineum.
 - i. **DO NOT** apply pressure to the soft spots (fontanels).
 - c. As the head presents, clear the airway of secretions using the bulb syringe, as follows:
 - i. Depress the bulb syringe prior to insertion
 - ii. First suction the mouth, insert no more than 1 ½ inches
 - iii. Then suction the nose, insert no more than ½ inch
 - iv. Suctioning is critical
 - d. Support the head and thorax as the neonate delivers.
 - i. Momentarily position the head lower than the body to allow for drainage.
 - 1. Repeat suctioning as necessary prior to spontaneous or stimulated respirations.
 - e. Gently guide the head downward until the shoulder appears, The other shoulder is delivered by gentle upward traction.
 - f. Thoroughly but rapidly, dry the newborn with a clean, dry towel.
 - g. Monitor the neonate's airway.
 - i. To stimulate breathing, first rub the lower back, and then gently snap the soles of the feet.
 - 1. Spontaneous respirations should begin within 30 seconds after birth.
 - **h.** Resuscitate if necessary (see the Neonatal Care / Resuscitation protocol).
 - i. If proper equipment is available:
 - i. Place the first clamp 8 to 10 inches from the neonate Place the second clamp 3 inches from the first clamp toward the mother.
 - ii. Cut between the clamps and check both ends for bleeding.
 - iii. If the equipment is not available, tie the umbilical cord with gauze at the same landmarks, but **DO NOT** cut the cord.
 - j. If continuous bleeding is seen from either end of the cord, add a second clamp to the end that is bleeding.
 - k. Wrap the infant in a dry, warm blanket or towels and a layer of foil or plastic wrap over the layer of blankets or towels or use a commercial-type infant swaddler, if one is provided with the OB kit. Do not use foil alone.
 - I. Cover the infant's scalp with an appropriate warm covering.
 - m. Re-assess the mother for shock and treat, if appropriate (see the Shock / Sepsis (Adult) protocol).
 - n. If post-partum hemorrhage occurs, see the Obstetric Emergencies protocol.
 - o. For care of the neonate, see the Neonatal Care / Resuscitation protocol.

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CFR STOP

EMT

- 6. If delivery is imminent, request ALS assistance.
 - a. ALS assistance <u>must</u> be requested for premature or multiple births, or if the amniotic fluid is meconium stained.
- 7. Transport.
 - a. Do not delay transport waiting for the placenta to deliver.
 - b. If miscarriage or stillbirth occurs, bring all expelled material to the hospital with the mother. If there is any doubt about viability, begin neonatal resuscitation.
- 8. Special Considerations:
 - a. Abnormal Presentations:
 - i. Breech Presentation:
 - **1.** Place the mother in a face-up position with hips elevated.
 - 2. Support the thorax of the neonate as it delivers.
 - 3. A full delivery may occur.
 - 4. If the head does not deliver immediately:
 - a. Place sterile, gloved fingers between the neonate's face and the wall of the birth canal to establish an air passageway.
 - b. This position must be maintained until the head delivers.

ii. Prolapsed cord:

- 1. Place the mother in a face-up position with hips elevated.
- 2. If the cord is not pulsating:
 - a. Place sterile, gloved fingers into the birth canal and push the head back 1 to 2 inches towards the cervix until the cord begins to pulsate.
- 3. Wrap saline-moistened, sterile dressings around the cord.
 - a. Do not attempt to insert the cord back into the uterus. The cord should be continuously monitored for the presence of a pulse.
- b. Complications During Birth:
 - Cord Around the Neck:
 - **1.** If the cord is loose, gently slip the cord over the neonate's head.
 - 2. If this is not possible, immediately place 2 clamps on the cord and cut between them.
 - ii. Amniotic Sac Not Ruptured:
 - **1.** Immediately remove the sac from around the face using sterile, gloved fingers only.
 - iii. Wedged Shoulders:
 - 1. Guide the head downward to aid in the delivery of the upper shoulder.
 - iv. Multiple Births:
 - 1. Deliver each multiple birth according to the protocol for Emergency Childbirth, making sure to tie each umbilical cord between births.
 - 2. Clamp and cut the cord of the first neonate prior to the next birth.
 - 3. If the second birth does not occur within 10 minutes, begin transport.

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Paramedic

Paramedic STOP

Key Points / Considerations

- 1. Consider supine hypotension syndrome as a cause of shock.
- 2. Neonate's are subject to rapid heat loss and must be kept warm and dry.

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