Emergency Childbirth

CFR and All Provider Levels

1. ABCs and vital signs
2. Airway management and appropriate oxygen therapy
3. If the patient is in active labor, visually inspect the vagina for bulging or crowning
4. If delivery is imminent, proceed as follows:
   - 4.1 Apply gentle pressure against the delivering newborn's head to prevent tearing of the perineum
     - DO NOT apply pressure to the soft spots (fontanels)
     - Support the bony parts of the head as it presents
   - 4.2 As the head presents, gently clear the airway of secretions using the bulb syringe as follows:
     - Depress the bulb syringe prior to insertion
     - Suction the mouth first by inserting the syringe no more than 1.5 inches into the newborn's mouth
     - Suction the nose by inserting the syringe no more than 0.5 inches into the newborn's nose
   - 4.3 Support the head and chest as the newborn delivers
   - 4.4 Repeat suctioning as necessary prior to spontaneous or stimulated respirations
   - 4.5 Gently guide the head downward until the shoulder appears. Deliver the other shoulder with gentle upward traction
   - 4.6 Thoroughly but rapidly dry the newborn with a clean, dry towel
5. Delay clamping of the umbilical cord for up to one (1) minute after uncomplicated delivery, if safe to do so. Cut the umbilical cord by performing the following:
   - 5.1 Place the first clamp 8-10 inches from the newborn
   - 5.2 Place the second clamp 3 inches from the first clamp toward the mother
   - 5.3 Cut between the clamps and check both ends for bleeding. If continuous bleeding is seen from either end of the cord, add a second clamp to the bleeding end
   - 5.4 If umbilical clamps are not available, tie the umbilical cord with gauze at the same landmarks, but DO NOT cut the cord
6. Wrap the newborn in a dry, warm blanket/towel with a layer of foil or plastic wrap over the blanket/towel, or use a commercial infant swaddler, if available. Do not use foil alone
7. Cover the newborn's scalp with a warm covering
8. Assess the mother for shock and treat as needed
9. Assess for postpartum hemorrhage and treat as needed
10. Place newborn on mother's chest, if safe to do so

11. Assess and treat newborn appropriately as indicated

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12. Request ALS assistance if delivery is imminent. Do not delay transport if delivery is not imminent or to wait for the placenta to deliver
13. Transport
14. If miscarriage or stillbirth occurs, bring all fetal material to the hospital with the mother. If the viability of the fetus is uncertain, begin neonatal resuscitation
15. Special Considerations:
    - 15.1 Breech Presentation
      - Place the mother in a face-up position with hips elevated
      - Support the newborn's thorax during delivery
      - Be prepared as a full delivery may occur
      - If the head does not deliver immediately:
        - Place sterile, gloved fingers between the newborn's face and the wall of the birth canal to establish an air passageway. This position must be maintained until the head delivers
        - Fetal body should be supported at or below the angle of the birth canal. Presenting parts should not be raised upward
        - Do not apply traction while the newborn is in the birth canal
    - 15.2 Prolapsed Cord
      - Place the mother in a knee to chest position
      - Encourage the mother not to push
      - If the cord is not pulsating, place sterile, gloved fingers into the birth canal and push the head back 1-2 inches towards the cervix until the cord begins to pulsate
      - Wrap saline-moistened, sterile dressings around the cord
      - Do not attempt to insert the cord back into the birth canal
      - The cord should be continuously monitored for the presence of a pulse
      - This position will most likely need to be maintained during transport to allow for umbilical blood circulation
    - 15.3 Nuchal Cord
      - If the umbilical cord is loose enough, gently slip it over the newborn's head immediately
      - If the umbilical cord is wrapped tightly around the neck such that it prevents manipulation, place two clamps on the cord and cut between the clamps

15.4 Intact (not ruptured) Amniotic Sac

- Immediately remove the sac from around the face using sterile, gloved fingers only

15.5 Shoulder Dystocia (wedged shoulders)

- Encourage the mother not to push
- Place the mother in a knee to chest position. This may require having providers assist the mother to maintain a hyperflexed position of the legs (McRoberts maneuver)
- Place the mother in Trendelenburg position or place the head of the bed lower than the legs
- Apply firm, steady suprapubic pressure. Avoid fundal pressure as this will worsen the condition
- If these maneuvers fail to deliver the newborn, reposition the mother on her hands and knees
- Guide the head downward to aid in the delivery of the upper shoulder

15.6 Multiple Births

- Deliver each birth accordingly, making sure to tie each umbilical cord between births
- Clamp and cut the cord of the first newborn prior to the next birth
- If the second birth does not occur within 10 minutes, begin transport

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Paramedic

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Consider supine hypotension syndrome as a cause of shock
- Newborns are subject to rapid heat loss and must be kept warm and dry
- Miscarriage usually occurs at less than 20 weeks of gestation. Begin resuscitative efforts of the newborn if the gestational period is unknown
- The turtle sign is when the newborn's head retracts back into the vagina, and is an indication of shoulder dystocia
- It is no longer suggested to perform aggressive suctioning of the newborn when meconium is present
- Do not aggressively suction premature newborns