OB-02 CHILDBIRTH/ DELIVERY		First Responder EMT AEMT Paramedic

- Always remember you will likely have TWO patients (mother and infant), and
  - Be prepared for multiple births
  - Call for additional resources if any concern
- If delivery is imminent (fetal part visualized at vaginal opening), **STAY ON SCENE** and prepare for delivery.

For **any** of the following refer to the **OB Emergencies Guidelines [OB-03]**:

- Nuchal Cord: Umbilical cord around the infant's neck or protruding from vaginal opening ahead of the presenting part.
- Abnormal Presenting Part: Fetal part other than the head presenting at the vaginal opening.
- Shoulder Dystocia: Delivery does not progress after head is delivered (i.e. shoulder gets stuck).
- Eclampsia: Mother presents with severely altered LOC or seizing.

For uncomplicated labor and delivery of the infant(s), see:

- See *Delivery of the Infant (below)*

For care of the newborn once the body has delivered, see:

- *Care of the Neonate (below)*, or
- **Neonatal Resuscitation [OB-05]**

For vaginal bleeding or delivery of the placenta, see:

- *Postpartum Care of the Mother (below)*

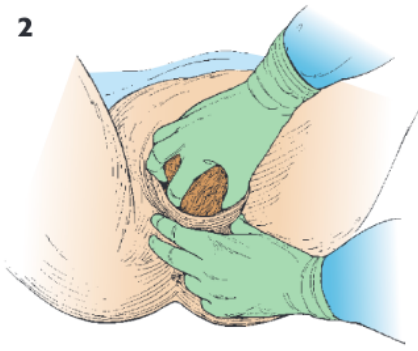
Images courtesy of:

Lew, G.H. & Pulia, M.S. **Chapter 56: Emergency Childbirth**. *Roberts and Hedges' Clinical Procedures in Emergency Medicine - Sixth Edition*. Elsevier, 2013.

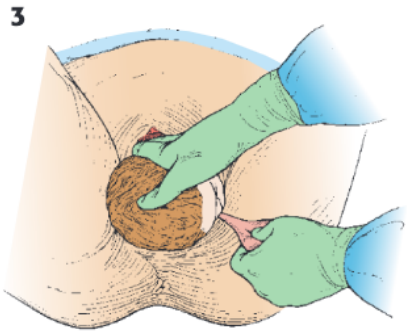
MOTHER: DELIVERY OF THE INFANT

Procedure:

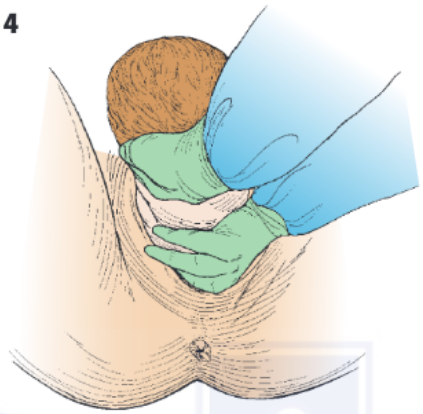
1. Visualize the perineum, if the fetal head is visualized, assist with delivery.
    a. If the fetal part is anything other than the head, initiate rapid transport, contact online medical control, and see *OB Emergencies [OB-03]*.
2. Use gentle pressure on the fetal head and perineum to **control delivery** [*see **#2** on the right*].
    a. The idea is to prevent the head from rapidly "popping" out of the vagina (i.e. prevent an "explosive" delivery leading to tearing of the perineal tissues).
3. When head delivers **check for cord** around the neck, and slip off if possible
    a. See *OB Emergencies [OB-03]*, Nuchal Cord section.
4. Support the head and **guide the infant** (slightly) **to the floor** to allow the anterior shoulder to deliver [*see **#3** on the right*].
5. Once this occurs, **guide/lift the infant anteriorly** (upwards/towards the ceiling, *see **#4** on the right*), and the posterior shoulder and remainder of the infant should rapidly deliver.
6. **HOLD ON!** Please do not drop the infant.
7. Once the entire body has delivered, see:
    a. Care of the Neonate [*below*], and/or
    b. Neonatal Resuscitation [**OB-05]**.



Place one hand over the occiput and provide gentle pressure to control delivery of the head. Use your other hand to exert pressure on the chin of the fetus through the perineum (the modified Ritgen maneuver).



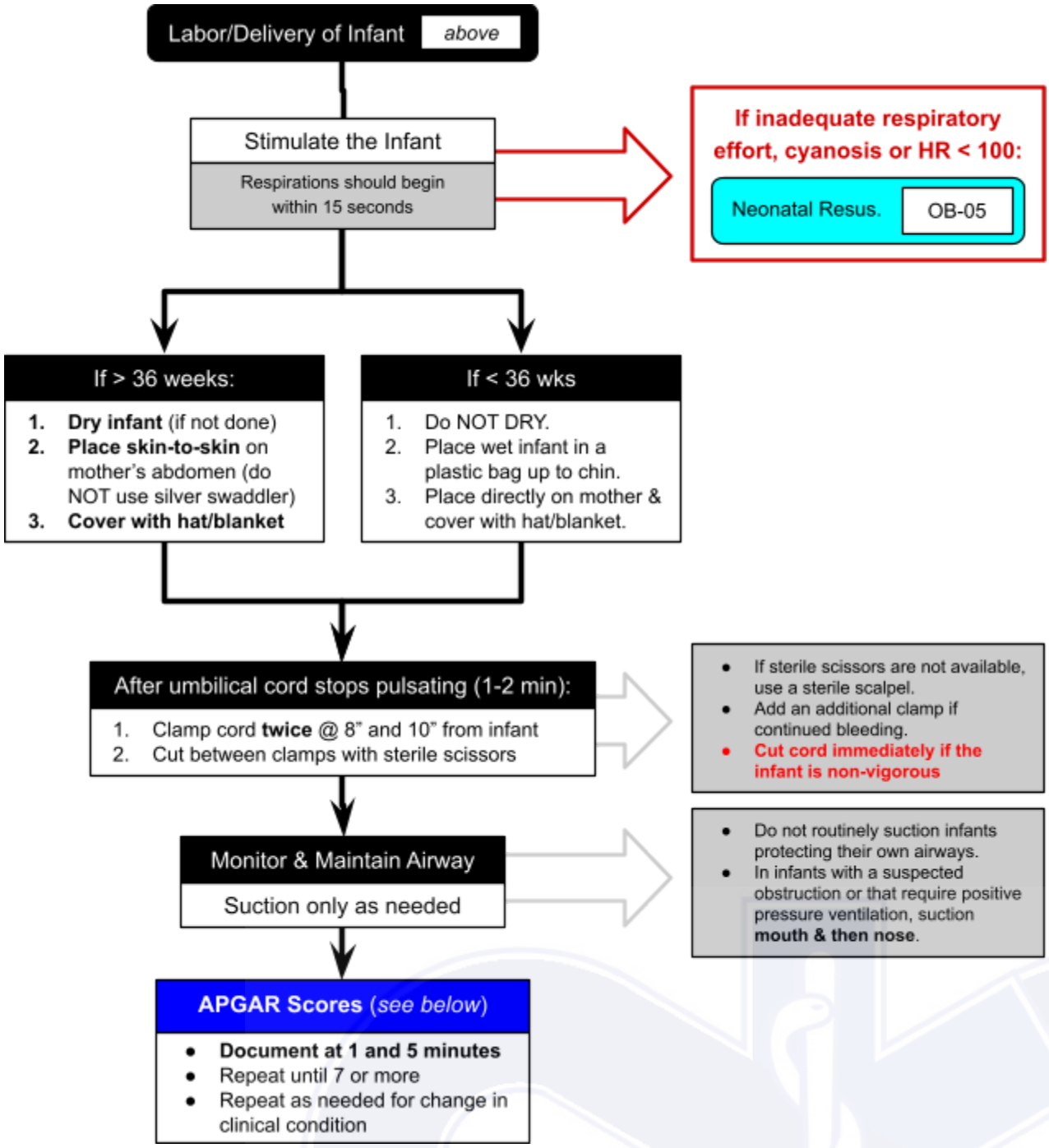
Apply gentle downward (posterior) traction until the anterior shoulder appears beneath the symphysis pubis.



Gently lift the head upward to aid in delivery of the posterior shoulder.

For Postpartum Care of the Mother, *see below*.

INFANT - CARE OF THE NEONATE (After Delivery)



MOTHER: POSTPARTUM CARE	
Delivery of the Placenta	**Peri- or Postpartum Hemorrhage**

• Allow the placenta to deliver, but do not delay transport awaiting delivery--placenta should deliver within 20-30 minutes.
• If delivered, collect in a plastic bag & bring to the hospital.
• Never pull the cord to facilitate delivery.
	• If the perineum is torn and bleeding:
	  ○ Apply direct pressure with sanitary or trauma pads.
	• If severe vaginal bleeding, provide supportive care, and see:
	  ○ **Vaginal Bleeding** [**OB-04**], and/or
	  ○ **Hemorrhagic Shock** [**T-03**] Guidelines.
	• Consider allowing the infant to nurse (stimulates uterine contraction).
	• **Uterine Fundal Massage** may be considered only with severe vaginal bleeding.

APGAR Score:

Note: This is your "vital sign" for newborns

- The APGAR score should always be calculated after birth of the infant if possible.
  - Obtain APGAR at **1 and 5 minutes after delivery**.
  - Repeat every 5 minutes until 7 or more.
  - Repeat as needed for changes in clinical condition
- The five (5) clinical signs are evaluated according to the scoring system detailed below.
  - Two points = normal sign
  - Zero points = absent sign/no response
  - One point = somewhere in between
- Each sign is assigned points to be totaled.
  - A total score of 10 indicates that the infant is in the best possible condition.
  - A score of 4 to 6 indicates moderate depression /need for resuscitative measures.

DO NOT delay resuscitation efforts to obtain APGAR score.

Clinical Sign	0 Points	1 Point	2 Points
Appearance	Blue/Pale	Body Pink Extremities Blue	Completely Pink
Pulse	Absent	Below 100/min	Above 100/min
Grimace	No response	Grimace	Cries
Activity	Limp	Some flexion of extremities	Active motion
Respiratory	Absent	Slow/Irregular	Good strong cry