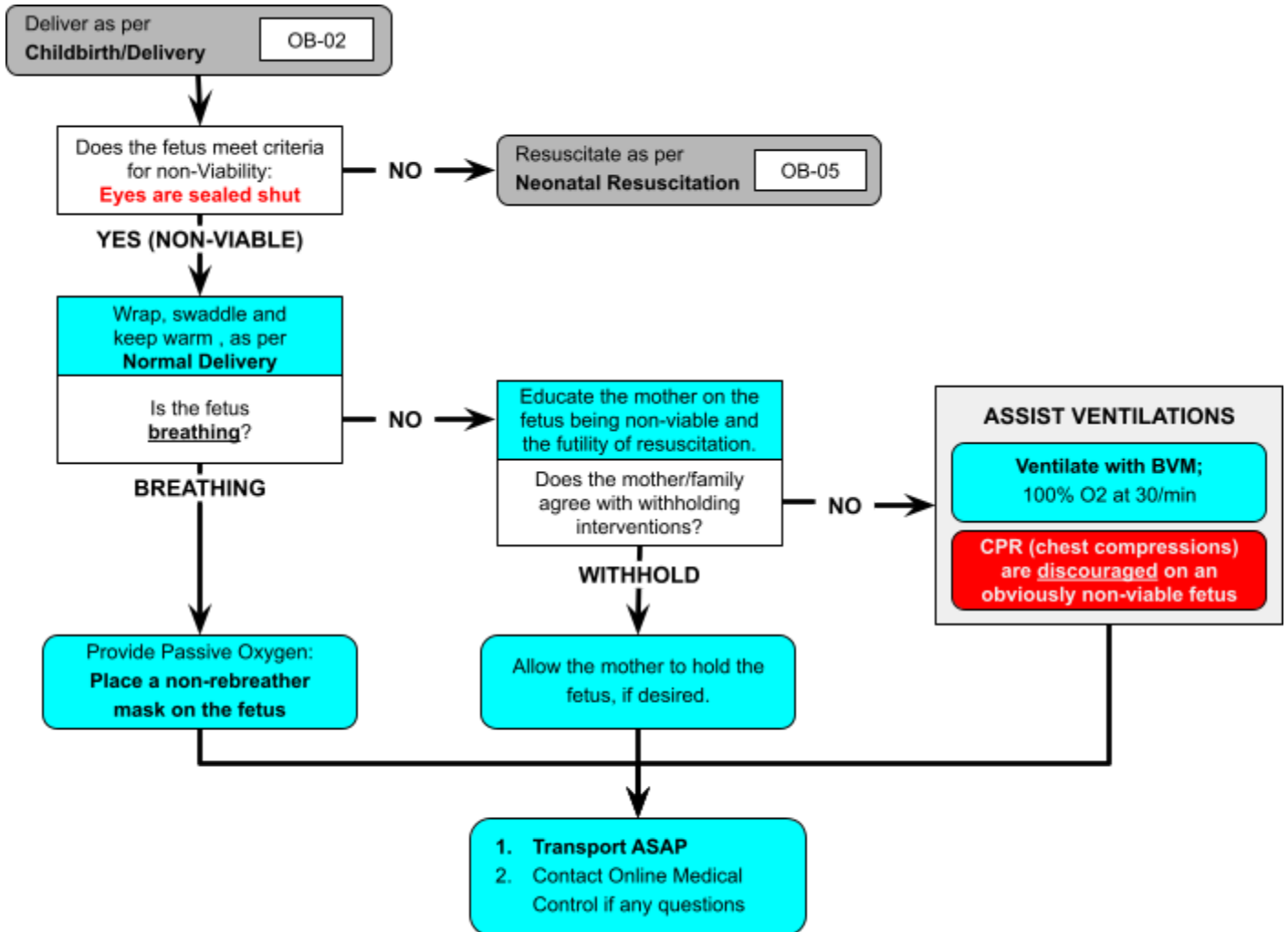
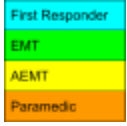


**This guideline is for NON-VIABLE Fetuses only.**



OB-06  
FETAL DEMISE/  
NON-VIABLE FETUS



## NOTES:

- All mothers who give birth to an infant/fetus in the field should be transported to the ED/OB Triage for further medical evaluation. This will additionally allow for social/grieving services to be provided to the patient/family.
- **If the fetus' eyes are not sealed shut, treat/resuscitate as per Neonatal Resuscitation Guideline [OB-05].**
- Once a fetus has been designated as non-viable the goals of evaluation and treatment should shift to
  - Evaluating the mother for any life-threatening bleeding or other emergency.
  - Providing (social) support to the mother.
- **Special attention/effort must be given to educate the mother about the non-viable nature of the fetus.** All interventions to a non-viable fetus are medically unnecessary and in the long term will possibly cause more mental anguish to both the mother, the family and the EMS providers.
- If the mother/family cannot be convinced otherwise, **minimal resuscitative efforts may be provided while en route to the ED/OB Triage.**
- The only recommended intervention is BVM ventilations.
  - Avoid any advanced airway.
  - **CPR (chest compressions) are discouraged**, but left to the discretion of the family/EMS personnel.
  - IV or IO placement are not appropriate and should not be performed.
  - Any additional interventions (e.g. medications) should be avoided.