**Childbirth/ Imminent delivery**

**Prehospital Management of Imminent Delivery**

|  |  |  |
| --- | --- | --- |
| **History**   * Due date * Time contractions started, frequency * Rupture of membranes * Time and amount of vaginal bleeding * Sensation of fetal activity * Past medical and delivery history * Medications * Gravida/Para Status * High Risk pregnancy | **Signs and Symptoms**   * Spasmodic pain * Vaginal discharge or bleeding * Crowning or urge to push * Meconium | **ASSESSMENT**   * Abnormal presentation   Buttock  Foot  Hand   * Prolapsed cord * Placenta Previa * Placenta Abruptio |

**TREATMENT GUIDELINES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **R-EMR** | **E-EMT** | **A-AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level of providers are responsible for lower level treatments\*\*\***

|  |  |
| --- | --- |
| * Initial Patient Contact (2000). * Position patient in left lateral position. * For Hypertension, Complicated Delivery or Vaginal Bleeding, go to Preeclampsia/Eclampsia (7080), and or Obstetrical Emergencies (7085) Guidelines. | R |
| * Inspect perineum for crowning, or bleeding. * Observe for prolapsed cord, and push up on head if required. * Document frequency and duration of contractions. * If no crowning, transport, and monitor. * Observe and assess for significant blood loss, treat for shock. | E |
| * Establish IV with NS, draw labs; **do not delay transport for IV access.**2 * If crowning and >36 weeks gestation, Childbirth Procedure (9050). * If crowning and <36 weeks gestation, abnormal presentation, severe bleeding or multiple gestation, transport code and call for ALS intercept. | A |
| * **ALS required for signs of Obstetrical Emergency** * Repeat patient assessment; assist with childbirth procedure (9050). * Newly Born Guidelines (7083). | P |
| * **\*\*** Call Medical Control for severe Vaginal Bleeding, abnormal presentation, severe Hypertension, ALOC or Seizures\*\*. | M |

2EMT providers may perform these procedures if credentialed with the appropriate OM.

Pearls:

**Document all times (delivery, contraction frequency and length).**

**If maternal seizures occur, refer to Preeclampsia/ Eclampsia Guidelines 7085.**

**After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding.**

**Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.**

**Meconium staining is evidenced by amniotic fluid that is greenish or brownish-yellow rather than clear. It may be foul in odor. It is a sign of possible fetal distress during labor.**

**Record APGAR score (A1) at 1 minute and 5 minutes after birth.**

**QA: 100% of patients with field Childbirth.**