



INDICATION:

- Progressive childbirth before mother can be transported to an ERC for controlled delivery of baby.

SIGNS OF IMMINENT CHILDBIRTH:

- Body part of the unborn child is visible within the birth canal, usually the top of the head or forehead but may be buttocks, hands, or feet.
- Contractions (strong muscle cramps experienced by the mother and palpable over the lower abdomen) that are 2 to 3 minutes apart.
- The mother with active contractions reports feeling that she needs to have a bowel movement.
- The mother with active contractions reports an uncontrollable urge to push the child down or out.

PROCEDURE:

1. Explain to the mother that you will assist her to deliver the baby.
2. Activate the 911 System, if not already done
3. Calm the mother as much as possible; use reassuring and normal voice tones. Many mothers will naturally grab your arm with contractions – gently release her grip and do not reprimand the mother for this natural action.
4. Use universal blood borne precautions, with a minimum of sterile gloves and mask.
5. Assure that the mother's clothing is not in a position to restrict the birthing process; the mother's legs should be free to move.
6. Allow the mother to assume a position comfortable for her. Be aware that in some cultures, squatting or assuming a position on "all fours" is preferred for birthing.
7. Allow the mother to push down the baby when she feels the unstoppable urge to do so. This should occur concurrent with contractions.
8. Assist the delivery by supporting the baby's head as it emerges. Allow the head to rotate to one side which will occur naturally to allow the body to be delivered.
9. While supporting the baby's head allow the shoulders to be delivered, usually top or anterior shoulder first, then the lower or posterior shoulder second. Delivery of the shoulders is often difficult and may require gently moving the head downward to allow the anterior shoulder to deliver and then moving the head upward to allow the posterior shoulder to deliver.
10. Allow the remainder of the body to deliver while carefully holding and supporting the baby's head to support the neck.
11. If the umbilical cord is looped around the baby's neck, insert a finger below the cord and move it over the head to free the baby for delivery (sometimes the cord can be wrapped twice around the neck).
12. Once delivered, dry the baby with a clean towel, which should stimulate crying. Assure the baby is well dried.
13. Wrap the baby in a dry towel and place on its side with the mother. If umbilical clamps are available, clamp the umbilical cord about 3 inches from where it attaches to the baby.
14. Unless transport will take greater than 20 minutes, leave the umbilical cord intact. For delayed transport times, place a second clamp on the umbilical cord 4 inches from the baby and cut the cord between the clamps.
15. Whether the umbilical cord is cut or not, allow the placenta to deliver naturally. Do not pull on the umbilical cord.
16. If the placenta delivers, package it in a bag or wrapped towel and transport with the baby to allow for examination of the placenta for important abnormalities by the receiving physician.
17. Comfort the mother and assure her that post-delivery contractions are normal and help decrease bleeding.
18. Document time of delivery and condition of baby (breathing, muscle tone, color).

Approved: _____

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19. Do not delay transport to the nearest ERC.
20. Keep baby warm and observe to assure breathing is adequate and color pink. If breathing poor, stimulate the baby by drying with towel or gently rubbing feet with hands. If secretions are in baby's mouth, roll to one side to allow drainage.

SPECIAL CIRCUMSTANCES:

Breech Presentation: (Buttocks or feet present first as opposed to head)

1. Follow the procedure for normal presentation delivery, with the exception that you **do not touch the baby until the head delivers**. Touching and stimulating the skin of a baby in breech position can induce the baby to gasp and aspirate amniotic fluid while still in the birth canal.
2. As the shoulders deliver, encourage the mother to push to deliver the head and clear the birth canal.

Blue Baby or Non-breathing Baby:

1. With the stimulation of drying with a towel, a baby should gasp and begin breathing and gain a pinkish color of the lips. If after 30 seconds to a minute of stimulation the baby does not begin breathing or retains a blue color of the lips, initiate infant CPR. Keep the baby as warm and dry as possible.

Post-partum Hemorrhage:

1. If after delivery of the baby the mother continues to have vaginal bleeding, massage the uterus with gentle pressure over the lower abdomen. As the uterus contracts, it is often palpable through the abdominal wall allowing for more direct massaging of the uterus.
2. Most often, the placenta will deliver with massaging and bleeding will gradually decrease. Continue to massage the uterus over the abdomen until bleeding is minimal.

Maternal Seizure During or After Delivery:

1. Seizure of the mother during or after delivery is an extreme emergency. Protect the baby and attend to the mother's airway (suctioning if available and keeping clear and open), immediately notify the 911 dispatch center of the change in status.

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