

# Monterey County EMS System Policy



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## Childbirth/OB-GYN Emergencies

### **BLS CARE**

Routine Medical Care.

Position the patient appropriately. For women in the second and third trimester, position the patient in a left lateral position to prevent pressure from the fetus on the inferior vena cava. For active labor, position for comfort and ease of delivery.

Prepare for delivery. If baby is crowning and mother feels urge to push, deliver at scene.

Time the contractions.

Record time of delivery. Assess the baby using the APGAR Score at birth at 1 minute and five minutes after birth. A low APGAR score (0-3) requires immediate resuscitation. Repeat APGAR scores should be done at five minute intervals after resuscitation (10, 15, 20 minutes). **Keep the baby warm.**

After the baby has delivered, apply clamps to the umbilical cord approximately six and eight inches from the baby.

Cut the cord between the clamps.

Contact the responding ALS unit or local ED should further assistance in managing difficult deliveries be desired.

### **ALS CARE**

Routine Medical Care.

Base Contact. Base contact is required for all obstetrical emergencies other than uncomplicated normal childbirth.

### **OB/GYN EMERGENCIES (BOTH BLS AND ALS)**

***Vaginal Bleeding*** (Abnormal bleeding between menses, during pregnancy, postpartum or post operative)

If postpartum, gently massage the fundus to decrease bleeding.

Monitor vital signs frequently.

The baby may be placed at the breast to encourage feeding; this may reduce bleeding.

Assess for the possibility of multiple deliveries.

If the patient is in shock, treat for shock at either the BLS or ALS level as appropriate.

### ***Spontaneous Abortion***

If the fetus is > 20 weeks or 500 grams, resuscitate as appropriate. If non-viable, save and transport any tissue or fetal remains.

Have the patient place a sanitary napkin or bulky dressing over the vaginal opening. Do not pack the vagina with anything.

### ***Severe Pre-Eclampsia/Eclampsia***

Attempt to maintain a quiet environment.

Monitor vital signs frequently.

Observe for seizures, hypertension or coma and treat appropriately at the BLS or ALS level.

### ***Breech Delivery***

Allow delivery to proceed passively until the baby's waist appears. Gently rotate the baby to a face down position and continue with the delivery.

If the head does not readily deliver, insert a gloved hand into the vagina to relieve pressure on the cord and create an air passage for the infant. Transport. Monitor vital signs and infant condition frequently.

### ***Prolapsed Cord***

If prolapsed cord is present during delivery, place mother in knee/chest position or elevate hips with pillows or folded blankets. Insert a gloved hand into the vagina and gently push the presenting part (e.g. the neonate's head or shoulder) upward to relieve pressure on the cord. **Do not push or pull on the cord.** Encourage the mother **not** to push.

Place fingers on each side of the neonate's nose and mouth, and split fingers into a "V" shape to create an airway opening. **Do not** attempt to reposition the cord. **Do not** remove your hand. Cover the exposed cord with saline soaked gauze.

### ***Limb Presentation***

Limb presentation is defined as the presentation of a single limb – such as an arm or leg.

It is unlikely that the baby will deliver spontaneously or that the EMS caregiver will be able to effectively assist in the delivery. Immediate transport should be initiated.

Place the mother in the supine position with the hips elevated so that the head is lower than the hips.

## APGAR Score Criteria

<b>Component of Acronym</b>	<b>Score of 0</b>	<b>Score of 1</b>	<b>Score of 2</b>	<b>Measures</b>
<b>Appearance</b>	Blue all over	Body pink Cyanosis to extremities	Body and extremities pink No cyanosis	Skin Color
<b>Pulse</b>	Absent	<100	>100	Heart rate
<b>Grimace</b>	No response to stimulation	Grimace/feeble cry when stimulated	Sneeze/cough/pulls away when stimulated	Reflex irritability
<b>Activity</b>	None	Some flexion	Active movement	Muscle tone
<b>Respiration</b>	Absent	Weak or irregular	Strong	Breathing