

Childbirth

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M
R

- Perform **Routine Patient Care Protocol 1105**.
- Obtain a history on the patient including:
 - Gravida - Number of pregnancies
 - Para - Number of live births
 - Expected delivery date
 - Length of previous labor
 - Complications of previous pregnancies
 - Onset of contractions
 - Prenatal care
- Allow the expectant mother to remain in a position of comfort.
- If delivery is not imminent, transport the patient on her left side.
- Determine if there is adequate time to transport:
 - Assess the nature, extent, and time of contractions.
 - Assess the patient for high-risk factors.
 - Assess the status of the membranes and any discharge.
 - Assess for pushing with contractions.
 - Take into consideration the length of previous delivery.
- If delivery is imminent:
 - Do not attempt to restrain or delay delivery.
 - Position the mother supine on a flat surface, if possible.
 - Use full PPE.
- Prepare for delivery:
 - Control delivery of the head so that it does not emerge too quickly. Support the infant's head as it emerges and protect the perineum with gentle hand pressure.
 - Puncture the amniotic membrane with gentle finger pressure if it is still intact and visible outside the vagina.
 - Assess for nuchal cord and, if present, gently remove the cord from around the newborn's neck.
 - Suction the mouth, then nose of the newborn with a bulb syringe as soon as the head is delivered.
 - As the shoulders emerge, guide the head and neck downward to deliver the anterior shoulder. Support and lift the head and neck slightly to deliver the posterior shoulder.
 - Ensure a firm hold on the baby as the rest of the newborn's body delivers.
 - Keep the newborn level with the mother's vagina until the cord stops pulsating and is double clamped.
- Once delivered proceed to **6110 - Post Partum Care**.

Childbirth

E M T	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if indicated.• Transport as soon as possible.• Contact receiving facility as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Initiate ALS intercept, if indicated.• Transport as soon as possible.• Contact receiving facility as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.

Childbirth

Critical Thinking Elements

- **High-Risk Pregnancy Factors**
 - Lack of prenatal care
 - Drug abuse
 - Teenage pregnancy
 - Diabetes
 - Hypertension
 - Cardiac disease
 - Previous breech or C-section delivery
 - Pre-eclampsia/toxemia/eclampsia
 - Multiple birth pregnancy.

Post-Partum Care

EMR	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1105. • Infant Post-Partum Care <ul style="list-style-type: none"> • If the baby is term, has good tone, breathing and crying normally: place baby with mother for care, warm and maintain body temperature, position airway, clear secretions if needed, dry and continuously monitor. • If the baby is not term, has poor tone, not breathing or crying, initiate Neonatal Resuscitation Protocol 2235 • Mother Post-Partum Care <ul style="list-style-type: none"> • The placenta should deliver within 5 - 20 minutes. Collect the placenta in a plastic bag and bring it to the hospital with the mother. Do not pull on the cord to facilitate delivery of the placenta. • Do not delay transport for delivery of the placenta. • If the perineum is torn and bleeding, apply direct pressure with abd pads or trauma dressings and have the patient bring her legs together. • Massage the uterus until firm. <ul style="list-style-type: none"> ▪ To massage the uterus, place one hand with fingers fully extended just above the mother's pubic bone and use the other hand to press down into the abdomen and gently massage the uterus approximately 3 to 5 minutes until it becomes firm.
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Critical Thinking Elements

- High-Risk Pregnancy Factors
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 - Pre-eclampsia/toxemia/eclampsia
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- Documentation Requirements
 - Complete Emergency Childbirth Record
 - Document the date, time, and place of delivery.
 - Presence or absence of nuchal cord.
 - Appearance of the amniotic fluid.
 - Time the placenta was delivered and its condition.
 - APGAR score at 1 minute and 5 minutes.
 - Any resuscitation and treatment rendered and newborn response to treatment.

Abnormal Delivery

EMR	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1105. • Breech Presentation <ul style="list-style-type: none"> • Never attempt to pull the baby from the vagina by the trunk or legs. • As soon as the legs are delivered, support the baby's body. • After the shoulders are delivered, gently elevate the trunk and legs to aid in the delivery of the head. • The head should deliver in 30 seconds. If it does not, reach two fingers into the vagina to locate the infant's mouth. Press the vaginal wall away from the baby's mouth to provide unrestricted respirations. • Prolapsed Cord <ul style="list-style-type: none"> • Elevate the mother's hips. • Do not pull the cord or attempt to push the cord back into the vagina. • Place a gloved finger/hand into the vagina between the pubic bone and the presenting part with the cord between the fingers and exert counter pressure against the presenting part. • Palpate the cord for pulsations. • Keep the exposed cord warm and moist. • Keep the hand in position and transport immediately. • Limb Presentation <ul style="list-style-type: none"> • Elevate the mother's hips. • Avoid touching the limb. Do not pull on the extremity and do not attempt to push the limb back into the vagina.
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Rape/Sexual Assault

E M R	<ul style="list-style-type: none"> • Perform Routine Patient Care Protocol 1105. • Treat injuries according to the appropriate protocol. • Survey the scene and give special consideration to preserving any articles of evidence on or around the patient. • Strongly discourage the patient from urinating, washing/showering or changing clothes. • Collaborate with police to determine what articles will be transported with the patient. • Do not physically examine the genital area unless there are obvious injuries that require treatment. • All linen used by the patient should be left with the patient at the emergency department. • The following resources should be offered to all victims of abuse regardless of transport or not: <ul style="list-style-type: none"> • Crime Victims Compensation Program - 1-800-228-3368 • Prairie Center Against Sexual Assault - 217-753-8081
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