



NORMAL LABOR AND DELIVERY



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol should be used when the paramedic encounters an imminent delivery prior to arrival at the hospital.

Imminent delivery is evidenced by crowning at the vaginal opening.

Supportive Care

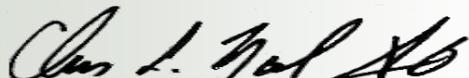
1. [Trauma Supportive Care Protocol](#). Notify closest OB capable hospital early and prepare for transport to an OB capable hospital.
2. Place mother in a comfortable, supine position.
3. Prepare OB kit (Also, have pediatric kit on standby).
4. Gently and carefully assist expulsion of the newborn from the birth canal in its natural descent. **Do not pull or push the newborn.**
5. Upon complete presentation of newborn's head:
 - a. Instruct mother to stop pushing.
 - b. Clear the airway by gentle suction of mouth, then nose with bulb syringe.
 - c. Inspect and palpate the newborn's neck for the umbilical cord. If present, carefully unwrap the cord from the neck. If unable to remove the cord, apply 2 umbilical clamps and cut between the clamps to release the cord.
 - d. Once airway is clear and cord is free from around neck, instruct mother to push on her next contraction to complete delivery.
6. Upon complete delivery of the newborn:
 - a. Keep the newborn at the level of the vagina to prevent over or under transfusion of blood from the cord.
 - b. Never "milk" the cord. Apply 2 umbilical cord clamps (2 inches apart



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Page 1 of 3

Approved by:


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and at least 8 inches from the navel) then cut the cord between the clamps.

- c. Avoid holding newborn by legs, allowing head to hang below body, as this may cause cerebral hemorrhage to occur.
- d. Gently suction the mouth and nose with the bulb syringe.
- e. If meconium is noted in the airway, see [Newborn Resuscitation](#).
- f. Dry and wrap the newborn in a blanket to preserve body heat. Be sure to cover the newborn's head, as this is a major area of heat loss.

7. Evaluate newborn:

- a. If newborn is not breathing, see [Newborn Resuscitation](#).
- c. Evaluate [APGAR](#) score at 1 and 5 minutes.
- d. If APGAR is <7, see [Newborn Resuscitation](#).

8. Following delivery of the newborn, the mother's vagina should continue to ooze blood. **Do not pull on the umbilical cord.**

9. If active hemorrhage is noted from the vagina, apply firm continuous massage manually to the uterine fundus.

If the mother wants to breast feed, encourage her to do so, as this will aide in the contraction of the uterus, which will help stop the bleeding and facilitate delivery of the placenta.

(Do not attempt to examine the patient internally. Never pack the vagina to stop bleeding). Apply a sanitary napkin to vagina opening.

10. If the placenta does deliver, preserve it in a plastic bag and transport it with the mother.

It is not necessary to delay transport to wait for the placenta to deliver.



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Page 2 of 3

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11. After delivery of the placenta, clean perineal area and remove soiled drop sheets from under mother's buttocks.

Visually inspect perineal area for tears. If active bleeding is present, apply direct pressure with sterile gauze. Apply sanitary napkin to vaginal opening.

ALS Level 1

None

ALS Level 2 (*Physician authorization required*)

None



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Page 3 of 3

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