



CHILDBIRTH



Escambia County, Florida – 1st Responder Medical Protocol

The 1st Responder should use this protocol to guide him/her through the treatment of patients that are pregnant and has a complaint of labor.

The assessment of these patients should follow the normal approach to patient assessment as well as specific questions related to the history of the pregnancy.

ASSESSMENT

A. ABC's and vitals on mother, see [General Supportive Care Protocol](#).

B. Current Medical History

1. What is patient's due date?
2. Has her water broken?
 - When?
 - What did it look like?
3. How far apart are her contractions?
4. How many times has this patient been pregnant?
5. Has she had any problems with this pregnancy?
6. Has she had any problems with past pregnancies?
7. Has she had prenatal care?
8. Any drug or alcohol use with this pregnancy?

C. Secondary Survey


1. Is the baby's head crowning?
2. Is there limb, or cord presentation of the infant? **(If so, notify EMS immediately).**



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TREATMENT

A. Protect patient's privacy; remove all unnecessary personnel and family, but consider someone acceptable to the patient as a chaperone.

1. Place patient in a semi-reclining position on left side, with clean towels or sheets under the patient.
2. Remove patient's underwear.
3. Time patient's contractions from start to finish.
4. Time pause between the contractions and document.

B. If birth is imminent:


1. **Notify EMS immediately**
2. Use gloves (sterile if possible) and PPE.
3. Drape patient's legs and abdomen with clean or sterile sheets. If the amniotic fluid is not clear or is foul-smelling, notify EMS immediately. If amniotic sac is bulging at the vaginal entrance, do not rupture it.
4. If the infant's scalp is visible, watch for evidence of further progression. Be prepared to place the palm of your hand slightly against the infant's head to gently control the head as it delivers. Do not place hands in the vagina area except as directed by responding EMS Crew or if in the instance of a breach birth, notify EMS immediately. Then place your index finger and forefinger in the vagina to create an airway for the infant. Continue to support the buttocks and torso of infant until you are told otherwise.
5. Guide the infant's head and body as delivery progresses.
6. Document the time of birth.
7. Use a bulb syringe. Expel air and contents away from the infant. Suction nose and mouth of any mucus, blood or other material.



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8. Evaluate the infant's condition:
 - ABC's
 - Vital signs
 - Skin color
 - Assist ventilations or provide CPR if indicated.
9. Do not cut the umbilical cord unless advised to by EMS
10. Wrap the infant in a warm blanket and cover the infant's head to retain warmth. Give infant to mother to hold. It is very important to keep the newborn warm. Until the cord is clamped (6-10 inch clamps), infant should be kept at or below level of the perineum/vagina to prevent blood from draining away from infant's circulatory system.
11. Monitor infant and mother's vital signs every 5 minutes and document.
12. Wait for delivery of the placenta. Gentle rubbing with the palm of hand on mother's stomach is helpful at this time. If placenta delivers prior to the arrival of EMS, place it in a plastic bag and save it. (Do not pull on the cord to force placental delivery).

REPORT


- A. As indicated in [*General Supportive Care Protocol*](#), and including the information obtained above regarding mother's history and delivery of infant.



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