

CHILDBIRTH

1. Level: EMT, AEMT, Paramedic, RN
2. Clinical Indications: Imminent delivery with crowning
3. Procedure:
 - 3.1. Delivery should be controlled so as to allow a slow controlled delivery of the infant. This will prevent injury to the mother and infant.
 - 3.2. Support the infant's head as needed.
 - 3.3. Check the umbilical cord surrounding the neck. If it is present, slip it over the head. If unable to free the cord from the neck, double clamp the cord and cut between the clamps.
 - 3.4. Suctioning immediately after birth (including suctioning with a bulb syringe) should be reserved for infants who have an obvious obstruction to spontaneous breathing or require positive pressure ventilation.
 - 3.5. Grasping the head with hands over the ears, gently pull down to allow delivery of the anterior shoulder.
 - 3.6. Gently pull up on the head to allow delivery of the posterior shoulder.
 - 3.7. Slowly deliver the remainder of the infant.
 - 3.8. Clamp the cord at least 6 inches from the abdomen with 2 clamps and cut the cord between the clamps. Delay clamping of the cord for one minute following birth for infants not requiring resuscitation.
 - 3.9. Record APGAR scores at 1 and 5 minutes.
 - 3.10. Record time of birth.
 - 3.11. Follow the [NEWBORN Protocol](#) for further treatment.
 - 3.12. The placenta will deliver spontaneously, usually within 5 minutes of the infant. Do not force the placenta to deliver.
 - 3.13. Massaging the uterus may facilitate delivery of the placenta and decrease bleeding by facilitating uterine contractions.
 - 3.14. Continue transport to the hospital.
4. Considerations
 - 4.1. Limb Presentation
 - 4.1.1. Contact medical control as soon as possible.
 - 4.1.2. Place the mother in a head-down, hips-elevated position, and cover the presenting limb with a sterile towel. Do not attempt to push or pull on the limb.
 - 4.1.3. Transport the mother to the nearest hospital for emergency delivery.
 - 4.2. Breech Presentation
 - 4.2.1. Contact medical control as soon as possible.
 - 4.2.2. Transport Decision
 - 4.2.2.1. If a vaginal delivery is planned, or the fetus has an underlying concern leading to a breech presentation transport the mother to the nearest facility with neonatal intensive care.
 - 4.2.2.2. If the mother is in the second-stage of labor or if amniotic membranes have ruptured, take the mother to the nearest hospital for emergency delivery.
 - 4.2.3. Transport the mother in a position of comfort or in the left lateral recumbent position.
 - 4.2.4. Technique for frank delivery (if necessary)
 - 4.2.4.1. Allow breech birth to proceed spontaneously as far as possible.

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- 4.2.4.2. Then, apply posterior traction with a finger from each hand placed around the hips of the fetus and into each inguinal region.
 - 4.2.4.3. Once the knees appear, flex the legs gently to assist in delivery.
 - 4.2.5. Most infants delivered breech are premature. Premature infants do not have great pulmonary reserves. Airway support and intubation may be necessary.
- 4.3. Prolapsed Umbilical Cord
 - 4.3.1. Place mother in head-down, hips-elevated position.
 - 4.3.2. Keep presenting umbilical cord moist with a wet dressing.
 - 4.3.3. Elevate presenting part off of cord.
 - 4.3.4. Contact medical control as soon as possible.