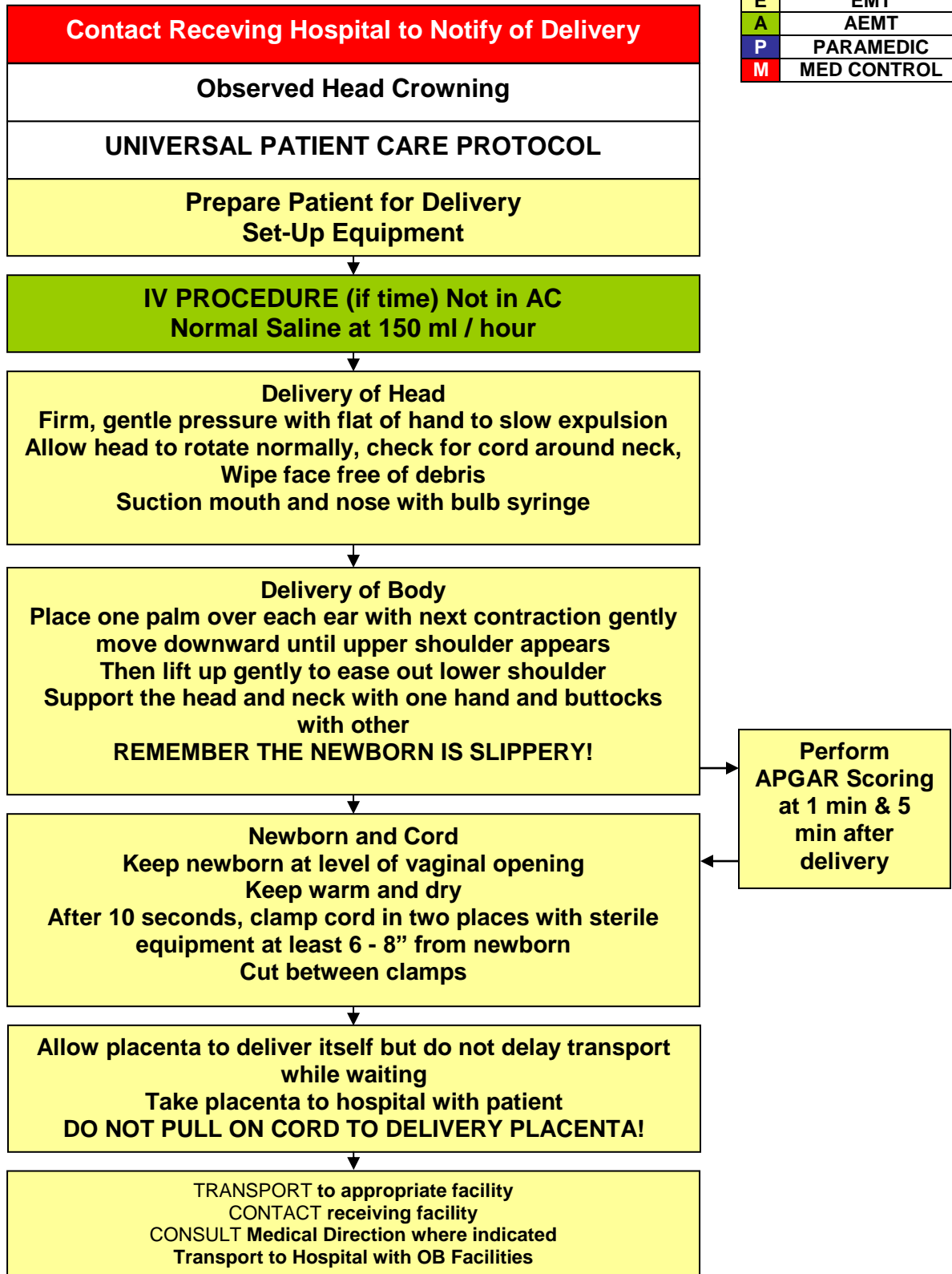




## Section 12: Obstetrical Emergency Protocols

### OBSTETRICAL EMERGENCIES: UNCOMPLICATED DELIVERY

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





## Section 12: Obstetrical Emergency Protocols

### OBSTETRICAL EMERGENCIES: UNCOMPLICATED DELIVERY-Cont.

**CONTACT MEDICAL DIRECTION IMMEDIATELY WHEN DELIVERY IS IMMINENT**

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Due date</li> <li>Time contractions started / how often</li> <li>Rupture of membranes</li> <li>Time / amount of any vaginal bleeding</li> <li>Sensation of fetal activity</li> <li>Past medical and delivery history</li> <li>Medications</li> </ul>	<ul style="list-style-type: none"> <li>Spasmodic pain</li> <li>Vaginal discharge or bleeding</li> <li>Crowning or urge to push</li> <li>Meconium</li> <li>Left lateral position</li> <li>Inspect perineum (No digital vaginal exam)</li> </ul>	<ul style="list-style-type: none"> <li>Abnormal presentation</li> <li>Buttock</li> <li>Foot</li> <li>Hand</li> <li>Prolapsed cord</li> <li>Placenta previa</li> <li>Abruptio placenta</li> </ul>

APGAR SCORING			
SIGN	0	1	2
COLOR	Blue / Pale	Pink Body, Blue Extremities	Completely Pink
HEART RATE	Absent	Below 100	Above 100
IRRITABILITY (Response to Stimulation)	No Response	Grimace	Cries
MUSCLE TONE	Limp	Flexion of Extremities	Active Motion
RESPIRATORY EFFORT	Absent	Slow and Regular	Strong Cry

**PERFORM APGAR SCORING AT 1 MIN AND 5 MIN AFTER DELIVERY AND DOCUMENT.**

- Exam (of Mother): Mental Status, Heart, Lungs, Abdomen, Neuro
- Document all times (delivery, contraction frequency, and length).
- If maternal seizures occur, refer to the OBSTETRICAL EMERGENCIES PROTOCOL.
- After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding.
- Some bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.
- Prepare to deliver on scene (protecting the patient's privacy). If delivery becomes imminent while enroute, stop the squad and prepare for delivery.
- Newborns are very slippery, so be careful not to drop the baby.
- There is no need to wait on scene to deliver the placenta.
- If possible, transport between deliveries if the mother is expecting twins.
- Allow the placenta to deliver, but **DO NOT** delay transport while waiting.
- Current best practice encourages "Skin to Skin" contact between newborn and mother
- DO NOT PULL ON THE UMBILICAL CORD WHILE PLACENTA IS DELIVERING**