

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 1100.02
MISCELLANEOUS:
OBSTETRICS/
NORMAL DELIVERY**

**ORIGINAL ISSUE 5/08
LATEST REVISION 5/08**

Pre-Hospital Actions:

1. Assess patient to determine if delivery is imminent or if patient can be transported to hospital.
2. If delivery is imminent, proceed with delivery. If delivery is not imminent, consider transport at this time.
3. Provide 100% oxygen.
4. Start an IV of Normal Saline.
5. Contact Medical Direction.

Normal Delivery

1. Never allow the mother to go to the toilet.
2. Do not attempt to delay or restrain delivery except for prolapsed cord.
3. Position the patient supine with thighs elevated and knees flexed.
4. Wash hands thoroughly and don gloves, gown and goggles.
5. Prep the patient's perineum with Betadine and drape the patient.
6. Apply steady pressure to the head as it delivers.
7. Check for presence of umbilical cord around neonate's neck when the head delivers. If present, attempt to slip over the head; if unable, clamp the cord in two places and cut.
8. Immediately suction the nose and mouth with the bulb aspirator.
9. Aid in delivery of the shoulders and trunk by gently guiding the head downward to deliver the upper shoulder and vice-versa.
10. After delivery of infant, again suction the nose and mouth.
11. Place the neonate on a sterile sheet and keep warm; obtain APGAR* score (see below).
12. The umbilical cord should be clamped and cut prior to transport or prior to delivery of the placenta (pulsation of the cord will no longer be felt which signals the appropriate time to cut the cord). Use the cord clamps or tie two square knots approximately 8 inches from the child and cut in between the knots or clamps.
13. Administer oxygen to the child.
14. Massage the mother's fundus gently to keep the uterus firm and contracted.
15. Allow delivery of the placenta to occur spontaneously; never pull on cord.
16. Stay in frequent contact with Medical Direction as is feasible.
17. Assess maternal blood loss. If greater than 300-500 ml., consider all of the following:
 - a. 500 cc. fluid challenge with Normal Saline.
 - b. Placing the baby to breast (to stimulate oxytocin release and uterine contraction).
 - c. Uterine massage.

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***APGAR scoring system – evaluated at 1 to 5 minutes after delivery:**

	<u>0 Points</u>	<u>1 Point</u>	<u>2 Points</u>
Appearance (skin color)	blue or pale	body pink ext. blue	pink
Pulse	absent	below 100	over 100
Grimace (reflex irritability)	no response	grimaces	cries
Activity	limp	some flexion of extremities	actively moving
Respiratory Status	absent	slow or irregular	strong cry

STANDARD PRECAUTIONS MUST BE OBSERVED.