

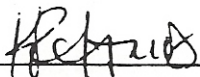
Subject: Treatment Guidelines – BLS
Child Birth

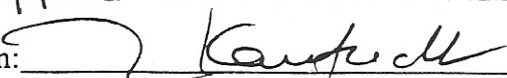
Associated Policies:

- I. Priorities
 - A. ABC's
 - B. Identify signs of shock.
 - C. Administer oxygen per Oxygen Administration Policy # 6030.
 - D. Determine due date of patient and gestational age of pregnancy. (number of weeks of pregnancy).
 - E. Communicate with transporting ambulance or base hospital.
- II. Child Birth
 - A. Determine if delivery is imminent, get history. If delivery is not imminent, monitor contractions, coach mother.
 - B. Be alert for the possibility of multiple births or complications; re-assess for continued labor.
 - C. Position of comfort unless otherwise indicated.
 - D. After delivery and suctioning of airway, dry infant. Keep infant and mother warm.
 - E. Re-assess vital signs of both patients frequently:
 - 1. Monitor infant's respiratory and circulatory status one (1) minute after delivery, and every five (5) minutes thereafter.
 - 2. Monitor for post-partum hemorrhage, place a pad externally on mother.
 - F. Massage fundus of uterus after delivery of placenta. Encourage mother to nurse infant.
 - G. Consider cutting and clamping the cord .
 - H. Communicate with transporting ambulance or base hospital.
- III. Complications
 - A. If delivery is breech presentation, and if head does not deliver within four to six minutes, insert one gloved hand into the vagina and create an airway for the infant. Transport Code 3, as soon as possible.
 - B. If the cord is wrapped around infant's neck, slip the cord over the head of the infant. If unable to slip cord over head, double clamp the cord and cut the cord between clamps.
 - C. If cord is prolapsed, place mother in knee chest position to remove pressure from the cervix and cord.
 - D. Communicate with transporting ambulance or base hospital.

Subject: Treatment Guidelines – BLS Personnel
Child Birth

- E. If mother is actively seizing:
 - 1. Administer oxygen per Oxygen Policy # 6030..
 - 2. Protect patient and elevate the head. Place patient left lateral if possible. .
 - 3. Reduce stimuli.
 - 4. Communicate with transporting ambulance.
- F. If a patient is hemorrhaging vaginally before delivery (possibly pregnant or during any trimester):
 - 1. Administer oxygen per Oxygen Policy # 6030 .
 - 2. Place in shock position on left side with abdomen supported.
 - 3. Communicate with transporting ambulance.

Approved: 

Approved as to Form: 

Rev: 10/2014