

# Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

## Obstetrical/Childbirth

### Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Administer high flow oxygen.
3. If hypotensive, roll mother onto left hip.
4. If baby is delivering:
  - Do not hurry or slow delivery.
  - Suction infant with bulb syringe (mouth, then nose) as soon as head is delivered. Check to see if cord is wrapped around neck; if so, attempt to unwrap the cord. If this does not work, double clamp and cut the cord immediately.
  - Double clamp the cord at least 4" from baby and cut between the clamps.
  - Dry baby, examine and keep warm, particularly the head (may place baby next to the mother's skin).
  - Assess APGAR Score at 1 and 5 minutes after birth. Regardless of score, if infant is not breathing or has no pulse and can not be stimulated (rubbing/drying with towel, tapping feet) into breathing or a pulse does not begin, see the Pediatric Respiratory Arrest or Cardiac Arrest protocol.
  - Externally massage uterus en route until placenta is delivered.
  - Do not manually remove placenta.
  - Record time of birth.
5. For multiple births repeat step 4.
6. Complications:

Notify medical control immediately for these and any other complications that may occur.  
Follow these guidelines for specific complications:

  - Breech
    1. Follow step 4 above. When legs and torso deliver, be sure to support them until the head delivers.
    2. If head does not deliver spontaneously, place a gloved middle and index finger along side the baby's face (palm toward face). Form a passage way between the baby's nose and outside air. Maintain this position until the head delivers or until relieved by hospital personnel. Transport ASAP.
  - Limb Presentation
    1. Place the patient in trendelenburg position/elevate hips and transport ASAP.
    2. Instruct the patient not to bear down, but pant through contractions.
  - Prolapsed Cord
    1. Place a gloved hand in the vagina and attempt to keep the baby and vagina from compressing the cord. Maintain this position until relieved by hospital personnel. Cover the cord with sterile dressing.
    2. Place the patient in trendelenburg position/elevate hips and transport ASAP.
    3. Instruct the patient not to bear down, but pant through contractions.
7. If necessary, treat mother for shock, see Traumatic Hypotension protocol.