



**OB/GYN**

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR

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- Determine need for imminent delivery or need for immediate transport;
- Position mother for delivery: Have mother lie back, if tolerated, with knees drawn up and spread apart; Elevate buttocks with pillow or blankets;
- Whenever possible, use sterile or aseptic technique;
- Coach mother to breathe deeply between contractions and to push with contractions;
- Administer oxygen using appropriate oxygen delivery device, as indicated per protocol.
- Delivery Procedure As the head crowns control with gentle pressure and support the head during delivery; Examine neck for the presence of a looped (nuchal) umbilical cord: If cord is looped around neck, gently slip it over the infant's head. If unable to do so, clamp and cut the cord;
- Support the infant's head as it rotates for shoulder presentation: With gentle pressure, guide the infant's head downward to deliver the anterior shoulder and then upward to release the posterior shoulder; Complete the delivery of the infant;
- Apply two clamps to umbilical cord (if not already done due to Nuchal cord): The first one is placed approximately ten (10) inches from the infant; The second is placed 2"-3" proximal to the first clamp (7"-8" from infant's abdomen); Cut cord between clamps and check for umbilical cord bleeding;
- Umbilical tape may used if umbilical vascular access is being considered (umbilical vein catheterization procedure);
- If umbilical cord bleeding is evident apply additional clamp(s) as needed;
- Dry infant and wrap in warm towels/blanket (cover infant's head): Place infant on mother's abdomen for mother to hold and support;
- Note and record infant's gender, time and geographical location (especially if in transit) of birth: If infant resuscitation is not necessary, record APGAR score at 1 minute and 5 minutes post delivery; If infant resuscitation is necessary, follow neonatal resuscitation protocol; Delivery of the Placenta: (do not delay transport)
- As the placenta delivers, the mother should be encouraged to push with contractions;
- Hold placenta with both hands, place in plastic bag or other container and transport with mother to receiving hospital. NEVER "pull on" umbilical cord to assist placenta delivery.

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Provide additional assessment to all patients (mother and child or multiple children): If newborn presents with signs of distress or hypoperfusion see newborn resuscitation protocol;

Establish IV access with sodium chloride (NS) to Keep Vein Open: If patient presents with symptoms/signs of hemodynamic instability, initiate fluid resuscitation per shock protocol with large bore catheter.

**ALS Only:** Eclamptic Seizures: Administer **midazolam-2-4mg IV/IO or 10mg IM/IN;**  
Consider **magnesium sulfate-1-4grams** slow IV push over three minutes.