

## EMR/EMT/ADVANCED EMT STANDING ORDERS



**E/A:**

- Routine Patient care.
- Obtain obstetrical (OB) history.
- If delivery not imminent place mother in left-lateral recumbent position.
- Expose as necessary to assess patient.
- Determine if signs of imminent delivery are present. If not present, proceed with transport to hospital with OB capability.
- Do not digitally examine or insert anything into the vagina.
- If obstetrical complication is present, consider contacting **Medical Control** and transport to nearest appropriate hospital per local OB Diversion Protocol. (See [Obstetrical Emergencies Protocol 2.14](#))
- Assist in newborn's delivery.
  - With palm of hand, apply gentle perineal pressure for a slow, controlled delivery.
  - As the baby's head begins to emerge support the head as it turns. Do not pull on head.
  - If membranes still cover head after it emerges, tear membrane with fingers to permit escape of fluid.
  - If umbilical cord is wrapped around infant's neck, slip the cord over head prior to delivery. If after multiple attempts you are unable to slip cord off the neck, clamp and cut the cord between the clamps.
  - Guide the baby's head downward to allow delivery of the upper shoulder.
  - Then guide the baby's head upward to allow delivery of the lower shoulders.
  - Delivery of trunk and legs occurs quickly; be prepared to support infant as it emerges.
- For newborns requiring resuscitation, see [Newborn Resuscitation Protocol 2.13](#). Prevent heat loss by rapidly drying and warming:
  - Remove wet linen
  - For stable newborn and mother, place newborn skin-to-skin on the mother's chest or abdomen.
    - Wrap newborn and mother in blankets or silver swaddler/space blanket (preferred) and cover newborn's head.
- Assess airway by positioning and clearing secretions (only if needed):
  - Place the newborn on back or side with head in a neutral or slightly extended position.
  - Routine suctioning is discouraged even in the presence of meconium-stained amniotic fluid. Suction oropharynx then nares only if the patient exhibits respiratory depression and/or obstruction, see [Newborn Resuscitation Protocol 2.13](#).
- Assess breathing by providing tactile stimulation:
  - Flick soles of feet and/or rub the newborn's back.
  - If newborn is apneic or has gasping respirations, nasal flaring, or grunting, proceed to [Newborn Resuscitation Protocol 2.13](#).
- Assess circulation, heart rate, and skin color:
  - Evaluate heart rate by one of several methods:
    - Auscultate apical beat with a stethoscope.
    - Palpate the pulse by lightly grasping the base of the umbilical cord.
  - If the pulse is <100 bpm and not increasing, proceed to [Newborn Resuscitation Protocol 2.13](#).
  - Assess skin color: examine trunk, face and mucus membranes.
  - Assess temperature
  - Record APGAR score at 1 minute and 5 minutes (see chart).
- See [Pediatric Color Coded Appendix A3](#) for vital signs.

Protocol Continues

# 2.6 Childbirth & Newborn Care

Protocol Continues

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**E/A**

- Clamp and cut the umbilical cord:
  - After initial assessment and after the cord stops pulsating.
  - Leave a minimum of 6 inches of cord.
- Allow spontaneous delivery of placenta:
  - Do not pull on umbilical cord.
  - Do not delay transport waiting for delivery.
  - Massage abdominal wall overlying uterine fundus.
  - If placenta delivers, package for hospital staff.
- Monitor blood loss and patient's perfusion. (See [Obstetrical Emergencies Protocol 2.14](#)). Note that normal pregnancy is accompanied by higher heart rate and lower blood pressure.
- For transport:
  - Ensure newborn remains warm
  - Turn heat to maximum in ambulance compartment
  - Consider commercial warming device (do not put heat packs directly on skin)
  - When possible, transport newborn in child safety seat.

## PARAMEDIC STANDING ORDERS

**P**

- Active seizures—see [Seizures Protocol 2.17A](#).
- After delivery:
  - Oxytocin 10 Units IM.

Note: In multiple pregnancy, do not give until all placentas are delivered.

APGAR Scale

Feature	2 Points	1 Point	0 Points
<b>Activity (Muscle Tone)</b>	Active Movement	Arms and legs flexed (Weak, some movement)	Limp or flaccid
<b>Pulse</b>	Over 100 bpm	Below 100 bpm	Absent
<b>Grimace (Irritability/)</b>	Cry, sneeze, cough, active movement	Grimace (some flexion of extremities)	No reflexes
<b>Appearance (Skin Color)</b>	Completely pink	Body pink, Extremities blue	Blue, pale
<b>Respiration</b>	Vigorous cry Full breaths	Slow, irregular, or gasping breaths, weak cry	Absent

### PEARLS:

#### OB Assessment:

- Length of pregnancy
- Number of pregnancies
- Number of viable births
- Last menstrual period
- Due date
- Prenatal care
- Number of expected babies
- Drug use



#### Consider **Medical Control** for:

- Prepartum hemorrhage
- Postpartum hemorrhage
- Breech presentation
- Limb presentation
- Nuchal cord
- Prolapsed cord

#### Signs of imminent delivery:

- Urge to move bowels
- Urge to push
- Crowning
- Contractions less than 2 minutes apart

- Newborn infants are prone to hypothermia which may lead to hypoglycemia, hypoxia and lethargy. Aggressive warming techniques should be initiated including drying, swaddling, and warm blankets covering body and head.
- Raise temperature in ambulance patient compartment.