## Yolo County Emergency Medical Services Agency Protocols

CHILDBIRTH		
Adult		
BLS		
Assess vital signs $O_2$ , titrate SpO <sub>2</sub> to $\geq$ 94% Estimate blood loss		
Presenting Part		
Prolapsed Cord	Head	Breech or Footing
<ul> <li>Protect cord</li> <li>Place mother in knee-chest position</li> <li>Insert gloved hand into vagina &amp; gently push presenting part off the cord</li> <li>Cover the cord with wet saline dressing</li> </ul>	<ul> <li>Allow delivery (note time)</li> <li>Provide warmth</li> <li>Assure open airway</li> <li>Evaluate for meconium and clear airway with bulb syringe</li> <li>Dry baby</li> </ul>	<ul> <li>Protect cord</li> <li>Allow delivery to progress passively until baby's waist appears</li> <li>Rotate baby to face down position (do not pull)</li> <li>If head does not deliver in 3 minutes, insert gloved hand into vagina to create an air passage for infant</li> <li>As mother bears down, sweep the head out of the vagina</li> </ul>
After the Delivery		
<ul> <li>Dry and stimulate</li> <li>Provide warmth</li> <li>Insulate head</li> <li>Place newborn skin to skin with mother if possible</li> <li>APGAR at 1 minute</li> <li>Clamp and cut cord</li> <li>Delay clamping of the umbilical cord for 2 minutes for uncomplicated births not requiring resuscitation</li> <li>Double clamp cord, cut 6 inches from the baby between clamps</li> </ul>		
<ul> <li>APGAR at 5 minutes</li> <li>After delivery of placenta, gently massage fundus</li> </ul>		
ALS		
Cardiac Monitor, Waveform EtCO <sub>2</sub> , Vascular Access		
Direction		
<ul> <li>Transport to closest Receiving Hospital with obstetric services; do not wait for placenta delivery</li> <li>Transport mother and baby together whenever possible</li> <li>For complicated deliveries contact Base Hospital Physician early</li> <li>Contact Base Hospital for additional treatment</li> </ul>		