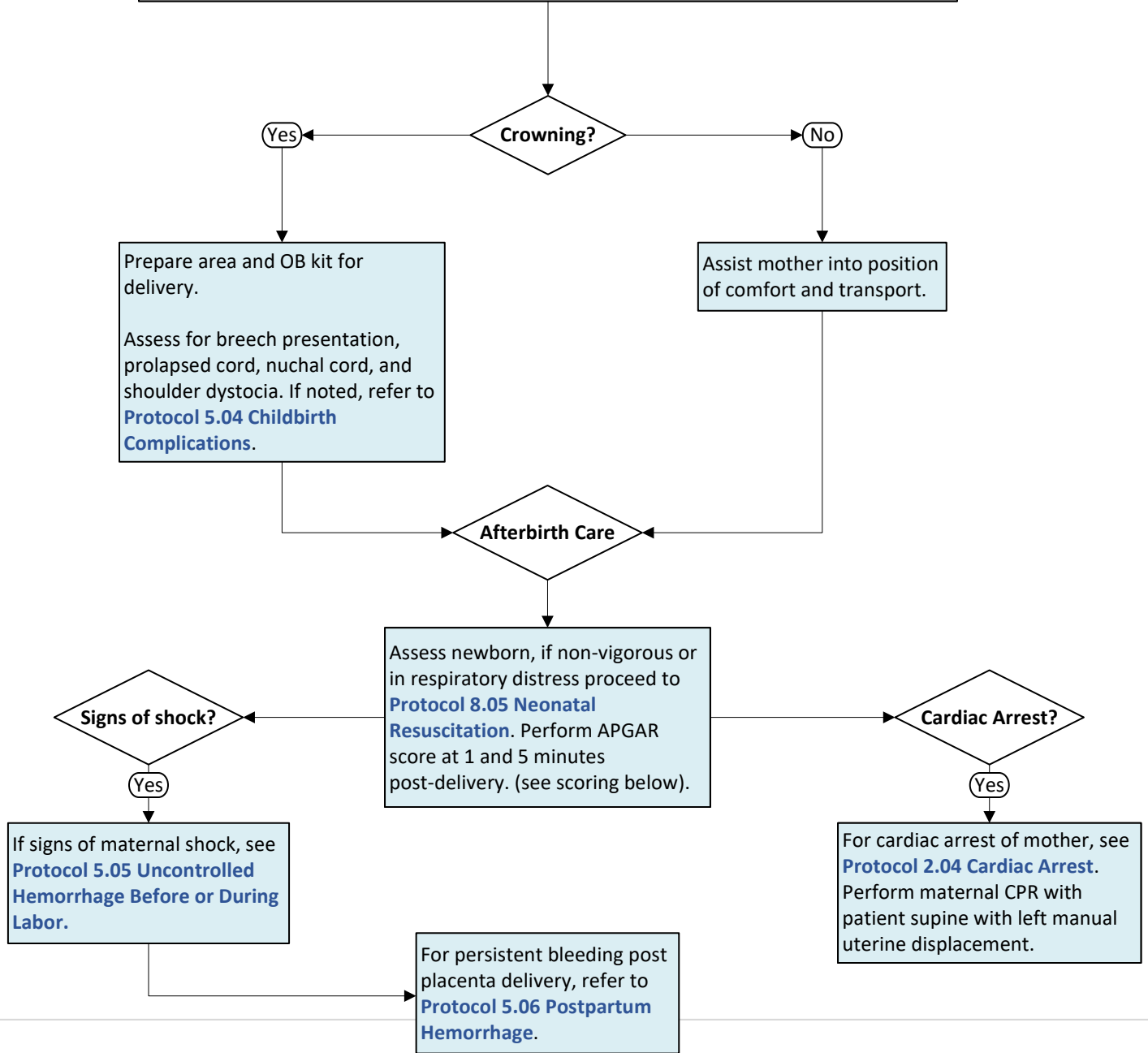


BLS – FAQ Link

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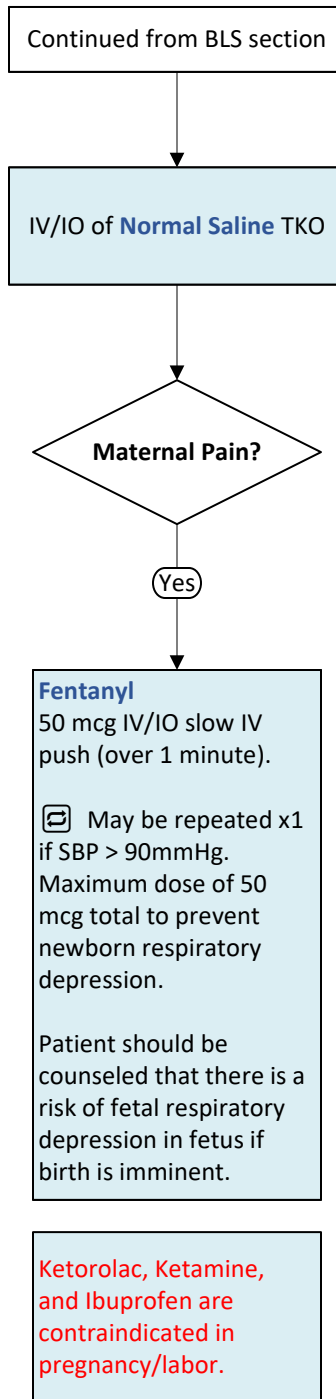
Assess **Vital Signs**, ABC's and responsiveness, if hypoxic, **Oxygen** PRN (goal 94-98%)  
**Assess for signs of imminent delivery:** crowning, urge to push, presentation of fetal part, contractions < 2 minutes apart




APGAR SCORE				
Appearance (Skin Color)	Pulse	Grimace (Irritability)	Activity (Muscle Tone)	Respirations
0=Body & extremities blue, pale	0=Absent	0=No response	0=Limp	0=Absent
1=Body pink, extremities blue	1=Less than 100bpm	1=Grimace	1=Some flexion of extremities	1=Slow & irregular
2=Completely pink	2=100/min & above	2=Cough, sneeze, cry	2=Active motion	2=Strong cry

ALS


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Report any incident of suspected domestic violence to emergency department staff

**Comments**

- Suction only of airway is obstructed. Routine suctioning only delays the onset of spontaneous breathing, causes laryngeal spasm, and vagal bradycardia.
- Delayed cord clamping allows oxygenated blood to continue to flow to infant.

 **Base Hospital Contact Criteria**  
If there are concerns about need for resuscitation based on fetus' gestational age and viability.  
Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.

## 5.03 Childbirth: Normal Delivery and Post-Delivery Care – Public Comment April 2024

### BLS Treatment

Assess for signs of imminent delivery: crowning, urge to push, presentation of fetal part, contractions <2 min apart.

IF BABY IS **NOT** CROWNING: Assist mother into position of comfort and transport.

IF BABY IS CROWNING:

- For mother: If hypoxic, **Oxygen PRN with goal of 94-98%** ~~via nasal cannula at 2-6 L/min or via non-rebreather mask at 10-15 L/min as tolerated.~~
- Assist mother into position of comfort.
- Prepare **OB kit and** area for delivery to prevent baby from hitting hard surface. Have blanket/chux ready to catch baby.
- **Assess for breech presentation, prolapsed cord, nuchal cord, shoulder dystocia. If noted, refer to Protocol 5.04 Childbirth Complications**
- Provide minimal but stabilizing pressure on baby's head by placing palm of hand on head. Apply gentle pressure to perineum to prevent tearing. Do NOT pull on baby's head. If necessary, ask mother to push again to deliver the rest of the baby.
- **Check for cord around the neck. If present, refer to Protocol 5.04 Childbirth Complications**
- **Once delivered, dry, stimulate and cover newborn for warmth (especially the head). If newborn appears pink, warm, and vigorous possible, place skin to skin with the mother on abdomen or to breast for shared body heat. Wrap mother and baby together.**
- ~~If baby delivers and cord is tight, unwind cord from neck or shoulder.~~
- **Assess newborn, if non-vigorous or in respiratory distress proceed to Protocol 8.05 Neonatal Resuscitation. Perform Check-APGAR score at 1 and 5 minutes post-delivery (see scoring below).**
- Assess VS of mother ~~and baby~~ post-delivery and after placenta delivers. If signs of **maternal shock**, see below under **ALS Treatment. Uncontrolled Hemorrhage Before or During Labor. For cardiac arrest of mother, see Protocol 2.04 Cardiac Arrest. Maternal CPR should be performed in supine position with left manual uterine displacement.**
- Allow the cord to pulse for *at least* one minute OR until pulsing stops OR until transfer to receiving hospital. To cut the cord, clamp cord with 2 clamps **1-2" apart and approximately 6" from newborn** and cut cord between clamps. If the cord interferes with newborn resuscitation, cut the cord immediately.
- ~~Cover visible portion of cord with sterile gauze moistened with Normal Saline (to prevent spasm and premature delivery). Warm Normal Saline is preferred.~~
- **The placenta may delivery spontaneously. Never pull on the cord. Allow spontaneous birth of placenta and** Save all available parts for inspection at hospital. Do not delay transport for delivery of placenta. **Transport placenta in biohazard bag to hospital. Allow parents to transport bagged placenta if desired.**
- If bleeding persists after delivery of placenta, rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage). As uterus contracts, it should feel like a firm grapefruit and bleeding should slow. **Refer to Protocol 5.06 Postpartum Hemorrhage.**

## 5.03 Childbirth: Normal Delivery and Post-Delivery Care – Public Comment April 2024

<b>ALS Treatment</b>
<p>See below for specific ALS treatment of delivery complications.</p> <p style="background-color: yellow;">In cases of maternal request for pain control in the setting of severe pain</p> <ul style="list-style-type: none"> <li style="background-color: yellow;">Fentanyl can be used for pain control in this population.</li> <li style="background-color: yellow;">Patient should be counselled that there is a risk of fetal respiratory depression in fetus if birth is imminent(crowning)</li> <li style="background-color: yellow;">Ketorolac is contraindicated in pregnancy/labor</li> </ul>
<b>Comments</b>
<ul style="list-style-type: none"> <li>Suction only if airway is obstructed. Routine suctioning only delays the onset of spontaneous breathing and causes laryngeal spasm and vagal bradycardia.</li> <li>Delayed cord clamping allows oxygenated blood to continue to flow to infant.</li> <li style="background-color: yellow;">The first priority in childbirth is assisting the mother with delivery of the child. The mother's physical and emotional comfort will affect the outcome. Dim lights, quiet, reducing number of providers and keeping mother's companions nearby may be helpful.</li> <li style="background-color: yellow;">Newborn hypothermia can occur within minutes and can increase mortality. Keep the baby on the mother's belly skin to skin until the cord is clamped. If continued access to the infant is necessary (e.g., for positive pressure ventilation) keep the baby warm including the use of warmed blankets or radiant warmer if available).</li> <li style="background-color: yellow;">Never pull on the cord, as it can tear.</li> <li style="background-color: yellow;">The placenta may not delivery for up to 30 min, do not delay transport for placental delivery</li> </ul>
<b>Base Hospital Contact Criteria</b>
<p>If there are concerns about need for resuscitation based on fetus' gestational age and viability.</p> <p style="background-color: yellow;">Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.</p>

### APGAR SCORE:

<b>Appearance</b> (Skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
<b>Pulse</b>	0=Absent	1=Less than 100/min	2=100/min and above
<b>Grimace</b> (Irritability)	0=No response	1=Grimace	2=Cough, sneeze, cry
<b>Activity</b> (Muscle tone)	0=Limp	1=Some flexion of the extremities	2=Active motion
<b>Respirations</b>	0=Absent	1=Slow and irregular	2=Strong cry