



<b>PREDELIVERY</b>	
<b>BLS</b>	<b>ALS</b>
<ul style="list-style-type: none"> <li>• Ensure patent airway</li> <li>• O2 saturation PRN</li> <li>• O2 and/or ventilate PRN</li> <li>• If no time for transport and delivery is imminent (crowning and pushing), proceed with delivery</li> <li>• If no delivery, transport on left side</li> <li>• Keep mother warm</li> </ul> <p><b>Third-trimester bleeding</b></p> <ul style="list-style-type: none"> <li>• Transport immediately to facility with obstetrical services per BH direction</li> </ul> <p><b>Eclampsia (seizures)</b></p> <ul style="list-style-type: none"> <li>• Protect airway</li> <li>• Protect from injury</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor/EKG</li> <li>• IV <sup>Ⓐ</sup></li> <li>• Capnography PRN</li> </ul> <p><b>Direct to labor/delivery area BHO if ≥20 weeks gestation</b></p> <p><b>Eclampsia (seizures)</b></p> <ul style="list-style-type: none"> <li>• Midazolam IN/IM/IV/IO to a max dose of 5 mg (d/c if seizure stops), MR x1 in 10 min. Max 10 mg total.</li> </ul>
<b>DELIVERY</b>	
<b>BLS and ALS</b>	
<p><b>Routine delivery</b></p> <ul style="list-style-type: none"> <li>• If placenta delivered, massage fundus. Do not wait on scene.</li> <li>• Wait 60 sec after delivery, then clamp and cut cord between clamps</li> <li>• Document name of person cutting cord, time cut, and delivery location (address)</li> <li>• Place identification bands on mother and newborn(s)</li> <li>• Complete Out of Hospital Birth Report Form (S-166A) and provide to parent</li> </ul> <p><b>Difficult deliveries</b></p> <ul style="list-style-type: none"> <li>• High-flow O2</li> <li>• Keep mother warm</li> </ul> <p><b>Nuchal cord (cord wrapped around neck)</b></p> <ul style="list-style-type: none"> <li>• Slip cord over the head and off neck</li> <li>• Clamp and cut cord, if wrapped too tightly</li> </ul> <p><b>Prolapsed cord</b></p> <ul style="list-style-type: none"> <li>• Place mother with her hips elevated on pillows</li> <li>• Insert a gloved hand into vagina and gently push presenting part off cord</li> <li>• Transport immediately while retaining this position. Do not remove hand until relieved by hospital personnel.</li> <li>• Cover exposed cord with saline-soaked gauze</li> </ul> <p><b>Shoulder dystocia</b></p> <ul style="list-style-type: none"> <li>• Hyperflex mother's knees to her chest</li> </ul> <p><b>Breech birth (arm or single foot visible)</b></p>	

**San Diego County Emergency Medical Services Office**  
**Policy / Procedure / Protocol**

<ul style="list-style-type: none"> <li>• Rapid transport</li> </ul> <p><b>Frank breech or double footling and imminent delivery with long transport</b></p> <ul style="list-style-type: none"> <li>• Allow newborn to deliver to the waist without active assistance (support only)</li> <li>• When legs and buttocks are delivered, assist head out keeping body parallel to the ground. If head does not deliver within 1-2 min, insert gloved hand into the vagina to create airway for newborn.</li> <li>• Transport immediately if head undelivered</li> </ul> <p><b>Eclampsia (seizures)</b></p> <ul style="list-style-type: none"> <li>• Protect airway, and protect from injury</li> <li>• <b>ALS:</b> Midazolam IN/IM/IV/IO to a max dose of 5 mg (d/c if seizure stops), MR x1 in 10 min. Max 10 mg total.</li> </ul>	
<b>MOTHER POST-DELIVERY</b>	
<b>BLS</b>	<b>ALS</b>
<p><b>Postpartum hemorrhage</b></p> <ul style="list-style-type: none"> <li>• Massage fundus vigorously</li> <li>• Baby to breast</li> <li>• High-flow O<sub>2</sub></li> <li>• Keep mother warm</li> </ul> <p><b>Eclampsia (seizures)</b></p> <ul style="list-style-type: none"> <li>• Protect airway</li> <li>• Protect from injury</li> </ul>	<p><b>Postpartum hemorrhage</b></p> <ul style="list-style-type: none"> <li>• Monitor/EKG</li> <li>• Capnography</li> <li>• 500 mL fluid bolus IV/IO, MR x2 q10 min to maintain SBP ≥90 mmHg <sup>Ⓐ</sup></li> <li>• If estimated blood loss ≥500 mL and within 3 hours of delivery, tranexamic acid 1 gm/10 mL IV/IO, in 50-100 mL NS, over 10 min</li> </ul> <p><b>Eclampsia (seizures)</b></p> <ul style="list-style-type: none"> <li>• Midazolam IN/IM/IV/IO to a max dose of 5 mg (d/c if seizure stops), MR x1 in 10 min. Max 10 mg total.</li> </ul>
<b>NEONATAL POST-DELIVERY</b>	
<b>BLS and ALS</b>	
<p><b>Warm, dry, and stimulate newborn</b></p> <ul style="list-style-type: none"> <li>• Wrap newborn in warm, dry blanket. Keep head warm.</li> <li>• Assess breathing, tone, and HR. Palpate HR via umbilical cord.</li> <li>• If placing pulse oximeter, use newborn's right hand</li> <li>• APGAR at 1 and 5 min (do not delay resuscitation to obtain score)</li> <li>• Confirm identification bands placed on mother and newborn(s)</li> <li>• Bring mother and newborn(s) to same hospital</li> <li>• Complete Out of Hospital Birth Report Form (S-166A) and provide to parent</li> </ul> <p><b>Full-term newborn with good tone and breathing</b></p> <ul style="list-style-type: none"> <li>• Keep newborn warm</li> <li>• Ensure patent airway</li> <li>• If excessive secretions, suction mouth then nose with bulb syringe</li> <li>• O<sub>2</sub> saturation on newborn's right hand PRN</li> <li>• Baby to breast</li> <li>• Ongoing assessment q30 sec</li> </ul> <p><b>Newborn HR ≥100 with respiratory distress or central cyanosis</b></p> <ul style="list-style-type: none"> <li>• Blow-by O<sub>2</sub></li> </ul> <p><b>Newborn HR &lt;100, poor respiratory effort or persistent central cyanosis</b></p> <ul style="list-style-type: none"> <li>• Ventilate with BVM on room air</li> </ul>	

**San Diego County Emergency Medical Services Office**  
**Policy / Procedure / Protocol**

- Monitor/EKG
- Recheck pulse q30 sec
- For persistently poor respiratory rate/effort, or cyanosis despite correct BVM technique, add high-flow O<sub>2</sub> 15 L/min to BVM
- **Stop BVM when patient breathing well and HR ≥100**
- **ALS:** IV/IO <sup>Ⓐ</sup> (do not delay transport)
- **ALS:** NG tube PRN

**Newborn HR <60**

- Continue BVM with high-flow O<sub>2</sub>
- Chest compressions at rate of 120/min
- 3:1 compression to ventilation ratio
- Check pulse q1 min
- Stop compressions when HR ≥60
- **ALS:** Epinephrine 1:10,000 per drug chart IV/IO, MR q3-5 min
- **ALS:** Fluid bolus per drug chart IV/IO, MR x1 in 10 min <sup>Ⓐ</sup>

**Premature and/or low birth weight newborn**

- If amniotic sac intact, remove neonate from sac after delivery
- Place neonate in plastic bag up to axilla to minimize heat loss
- Transport immediately
- CPR need **not** be initiated if there are no signs of life **and** gestational age <24 weeks