PREDELIVERY

BLS	ALS
• Ensure patent airway • O_2 saturation PRN • O2 and/or ventilate PRN • If no time for transport and delivery is imminent (crowning and pushing), proceed with delivery • If no delivery, transport on left side • Keep mother warm **Third-trimester bleeding** • Transport immediately to facility with obstetrical services per BH direction **Eclampsia (seizures)** • Protect airway • Protect from injury	• Monitor/EKG • IV Ⓐ • Capnography PRN **Direct to labor/delivery area BHO if ≥20 weeks gestation** **Eclampsia (seizures)** • 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.

DELIVERY

BLS and ALS

Routine delivery
- If placenta delivered, massage fundus. Do not wait on scene.
- Wait 60 sec after delivery, then clamp and cut cord between clamps
- Document name of person cutting cord, time cut, and delivery location (address)
- Place identification bands on mother and newborn(s)
- Complete Out of Hospital Birth Report Form (S-166A) and provide to parent

Difficult deliveries
- High-flow O2
- Keep mother warm

Nuchal cord (cord wrapped around neck)
- Slip cord over the head and off neck
- Clamp and cut cord, if wrapped too tightly

Prolapsed cord
- Place mother with her hips elevated on pillows
- Insert a gloved hand into vagina and gently push presenting part off cord
- Transport immediately while retaining this position. Do not remove hand until relieved by hospital personnel.
- Cover exposed cord with saline-soaked gauze

Shoulder dystocia
- Hyperflex mother's knees to her chest

Breech birth (arm or single foot visible)

- Rapid transport

Frank breech or double footling and imminent delivery with long transport
- Allow newborn to deliver to the waist without active assistance (support only)
- 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.
- Transport immediately if head undelivered

Eclampsia (seizures)
- Protect airway, and protect from injury
- **ALS:** 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.

MOTHER POST-DELIVERY

BLS	ALS
Postpartum hemorrhage • Massage fundus vigorously • Baby to breast • High-flow O2 • Keep mother warm **Eclampsia (seizures)** • Protect airway • Protect from injury	**Postpartum hemorrhage** • Monitor/EKG • Capnography • 500 mL fluid bolus IV/IO, MR x2 q10 min to maintain SBP ≥90 mmHg Ⓐ • If estimated blood loss ≥500 mL and within 3 hours of delivery, tranexamic acid 1 gm/ 10mL IV/IO, in 50-100 mL NS, over 10 min **Eclampsia (seizures)** • 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.

NEONATAL POST-DELIVERY

BLS and ALS

Warm, dry, and stimulate newborn
- Wrap newborn in warm, dry blanket. Keep head warm.
- Assess breathing, tone, and HR. Palpate HR via umbilical cord.
- If placing pulse oximeter, use newborn's right hand
- APGAR at 1 and 5 min (do not delay resuscitation to obtain score)
- Confirm identification bands placed on mother and newborn(s)
- Bring mother and newborn(s) to same hospital
- Complete Out of Hospital Birth Report Form (S-166A) and provide to parent

Full-term newborn with good tone and breathing
- Keep newborn warm
- Ensure patent airway
- If excessive secretions, suction mouth then nose with bulb syringe
- O2 saturation on newborn's right hand PRN
- Baby to breast
- Ongoing assessment q30 sec

Newborn HR ≥100 with respiratory distress or central cyanosis
- Blow-by O_2

Newborn HR <100, poor respiratory effort or persistent central cyanosis
- Ventilate with BVM on room air

- Monitor/EKG
- Recheck pulse q30 sec
- For persistently poor respiratory rate/effort, or cyanosis despite correct BVM technique, add high-flow O_2 15 L/min to BVM
- **Stop BVM when patient breathing well and HR ≥100**
- **ALS**: IV/IO Ⓐ (do not delay transport)
- **ALS**: NG tube PRN

Newborn HR <60

- Continue BVM with high-flow O2
- 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 Ⓐ

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