

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8042.22
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	Childbirth and Obstetric Emergencies	Last Approved Date:	06/22/23
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To establish the treatment standard for childbirth in the prehospital setting. Applies to all women in labor.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22

Determine and Document:

- A. Is the patient under a doctor's care
- B. Number of pregnancies (gravida)
- C. Number of deliveries (para)
- D. Due date (weeks of gestation)
- E. Onset/duration/frequency/intensity of contractions
- F. If a rupture of membranes has occurred (including color/date/time)
- G. If any expected complications during pregnancy are present
- H. Presence of crowning or any abnormal presenting part at the perineum
- I. Is there a sensation of fetal activity
- J. Does the patient feel the urge to push

Special Circumstance- When a midwife is present and accompanies transporting medics to the receiving center (response to a birthing center):

Definitions:

- A. **Certified Nurse Midwives (CNM):** Require an RN degree, and they are independent practitioners who can order and administer many medications without a supervising physician, with the exception of Opiates or Ketamine.
- B. **Certified Professional Midwives (CPM):** Do not require an RN degree and are not independent practitioners.

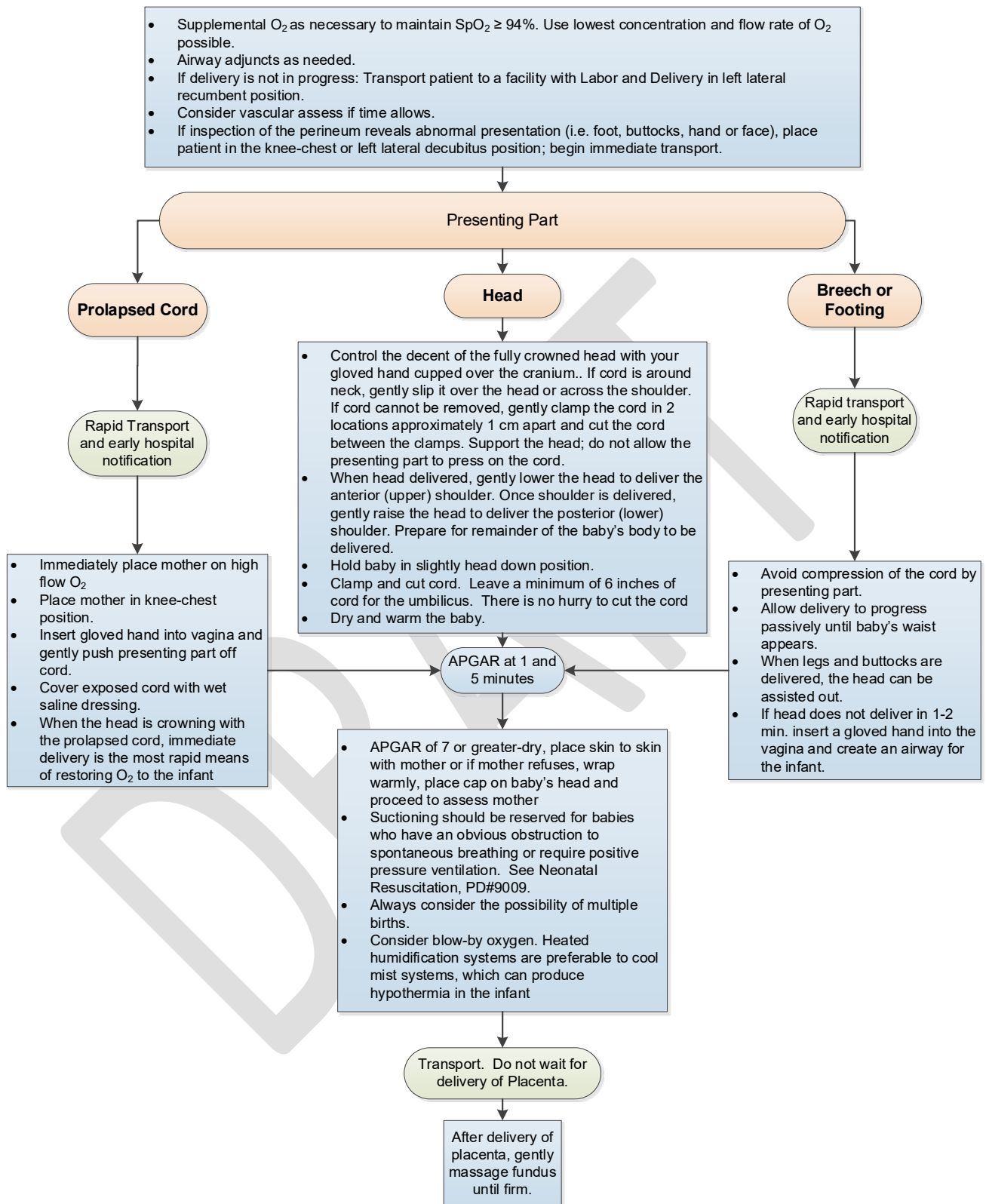
Protocol:

- A. Midwives are experts in partum women's health, and optimal patient outcomes can be achieved with collaboration between Paramedics and Midwives during transport.
- B. Based on complementary expertise:
 - 1. Midwives can assume primary responsibility for the delivery of the infant, managing post-partum hemorrhage, and other birth tract complications.
 - 2. Paramedics will assume primary responsibility for ABCs, airway management, fluid management, seizure control, and both maternal and/or newborn

resuscitation if needed. Midwives may assist with neonatal resuscitation when able.

3. As per PD# 2039 - Physician and/or Registered Nurse at the Scene, if the midwife retains control of the delivery, the paramedic(s) will keep the Base Hospital and receiving hospital advised. Paramedics shall not exceed SCEMSA's local scope of practice.

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	Sign	0	1	2
A - Appearance	Color	Central cyanosis	Peripheral cyanosis	Normal
P - Pulse	Heart Rate	Absent	Slow < 100/min	> 100 / min
G - Grimace	Reflex Irritability	No Response	Grimace	Cough or sneeze
A - Activity	Muscle Tone	Limp	Some motion	Active motion
R - Respirations	Respirations	Absent	Slow / irregular	Good, crying

NOTES:

- Newborn patients needing resuscitation should be treated in accordance with PD# 9009 - Neonatal Resuscitation.
- Newborns can suffer from hypothermia, which can occur in minutes.
- Keep baby at or below the level of the mother's heart until cord is clamped.
- Do not pull on the umbilical cord.
- Expedite transport if there is partial delivery of the infant and no further progress after 1-2 minutes.
- Any patient in labor, or who delivers in the field will be taken to a facility with labor and delivery services. Consideration should be given to the patient's pre-determined hospital for delivery, if possible.

*If delivery occurs prior to/during transport, one (1) Patient Care Reports (PCRs), for each patient, shall be completed.

If Multiple Births:

- Clamp cord of first baby before the second is born
- Care for the babies as you would a single delivery
- Maintain identity of first born

Post-Partum Care

- For eclamptic seizure, refer to PD# 8003 – Seizures
- For uncontrolled, partum hemorrhage:
-Administer 2gm TXA slow IV/IO push over 1 minute

Cross Reference: PD# 9009 - Pediatric Neonatal Resuscitation
PD# 2039 - Physician and/or Registered Nurse at the Scene
PD# 2060 – Hospital Services

PD# 8003 – Seizures
PD# 8065 – Hemorrhage

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