CHILDBIRTH

ADULT | **PEDIATRIC**

Midwife on Scene

- **Certified Nurse Midwife (CNM):** Requires an RN Degree. Independent practitioners who can order and administer many medications without a supervising physician, with the exception of opiates or ketamine.
- **Certified Professional Midwife (CPM):** Does not require an RN degree and are not independent practitioners.

Midwives may assume primary responsibility for the delivery of the infant, managing post-partum hemorrhage, and other birth tract complications. EMS 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.

BLS Procedures

Assess Airway.
Assess Vitals.
Obtain SPO2.
Oxygen, Titrate SPO2 to 94% or higher.

Routine Delivery

Transport mother on left side.
Deliver Newborn if necessary.

- As head is delivered, clear airway, suction mouth first then nose. Use hand on baby's head to control delivery.
- If cord is wrapped around neck, attempt to unwrap and slip over the baby's head. If unable, double clamp and cut between clamps.
- Complete delivery of newborn's body. Dry and stimulate the newborn. Wrap in blanket and keep warm.
- Place newborn on mother's abdomen or breast. Double clamp and cut cord between clamps 6-8 inches from newborn.

Refer to Newborn Resuscitation Policy if resuscitation is necessary.
Deliver Placenta

- After delivery of Placenta, massage fundus.

Document APGAR Score

Breech Presentation

Deliver Newborn if necessary.

- For buttocks presentation, allow newborn to deliver to waist. Support the limbs and torso.
- Use hand to control delivery. When legs and buttocks are delivered, the head can be assisted out.
- If head does not deliver rapidly, insert gloved hand into vagina, palm towards baby's face and cord between fingers to create an airway for newborn.
- Document APGAR Score

Prolapsed Cord

Position

- Place the mother prone, in knee-chest position, face down.

Protect Cord

- Insert gloved hand into vagina and gently push the presenting part of the newborn off the cord.
- Cover exposed portion of cord with saline-soaked gauze.
- Do not attempt to push cord back into vagina.

ALS Standing Orders

Follow BLS Procedures if necessary.
IV/IO Access.
Obtain ECG.

For extreme post-partum hemorrhage with associated hypotension.

TXA 1 gram IV/IO, slow IVP over 1 minute or IV infusion in 100 ml over 5 minutes

- No repeat

Special Considerations

Indicator		0 Points	1 Point	2 Points
A	Activity	Absent	Flexed Limbs	Active
P	Pulse	Absent	Less than 100 BPM	Greater than 100 BPM
G	Grimace	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Appearance	Blue/Pale	Pink body, but blue extremities	Pink
R	Respiration	Absent	Slow and Irregular	Vigorous cry

Base Hospital Orders Only