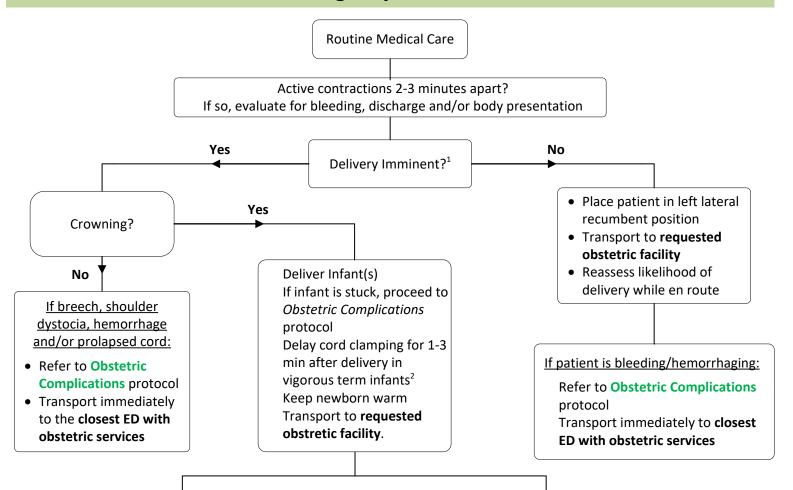
Emergency Childbirth



Postpartum Care of Mother

- Allow placenta to deliver spontaneously; do not pull on umbilical cord³
- Place tissue in plastic bag and transport
- To promote uterine contraction & control bleeding: massage uterus and allow stable infant(s) to nurse
- If perineum is torn, apply direct pressure with sanitary pads
- Assess maternal blood loss, give IV/IO Crystalloid fluid bolus 500ml prn⁴ (max 2L) if concern for hypovolemia or signs of poor perfusion

Postpartum Care of Infant

Monitor/Treat as per Neonatal Resuscitation protocol

Only suction nose/mouth if airway is obstructed or newborn is having difficulty clearing secretions Obtain/document APGAR score @ 1 and 5 min After 1-3 min, double clamp cord 6" from infant abdominal wall and cut between clamps with a sterile scalpel.

Transport infant secured in seat or isolette

If possible, transport between deliveries when multiple births are expected.

Delivery Procedure

- 1) Position mother supine on a flat surface, if possible
- 2) Protect perineum with gentle hand pressure
- 3) Support and control delivery of head as it emerges
- 4) As shoulders emerge gently guide head/neck downward to deliver anterior shoulder
- 5) Support and gently lift head/neck to deliver posterior shoulder
- 6) Rest of infant should deliver with passive participation

Do not attempt to impair or delay delivery

¹ Signs of imminent delivery: crowning, bulging perineum, urge to push, urge to move bowels. <u>Obtain IV access for any imminent delivery or if patient says she is "high risk."</u>

² If resuscitation is needed, clamp cord and cut ASAP.

³ Do not delay transport awaiting placenta delivery. All products of conception must accompany mother to the ED.

⁴Lactated Ringers is crystalloid fluid of choice if available.