APGAR

EMT

A - APPEARANCE
- Completely pink - 2
- Body pink with extremities blue - 1
- Blue or pale - 0

P - PULSE
- Normal – (over 100) - 2
- Slow – (less than 100) - 1
- Absent - 0

G - GRIMACE - reflex irritability
- Sneeze, cough or vigorous cry - 2
- Grimace, weak cry - 1
- No response - 0

A - ACTIVITY - muscle tone
- Active motion, well flexed - 2
- Some flexion of extremities - 1
- Flaccid extremities - 0

R - RESPIRATIONS
- Good crying - 2
- Irregular or slow - 1
- Absent - 0

Assess APGAR at the 1-minute and 5 -minute mark following delivery

KEY LARGO EMS
COMMON MEDICAL PROTOCOL

CHILDBIRTH

EMT

- Ensures Scene Safety, Body Substance Isolation
- Provide Basic Airway Management procedures
- Position mother left lateral recumbent until delivery
- Oxygen 2-4 lpm NC
- Vital signs
- Prepare warmed infant area with: foil, hot pack, thick blanket. **Do not let hot pack come in contact with baby's skin.**
- Maternal history
- Due date or last menstrual cycle
- Gravida/Para/Abortion
- Status of membranes
- Timing of contractions
- Any complications during this pregnancy
- Prenatal care

CHILD BIRTH PROCEDURES:

- Support infant's head to prevent explosive delivery
- Gently break amniotic sac, if not already ruptured
- If cord wrapped around neck, attempt to slip over infant's head. If unable to slip over head, place clamps 2" apart and cut between clamps
- Suction mouth, nose, pharynx
- Clamp umbilical cord at 6" and 8" from baby and cut between clamps
- Dry infant vigorously, cover head, wrap in blankets and place in prepared warmed infant area
- Note time of delivery
- Assess APGAR score at 1 minute and 5 minutes
- Perform infant exam: ensure adequate airway, breathing, maintain warmth
- Assess for vaginal bleeding
- Perform fundal massage: gently externally massage top of uterus at or near umbilicus
- If placenta delivers, retain for hospital
- Reassess mother and infant frequently

Paramedic

- Provide Advanced Airway Management procedure as needed
  - Apply ECG monitor and interpret ECG
  - Large bore IV LR KVO

If Meconium Present:

- Intubate and suction infant with ET tube and meconium aspirator **prior** to ventilation
- Suction the meconium completely then re-intubate with a new ET tube and ventilate

All patients in labor with evidence of imminent delivery will be transported to the closest Hospital. OB Patients not at risk of imminent delivery may be transported to Homestead Hospital.

Imminent delivery is defined as:

a. Contractions less than two (2) minutes apart
b. Spontaneous rupture of membranes has occurred
c. Crowning is present
d. Active labor

EMT

- Ensure Scene Safety, Body Substance Isolation
- Provide basic airway management procedures as needed
- Oxygen 15 lpm NRM
  - Obtain Maternal history
  - Due date or last menstrual cycle
  - Gravida/Para/Abortion
  - Status of membranes
  - Timing of contractions
  - Any complications during this pregnancy

BREECH DELIVERY:

- High flow O_2; supine position with pelvis elevated above the level of her head
- If infant's body delivers and head will not deliver, insert a finger into the infants mouth and pull the chin to the chest
- Have the mother push and deliver infant

PROLAPSED CORD:

- Place the mother in face down/knee-chest position (dangerous position during transport) or keep her supine with pelvis elevated above the level of her head
- Place gloved hand against infant's head to allow cord perfusion
- Wrap cord in sterile moist bandages

LIMB PRESENTATION:

- High flow O_2; supine position with pelvis elevated above the level of her head
- Do not attempt to push limb back into vaginal opening

If delivery does not occur immediately, prepare for immediate transport to appropriate facility.

Paramedic

ABNORMAL PRESENTATION or PREMATURE LABOR: (Between 20-36 weeks gestation)

- Provide Advanced Airway Management as needed
- Apply ECG monitor and interpret ECG
- IV LR KVO
- To delay birth, fluid bolus 500cc NS

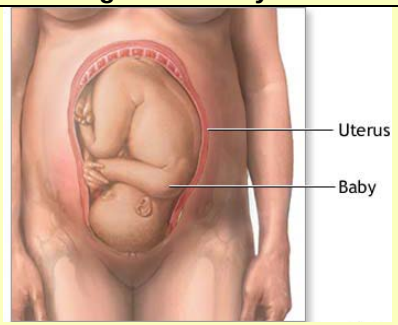
Contact receiving hospital immediately and ask if they have any orders they want performed

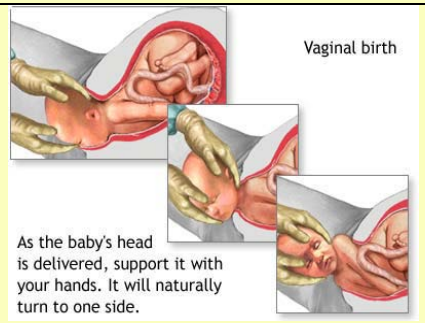
- Transport mother in left lateral recumbent position to appropriate facility

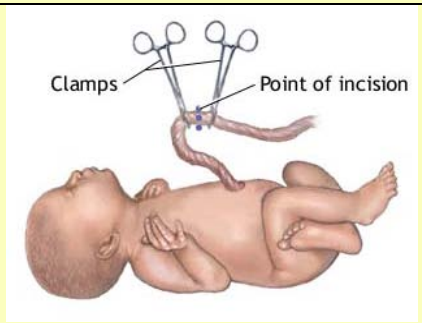
SHOULDER DYSTOCIA

If the infant appears to be moving back into the vagina after several attempts by the mother to deliver the infant, insert 2 gloved fingers into the mother's vagina and down the infant's back, swinging the infant's arm over the head and out the vagina. Repeat with the second arm if necessary

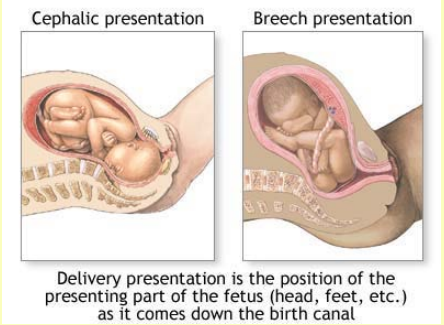
Normal vaginal delivery:

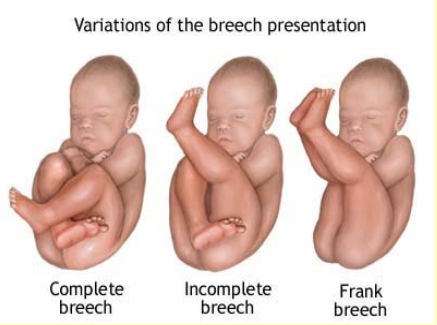


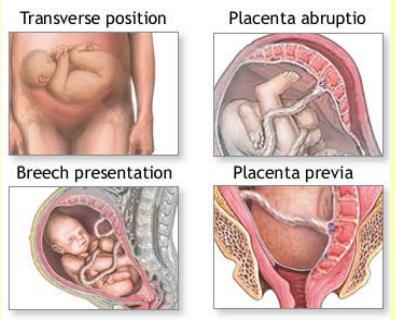


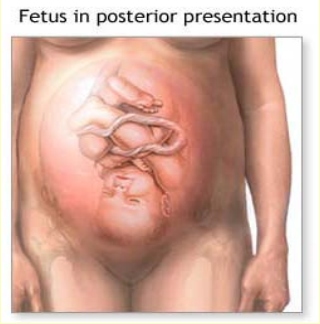


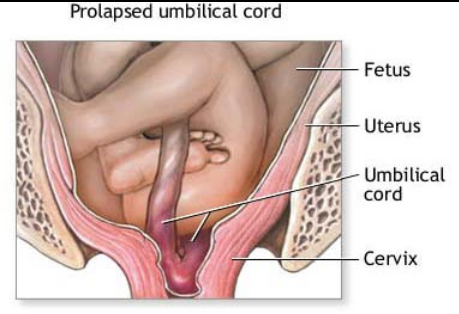
Other delivery presentations:

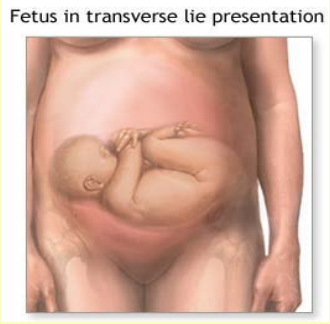












First Trimester: Conception to 12 weeks	Second Trimester: 13th week - 28th week	Third Trimester: 28th week until birth

EMT

- Ensures Scene Safety, Body Substance Isolation
  - Provide Basic Airway Management procedure as necessary
  - Pt. History to include S.A.M.P.L.E
  - Oxygen 15 lpm NRM
  - Position patient on left side

Keep environment quiet, low lighting (no lights and sirens)

Paramedic

- Provide Advanced Airway Management procedures if necessary
- Large Bore IV NS/LR TKO if necessary
- Apply monitor and interpret ECG

Seizures (Eclampsia)

- **$MgSO_4$ 2 gm IV over 1 to 2 minutes**
- **Valium 5mg IV/ 10mg IM**

Signs & Symptoms of Pre-Eclampsia:

- **Past the patient's 20th week (second trimester)**
- **High blood pressure**
- **Proteinuria (excessive protein in urine)**
- **Severe headaches**
- **Changes in vision (blurred or light sensitive)**
- **Nausea or vomiting**
- **Dizziness**
- **Swelling around face, neck, hands**

PRE-ECLAMPSIA / ECLAMPSIA

5-5

EMT

- Ensure Scene Safety, Body Substance Isolation
- Provide Basic Airway Management procedures if necessary
- Pt. History to include S.A.M.P.L.E
- Oxygen based on O_2 saturation
- Vital signs
- Trendelenberg if patient can tolerate
- Apply appropriate size dressing to vaginal area to absorb bleeding

Paramedic

- Provide Advanced Airway Management if necessary
  - Apply ECG monitor and interpret ECG
  - Large Bore IV NS/LR TKO x 2, if possible
  - If clear lung sounds: 250cc fluid bolus, if B/P does not increase, repeat bolus provided lung sounds are still clear
  - For postpartum vaginal bleeding perform gentle fundal massage