OPERATIONS: **BLS/ALS TREATMENT PROTOCOLS** DATE: **03/08/12**

SUBJECT: **OBSTETRICAL EMERGENCIES** **POLICY NUMBER:** **9220**

BLS

Ensure patent airway, give oxygen and/or ventilate prn.
Monitor O2 saturation prn.
If delivery not imminent, transport immediately on left side
(if greater than 16 weeks gestation)
Any birth that is difficult or not progressing, transport immediately

ROUTINE DELIVERY:

If no time for transport, proceed with delivery
If unbroken amniotic sac, puncture sac away from baby's face
If cord around neck, slip over head; if unable: clamp and cut cord
Suction baby's mouth then nose (only for obvious obstruction); PRN
Positive Pressure Ventillation, PRN if HR <100 BPM
Stimulate baby by tapping soles of feet and/or rubbing back
Clamp and cut cord once it stops pulsating (1 min after delivery);record time
Dry baby, wrap warmly and place to mother's breast
Assess APGAR at 1 min. and at 5 min.
Do not wait on scene to deliver placenta
Once placenta is delivered, massage the fundus
Save placenta and deliver with patient to hospital
Place identification bands on mother and infant

ALS

Monitor EKG/Monitor O_2 saturation prn.

SO Establish Saline lock/IV prn. (mother)

MECONIUM STAINING

SO For depressed infant (weak resp. effort, poor muscle tone, HR $\leq$ 100) perform tracheal suctioning
Suction trachea as needed (past cords) under direct visualization with laryngoscope
using 12-14 Fr catheter until heavy meconium is cleared.
Limit suctioning intervals to 5 seconds and monitor for bradycardia.

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS DATE: 03/08/12

SUBJECT: OBSTETRICAL EMERGENCIES (continued) **POLICY NUMBER:** 9220

BLS

BLEEDING DURING PREGNANCY:
Immediate transport. Place pad to perineum.
Treat for shock
Bring tissue/fetus to hospital

PRE-ECLAMPSIA, ECLAMPSIA:
Immediate transport, avoid sirens/excessive stimulation
Treat seizures per Altered Neurologic Function Protocal

BIRTH COMPLICATIONS:
Prolapsed Cord
Place mother in head down position with hips elevated on pillows
Insert gloved hand into the vagina and gently push presenting part off the cord. Do not handle or push cord back in vagina.
Transport immediately while retaining this position until relieved by hospital personnel.

Post Partum Hemorrhage
Massage fundus
Treat for shock, place pad to vagina (do not pack vagina)
Immediate transport

ALS

POST PARTUM HEMORRHAGE
SO 500 ml fluid bolus N.S. and titrate to vital signs.
Treat for shock, additional fluids per BH.

ECLAMPSIA (SEIZURES)
SO Midazolam 0.1 mg/kg slow IV/IO (1 mg/min) to max 5 mg (discontinue if seizure stops); may repeat X 1 per BH

OR

SO Midazolam 0.2 mg/kg IM (2-3 mL increments) to max 10 mg; may repeat X 1 per BH

OR

SO Midazolam 0.2 mg/kg IN (2-3 mL increments) to max 10 mg; may repeat X 1 per BH

OPERATIONS: **BLS/ALS TREATMENT PROTOCOLS** DATE: **03/08/12**

SUBJECT: **OBSTETRICAL EMERGENCIES (continued)** **POLICY NUMBER:** **9220**

BLS	ALS
BIRTH COMPLICATIONS (continued) **Breech Birth** Immediate transport with mother in head down, hips elevated position Allow infant to deliver to the waist Once legs and buttocks are delivered, the head can be assisted out If head does not deliver within 3 min., insert gloved hand and create an airway for the infant. Do not try to pull baby's head out Place mother on high flow oxygen **Hand/arm presentation** Delivery should not be attempted in the field Immediate transport with mother in head down, hips elevated position Place mother on high flow oxygen	

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS DATE: 03/08/12

SUBJECT: OBSTETRICAL EMERGENCIES (continued) **POLICY NUMBER:** 9220

BLS

PREMATURE AND/OR LOW BIRTH WEIGHT INFANTS

Resuscitate as needed
Wrap baby in blanket and place on mother's abdomen
Suction baby's mouth and nose prn (for obvious airway obstructions)
Give oxygen
Immediate transport
Monitor O2 saturation prn.

NEONATAL RESUSCITATION:

After initial care of newborn to include drying and tactile stimulation; if newborn has:

1) Apnea or gasping respirations
2) Heart rate < 100 bpm

Begin BVM ventilations with room air at 40-60 breaths/min
Reassess breathing effort after 30 sec.
If, despite adequate ventilation:

1) heart rate < 60 bpm after 30 seconds

Begin chest compressions at rate of 90/min interposed with ventilations 30/min until spontaneous HR 100/min or greater
Assess APGAR score
Continue resuscitation prn. and immediate transport if no ALS

ALS

NEONATAL RESUSCITATION:

Monitor ECG of newborn/Monitor O2 saturation prn.

For asystole or spontaneous heart rate < 60 bpm despite adequate ventilation or CPR:

SO Epinephrine (1:10,000) IV (see drug chart for dose); may repeat per BH
Continue with treatment per separate dysrhythmia protocol

BH Normal Saline 10mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BH

APPROVAL:

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