San Mateo County Emergency Medical Services
Childbirth (Mother)

For delivery or imminent delivery of a fetus beyond the first trimester (12 weeks). For < 12 weeks use Pregnancy Complication

**History**
- Due date
- Time contractions started/how often
- Rupture of membranes
- Time/amount of any vaginal bleeding
- Sensation of fetal activity
- Past medical and delivery history
- Medications
- Gravida/Para status
- High risk pregnancy

**Signs and Symptoms**
- Contractions
- Vaginal discharge or bleeding
- Crowning or urge to push
- Meconium

**Differential**
- Abnormal presentation
  - Buttock
  - Foot
  - Hand
- Prolapsed cord
- Placenta previa
- Abruptio placenta

**E** When supine, place patient in left lateral recumbent position

Note any abnormal vaginal bleeding, hypertension or hypotension

**E** Inspect perineum

No crowning

Monitor and reassess
Document frequency and duration of contractions

Crowning > 36 weeks gestation

**E** Childbirth procedure

Prolapsed cord or shoulder dystocia

Hips elevated
Knees to chest
Insert fingers into vagina to relieve pressure on cord
Place saline dressing over cord

Breech birth

Transport unless delivery imminent
Encourage mother to refrain from pushing
Support presenting part(s)
DO NOT PULL

Unable to deliver?
Create air passage by supporting presenting part of the infant
Place 2 fingers along side of the nose and push away from face
Transport in knee-to-chest position or left lateral position

Notify receiving facility. Consider Base Hospital for medical direction

Approved Birthing Centers
Kaiser Redwood City
Mills - Peninsula Medical Center
Sequoia Hospital
Stanford Hospital
UCSF Benioff Mission Bay

**Priority symptoms:**
- Crowning at < 36 weeks gestation
- Abnormal presentation
- Severe vaginal bleeding
- Multiple gestation

Monitor and reassess
Document frequency and duration of contractions

**Effective November 2018**

Treatment Protocol   A08

Effective April 2023

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Pearls

- Do not perform digital vaginal exam
- Document all times (delivery, contraction frequency and length, and time cord was cut).
- Document the name of the prehospital provider who cut the cord.
- After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.
- For prolapsed cord, wrap cord in saline soaked gauze cover to keep warm.