

Childbirth (Mother)

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

History

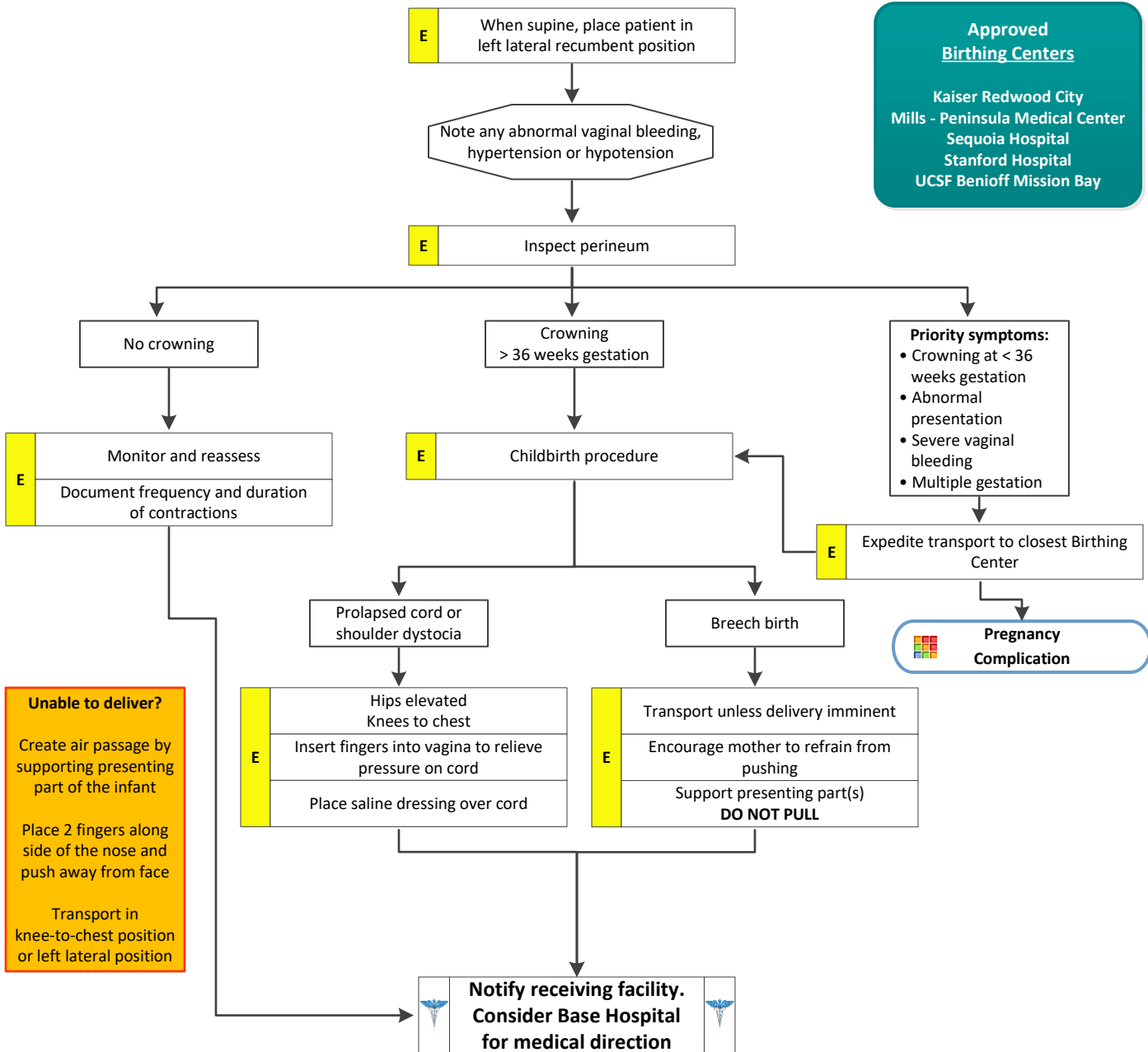
- Due date
- Time contractions started/how often
- Rupture of membranes
- Time/amount of any vaginal bleeding
- Sensation of fetal activity
- Past medical and delivery history
- Medications
- Gravida/Para status
- High risk pregnancy

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



Approved Birthing Centers

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

Adult Medical Treatment Protocols

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

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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.

