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 Complications

**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

**Notes**
- Note any abnormal vaginal bleeding, hypertension or hypotension

**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**
**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

**Newly Born**
**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

**Effective November 2018**
**Treatment Protocol A08**
**Effective October 2019**
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Mills - Peninsula Medical Center
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UCSF Benioff Mission Bay

**Pregnancy Complication**

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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.