San Mateo County Emergency Medical Services

Pregnancy/Labor

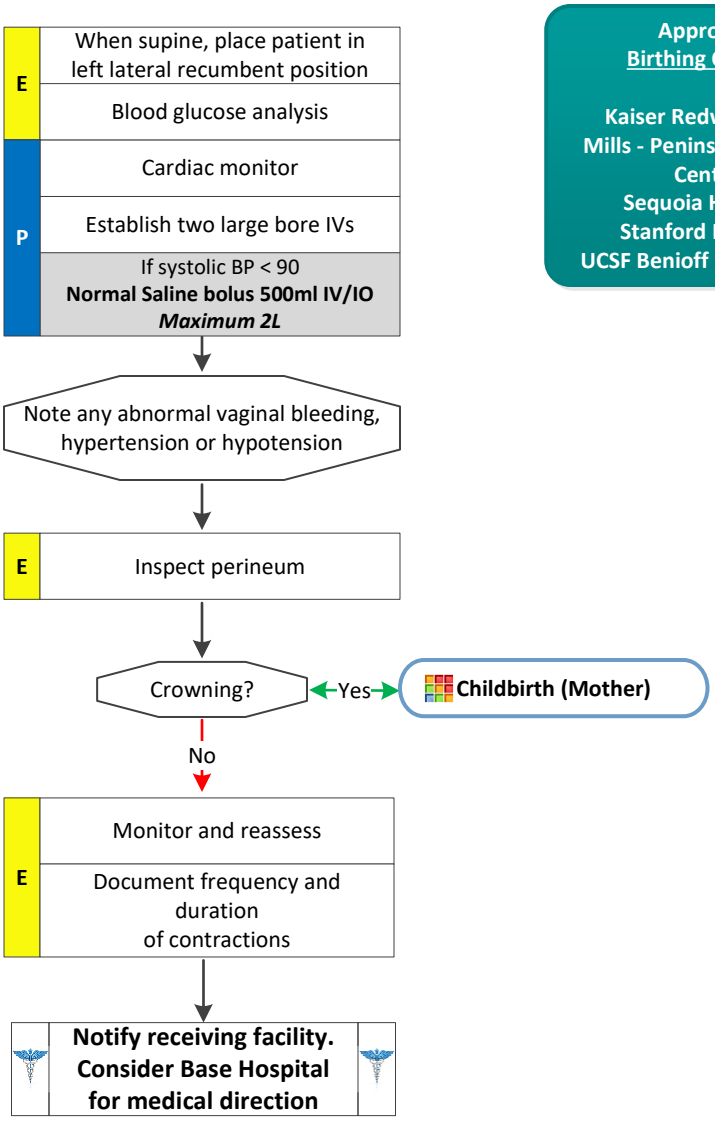
For contractions without imminent childbirth

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

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

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

Pregnancy/Labor

For contractions without imminent childbirth

Pearls

- Decision to transport versus remain and deliver is multifactorial and difficult. Generally it is preferable to transport. Factors that will impact decision include: number of previous deliveries; length of previous labors; frequency of contractions; urge to push; and presence of crowning.
- Position mother supine with head flat or elevated per mother's choice. Maintain flexion of both knees and hips. Elevated buttocks slightly with towel. If delivery not imminent, place mother in the left, lateral recumbent position with right side up about 10 – 20°.
- Twins occur about 1/90 births. Typically manage the same as single gestation. If imminent delivery call for additional resources, if needed. Most twins deliver at about 34 weeks so lower birth weight and hypothermia are common. Twins may share a placenta so clamp and cut umbilical cord after first delivery. Notify receiving facility immediately.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.