

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

E	When supine, place patient in left lateral recumbent position
	Blood glucose analysis
P	Cardiac monitor
	Establish two large bore IVs
	If systolic BP < 90 Normal Saline bolus 500ml IV/IO <i>Maximum 2L</i>

Approved Birthing Centers

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

Note any abnormal vaginal bleeding, hypertension or hypotension

E	Inspect perineum
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Crowning?

←Yes→ **Childbirth (Mother)**

No

E	Monitor and reassess
	Document frequency and duration of contractions

Notify receiving facility. Consider Base Hospital for medical direction



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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.

