Clinical Indications:
1. Imminent delivery with crowning.

Procedure:
1. Delivery should be controlled so as to allow a slow controlled delivery of the infant. This will prevent injury to the mother and infant.
2. Support the infant’s head as needed.
3. Check the neck for the umbilical cord. If it is present, slip it over the head. If unable to free the cord from the neck, double clamp the cord and cut between the clamps.
4. Grasping the head with hands over the ears, gently pull down to allow delivery of the anterior shoulder.
5. Gently pull up on the head to allow delivery of the posterior shoulder.
6. Slowly deliver the remainder of the infant.
7. Clamp the cord 2 inches from the abdomen. Milk the cord towards the mother approximately 2 inches and places a second clamp. Cut the cord away from the provider’s face between the clamps.
8. Follow the Newly Born Treatment Guideline for further treatment of newly born child and Pregnancy/Labor for further treatment of the mother.
9. The placenta will deliver spontaneously, usually within 5 minutes of the infant. To facilitate this process, apply very gentle tension to the cord.
10. Massaging the fundus may aid in the delivery of the placenta and decrease bleeding by facilitating uterine contractions. This procedure is best accomplished by two paramedics.
11. Continue transport to the hospital.