

OB-GYN EMERGENCIES O-3 / IMMINENT DELIVERY

PRIORITIES

- ABCs
- Maintain airway, provide oxygen and ventilatory support PRN
- Early Transport.
- **EARLY CONTACT OF RECEIVING HOSPITAL**

Final

JULY 2008

NORMAL PRESENTATION	BREECH PRESENTATION	PROLAPSED CORD
➤ OXYGEN – high flow ➤ Reassure mother, instruct during delivery; ➤ IV access if time allows; ➤ As head is delivered, gently suction baby's mouth and nose, keeping the head dependent. If cord is wrapped around neck and can't be slipped over the infant's head, double clamp and cut between clamps; ➤ Allow delivery, dry baby and keep warm, placing baby on mother's abdomen or chest; ➤ Allow cord to stop pulsating, then clamp and cut 6 – 8 inches from baby; ➤ Assess APGAR score at 1 and 5 min (Protocol P-2 for Neonatal Resuscitation) ➤ Allow delivery of the placenta; save and bring to hospital.	➤ OXYGEN – high flow; ➤ IV Access IF TIME ALLOWS. ➤ CONTACT BASE PHYSICIAN ➤ Allow delivery to proceed passively until the baby's waist appears; ➤ Rotate baby to face down position (do NOT pull); ➤ If the head does not readily deliver in 4 – 6 minutes, insert a gloved hand into the vagina to create an air passage for the infant; ➤ If the head delivers, proceed as with normal presentation;	➤ OXYGEN – high flow; ➤ IV Access, IF TIME ALLOWS; ➤ CONTACT BASE PHYSICIAN. ➤ Insert gloved hand into vagina and gently push presenting part off the cord; ➤ Place mother in knee-chest position. If unable, place pillows under hips to elevate them; ➤ Early transport;

DISRUPTED COMMUNICATIONS

In the event that a Solano County EMT-P is UNABLE to make physician contact for orders, the paramedic MAY NOT utilize those areas of the protocol needing physician direction and MUST TRANSPORT IMMEDIATELY TO THE CLOSEST FACILITY.