5.03 Childbirth: Normal Delivery and Post-Delivery Care

EMSAC OCTOBER 2025

BLS Treatment

Assess for signs of imminent delivery: crowning, urge to push, presentation of fetal part, contractions <2 min apart.

IF BABY IS **NOT** CROWNING: Assist mother into position of comfort and transport.

IF BABY IS CROWNING:

- For mother: **Oxygen** PRN with goal of 94-98%.
- Assist mother into position of comfort.
- Prepare obstetric kit and area for delivery to prevent baby from hitting hard surface. Have blanket/chux ready to catch baby.
- Assess for breech presentation, prolapsed cord, nuchal cord, shoulder dystocia. If noted, refer to **Protocol 5.04 Childbirth Complications.**
- Provide minimal but stabilizing pressure on baby's head by placing palm of hand on head. Stabilize fetal head and mother's perineum during delivery of head. Do NOT pull on baby's head. If necessary, ask mother to push again to deliver the rest of the baby.
- Check for cord around the neck. If present, refer to **Protocol 5.04 Childbirth Complications.**
- Once delivered, dry, stimulate and cover newborn for warmth (especially the head). If newborn appears pink, warm, and vigorous, place skin to skin with the mother on abdomen or to breast for shared body heat. Wrap mother and baby together.
- Assess newborn, if non-vigorous or in respiratory distress proceed to **Protocol 8.05 Neonatal Resuscitation**. Perform APGAR score at 1 and 5 minutes post-delivery (see scoring below).
- Assess VS of mother post-delivery and after placenta delivers. If signs of maternal shock, see below under **Protocol 5.05 Uncontrolled Hemorrhage Before or During Labor**. For cardiac arrest of mother, see **Protocol 2.04 Cardiac Arrest**. Maternal CPR should be performed in supine position with left manual uterine displacement.
- Allow the cord to pulse for *at least* one minute OR until pulsing stops OR until transfer to receiving hospital. To cut the cord, clamp cord with 2 clamps 1-2" apart and approximately 6" from newborn and cut cord between clamps. If the cord interferes with newborn resuscitation, cut the cord immediately.
- The placenta may deliver spontaneously. Never pull on the cord. Save all available parts for inspection at hospital. Do not delay transport for delivery of placenta. Transport placenta in biohazard bag to hospital.
- If bleeding persists after delivery of placenta, rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage). As uterus contracts, it should feel like a firm grapefruit and bleeding should slow. Refer to **Protocol 5.06 Postpartum Hemorrhage**.

ALS Treatment

See below for specific ALS treatment of delivery complications.

In cases of maternal request for pain control in the setting of severe pain

- **Fentanyl** can be used for pain control in this population.

- Patient should be counselled that there is a risk of fetal respiratory depression in fetus if birth is imminent (crowning).
- **Ketorolac** is **contraindicated** in pregnancy/labor.

Comments

- Suction only if airway is obstructed. Routine suctioning only delays the onset of spontaneous breathing and causes laryngeal spasm and vagal bradycardia.
- Delayed cord clamping allows oxygenated blood to continue to flow to infant.
- The first priority in childbirth is assisting the mother with delivery of the child. The mother's physical and emotional comfort will affect the outcome. Dim lights, quiet, reducing number of providers and keeping mother's companions nearby may be helpful.
- Newborn hypothermia can occur within minutes and can increase mortality. Keep the baby on the mother's belly skin to skin until the cord is clamped. If continued access to the infant is necessary (e.g., for positive pressure ventilation) keep the baby warm including the use of warmed blankets or radiant warmer if available).
- Never pull on the cord, as it can tear.
- The placenta may not deliver for up to 30 min, do not delay transport for placental delivery

Base Hospital Contact Criteria

If there are concerns about need for resuscitation based on fetus' gestational age and viability.

Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.

APGAR SCORE:

Appearance (Skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
Pulse	0=Absent	1=Less than 100/min	2=100/min and above
Grimace (Irritability)	0=No response	1=Grimace	2=Cough, sneeze, cry
Activity (Muscle tone)	0=Limp	1=Some flexion of the extremities	2=Active motion
Respirations	0=Absent	1=Slow and irregular	2=Strong cry

5.03 CHILDBIRTH: NORMAL DELIVERY AND POST-DELIVERY CARE

EMSAC OCTOBER 2025

ALS

Afterbirth Care continued from BLS section on previous page

IV/IO of **Normal Saline** TKO

Maternal Pain?

Yes

Fentanyl
50 mcg IV/IO slow IV push (over 1 minute).

May be repeated x1 if SBP > 90mmHg.
Maximum dose of ~~50~~ 100 mcg total to prevent newborn respiratory depression.

Patient should be counseled that there is a risk of fetal respiratory depression in fetus if birth is imminent.

Ketorolac, Ketamine, and Ibuprofen are contraindicated in pregnancy/labor.

Report any incident of suspected domestic violence to emergency department staff

Comments

- Suction only if airway is obstructed. Routine suctioning only delays the onset of spontaneous breathing, causes laryngeal spasm, and vagal bradycardia.
- Delayed cord clamping allows oxygenated blood to continue to flow to infant.

Base Hospital Contact Criteria

If there are concerns about need for resuscitation based on fetus' gestational age and viability.

Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.