

SECTION: OB-2

PROTOCOL TITLE: Imminent Delivery

REVISED: December 9, 2010

BLS SPECIFIC CARE: See adult General OB Care Protocol OB-1

- Assess and examine for fetal movement
- Monitor contractions (time/frequency/duration/strength)
- Examine perineum for bleeding, evidence of prolapsed cord, crowning during contractions, or any other obvious conditions
- Remember to determine APGAR scores at 1 and 5 min
- Establish Universal Precautions. Apply gloves, mask, gown, eye protection for infection control precautions. Create a sterile field around the vaginal opening with sterile towels or paper barriers. Keep extra sheets to cover feces if the mother defecates prior to delivery
- Prepare for delivery
 - Have the mother lie in a modified semi-fowlers or Trendelenburg position (knees drawn up and spread apart).
 - Elevate buttocks – with blankets or pillows.
 - The floor is actually recommended over bed for delivery.
 - If an alternate position is preferred, then attempt to accommodate the mother
- When the infant's head appears during crowning, exert gentle pressure to prevent explosive delivery
- If amniotic sac does not break, or has not broken, puncture the sac and push it away from the infant's head and mouth as they appear
- After the infant's head is delivered, support the head; *suction the mouth then the nostrils*. Use caution to avoid contact with the back of the mouth.
- Tie and cut the cord at least 6 inches from the newborn. See *GENERAL NEWBORN CARE PROTOCOL (P-11)* for further newborn care
- After Delivery:
 - Allow baby to suckle if possible.
 - Massage uterus firmly after delivery.
- Record the time of delivery

ILS SPECIFIC CARE: See adult General OB Care Protocol OB-1

- Treat hypotension and severe post-partum hemorrhage (a loss of up to 500 cc is normal) aggressively with IV crystalloid up to 1000 cc. Hold for s/s of CHF/pulmonary edema or CHF History

ALS SPECIFIC CARE: See adult General OB Care Protocol OB-1

Severe post-partum hemorrhage: (A loss of up to 500 cc is normal)

- Observe and assess for significant blood loss, treat for shock.
- **Oxytocin (Pitocin) Infusion**
 - IV—10 U in 250 ml of NS administered at a rate to control uterine contractions.
 - Infused 10u/250 ml over 5 to 10 minutes; repeat if needed and continue fundal massage

IMMINENT DELIVERY

Protocol OB-2

PHYSICIAN PEARLS:

Careful screening for high risk pregnancies will help anticipate problems and improve outcomes.

Meconium Staining:

- Amniotic fluid that is greenish or brownish-yellow rather than clear. It may be very foul in odor. It is a sign of possible fetal distress during labor
- DO NOT STIMULATE the infant prior to SUCTIONING the oropharynx

APGAR SCORING

Sign	0	1	2
Activity	Limp	Some Flexion	Active Motion
Pulse	Absent	<100	>100
Grimace	None	Grimace	Cough or sneeze Pulls away
Appearance	Central Cyanosis Blue/Pale	Central Pink Peripheral Blue	Completely Pink
Respiration	Absent	Slow, ineffective, irregular	Good and Crying

- Score assigned to newborns at 1 and 5 minutes following delivery
- APGAR should NOT be used as guide for initiating resuscitation
- If 5 min score <7, repeat every 5 min for 20 min.

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