

SECTION: OB-3

PROTOCOL TITLE: Complicated Deliveries

REVISED: January 27, 2010

BLS SPECIFIC CARE: See OB Care Protocols OB-1 and OB-2

Prolapsed cord: Condition where the cord presents through the birth canal before delivery of the head; presents a serious medical emergency which endangers the life of the unborn fetus.

- Place mother in knee-chest position with head down
- Check cord for pulsation and rate
- Apply gentle pressure to presenting part and relieve pressure on the cord.
- Recheck cord for pulsation and rate. Keep cord moist and warm
- Assess fetal status
- Administer high flow oxygen
- Rapid transport in this position with rapid notification of receiving facility

Breech/Limb Presentation: Breech presentation occurs when the buttocks or lower extremity are low in the uterus and will be the first part of the fetus delivered.

- Place mother in delivery position, elevate pelvis with pillows (Modified Trendelenburg)
- Assist breech delivery as indicated
- Administer high flow oxygen
- *Initiate rapid transport*

Cephalopelvic Disproportion (CPD)/Failure to progress: A condition where the babies head/body will not progress through the pelvis during delivery. Causes include large fetus, small or abnormally shaped pelvis, overdue deliveries and abnormal fetal positions.

- Immediate treatment is caesarian section. Code 3 transport to a facility capable of emergent caesarian is indicated
- Reposition the patient. Sometimes this will resolve the problem
- Press firmly on the Pubic Symphysis. This may open the birth canal further to allow passage of the head
- All patients in second and third trimester who are transported in the supine position should be placed in the left lateral recumbent position.
- If amniotic sac has ruptured, determine time of rupture and try to ascertain if meconium was present in the fluid (determine color, odor and consistency)

ILS SPECIFIC CARE: See OB Care Protocols OB-1 and OB-2

Protocol OB-3

COMPLICATED DELIVERIES

ALS SPECIFIC CARE: See OB Care Protocols OB-1 and OB-2

- Assess and identify causes of additional complaints, treat as needed.
 - **Potential complications of delivery**
 - Included, but not limited to
 - **Nuchal cord**
 - Following delivery of the neonate's head, determine if the umbilical cord is wrapped around it or around the head
 - If the umbilical cord is wrapped around the neonate's head or neck, gently slip it back over the head
 - If the cord cannot be gently removed from around the neonate's head or neck, tie/clamp the cord in places approximately 2 inches apart, if possible, and cut in between them
 - Proceed with delivery
 - **Prolapsed umbilical cord:**
 - Definitive treatment is often caesarian section
 - Place mother in knee-chest position
 - Insert two fingers of a gloved hand into the vagina and raise the presenting part of the fetus (usually the head) off of the umbilical cord
 - Simultaneously, check the cord for pulsations
 - Do not touch or manipulate the cord any more than necessary
 - Transport in this position
 - **Cephalopelvic disproportion:**
 - Fetus's head is too large to fit through maternal pelvis.
 - Emergent caesarian section is needed
 - Reposition the patient. Sometimes this will resolve the problem
 - Press firmly on the pubis symphysis. This may open the birth canal further to allow passage of the head.
 - Initiate rapid transport

Breech presentation:

- Place mother on the edge of a firm bed with legs flexed
- Support the spontaneously delivering buttocks and extremities until the back appears
- Wrap a dry towel around the hips to provide gentle traction to the delivering fetus
- If possible, extract a 4-6 inch loop of umbilical cord for slack
- Continue light downward traction until shoulder blades or arm pits appear
- If head delivery is delayed, insert two fingers on each side of the neonate's nose in a, "V," shape to help maintain baby's airway
- Guide neonate up to deliver posterior shoulder first
- Splint humerus to side of neonate's body and try to sweep arm out of birth canal
- Next guide neonate down to deliver anterior shoulder
- Have assistant provide gentle downward pressure on the uterus to help facilitate flexion of the head
- Putting fingers around the mouth during delivery may prevent chin from hanging up
- Gently swing the body upward to help facilitate delivery
- Never try to pull the neonate's head out during breech delivery
- If the head fails to deliver within 3 minutes, create a "V" with the fingers on either side of the nose to create an airway
- Initiate rapid transport

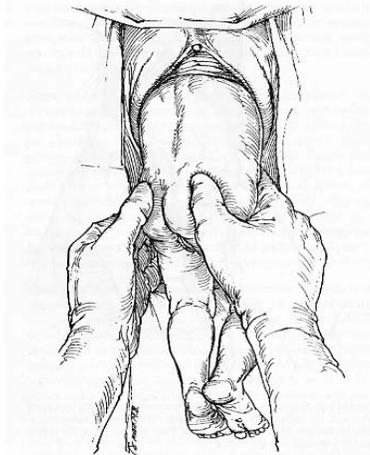
Protocol OB-3

COMPLICATED DELIVERIES

PHYSICIAN PEARLS:

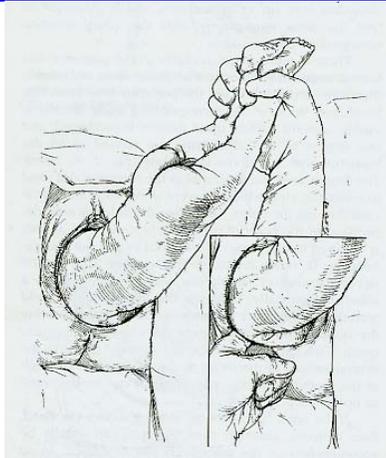
Breech Delivery (Buttocks)

- Support the spontaneously delivering buttocks and extremities until the back appears
- When providing traction, grasp the iliac wings, don't pull on the legs, or apply pressure to the soft lower back
- If possible, extract a 4-6 inch loop of umbilical cord for slack
- Continue light downward traction until shoulder blades or arm pits appear
- If head delivery is delayed, insert two fingers on each side of the infant's nose to help maintain baby's airway



Breech Delivery (Shoulder)

- Exact opposite of regular delivery.
- Guide neonate up to deliver posterior shoulder first
- Splint humerus to side of neonate's body and try to sweep arm out of birth canal
- Now guide neonate down to deliver anterior shoulder.



Breech Delivery (head after body or shoulders)

- Have assistant provide gentle downward pressure on the uterus to help facilitate flexion of the head.
- Putting fingers around the mouth during delivery may prevent chin from hanging up.
- Gently swing the body upward to help permit delivery.
- **Never** try to pull the baby's head out during breech delivery
- If the head fails to deliver within 3 minutes, create a "V" with the fingers on either side of the nose to create an airway → Oxygen, IV, Monitor, Trendelenburg, Rapid transport.

