## PREDELIVERY

<table>
<thead>
<tr>
<th>BLS</th>
<th>ALS</th>
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</thead>
<tbody>
<tr>
<td>• Ensure patent airway</td>
<td>• Monitor/EKG</td>
</tr>
<tr>
<td>• O₂ saturation PRN</td>
<td>• IV SO</td>
</tr>
<tr>
<td>• O₂ and/or ventilate PRN</td>
<td>• Capnography SO PRN</td>
</tr>
<tr>
<td>• If no time for transport and delivery is imminent (crowning and pushing), proceed with delivery</td>
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<tr>
<td>• If no delivery, transport on left side</td>
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</tr>
<tr>
<td>• Keep mother warm</td>
<td><strong>Direct to labor/delivery area BHO if ≥20 weeks gestation</strong></td>
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**Third-trimester bleeding**
- Transport immediately to facility with obstetrical services per BH direction

**Eclampsia (seizures)**
- Protect airway
- Protect from injury
- Monitor/EKG
- IV SO
- Capnography SO PRN

**DELIVERY**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Routine delivery</strong></td>
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<tr>
<td>• If placenta delivered, massage fundus. Do not wait on scene.</td>
</tr>
<tr>
<td>• Wait 60 sec after delivery, then clamp and cut cord between clamps</td>
</tr>
<tr>
<td>• Document name of person cutting cord, time cut, and delivery location (address)</td>
</tr>
<tr>
<td>• Place identification bands on mother and newborn(s)</td>
</tr>
<tr>
<td>• Complete Out of Hospital Birth Report Form (S-166A) and provide to parent</td>
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**Difficult deliveries**
- High-flow O₂
- Keep mother warm

**Nuchal cord (cord wrapped around neck)**
- Slip cord over the head and off neck
- Clamp and cut cord, if wrapped too tightly

**Prolapsed cord**
- Place mother with her hips elevated on pillows
- Insert a gloved hand into vagina and gently push presenting part off cord
- Transport immediately while retaining this position. Do not remove hand until relieved by hospital personnel.
- Cover exposed cord with saline-soaked gauze
## Shoulder dystocia
- Hyperflex mother’s knees to her chest

## Breech birth (arm or single foot visible)
- Rapid transport

## Frank breech or double footling and imminent delivery with long transport
- Allow newborn to deliver to the waist without active assistance (support only)
- When legs and buttocks are delivered, assist head out keeping body parallel to the ground. If head does not deliver within 1-2 min, insert gloved hand into the vagina to create airway for newborn.
- Transport immediately if head undelivered

## Eclampsia (seizures)
- Protect airway, and protect from injury
- **ALS:** Midazolam IN/IM/IV/IO to a max dose of 5 mg (d/c if seizure stops) SO, MR x1 in 10 min SO. Max 10 mg total.

### MOTHER POST-DELIVERY

<table>
<thead>
<tr>
<th>BLS</th>
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<tbody>
<tr>
<td><strong>Post-partum hemorrhage</strong>&lt;br&gt;• Massage fundus vigorously&lt;br&gt;• Baby to breast&lt;br&gt;• High-flow O₂&lt;br&gt;• Keep mother warm</td>
<td><strong>Post-partum hemorrhage</strong>&lt;br&gt;• Monitor/EKG&lt;br&gt;• Capnography&lt;br&gt;&lt;br&gt;<strong>Post-partum hemorrhage with SBP &lt;90 mmHg</strong>&lt;br&gt;• 500 mL fluid bolus IV/IO PRN SO, MR x2 q10 min SO&lt;br&gt;<strong>Eclampsia (seizures)</strong>&lt;br&gt;• Midazolam IN/IM/IV/IO to a max dose of 5 mg (d/c if seizure stops) SO, MR x1 in 10 min SO. Max 10 mg total.</td>
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### NEONATAL POST-DELIVERY

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<tr>
<td><strong>Warm, dry, and stimulate newborn</strong>&lt;br&gt;• Wrap newborn in warm, dry blanket. Keep head warm.&lt;br&gt;• Assess breathing, tone, and HR. Palpate HR via umbilical cord.&lt;br&gt;• If placing pulse oximeter, use newborn’s right hand&lt;br&gt;• APGAR at 1 and 5 min (do not delay resuscitation to obtain score)&lt;br&gt;• Confirm identification bands placed on mother and newborn(s)&lt;br&gt;• Bring mother and newborn(s) to same hospital&lt;br&gt;• Complete Out of Hospital Birth Report Form (S-166A) and provide to parent</td>
</tr>
</tbody>
</table>
Newborn HR ≥100 with respiratory distress or central cyanosis
- Blow-by O₂

Newborn HR <100, poor respiratory effort or persistent central cyanosis
- Ventilate with BVM on room air
- Monitor/EKG
- Recheck pulse q30 sec
- For persistently poor respiratory rate/effort, or cyanosis despite correct BVM technique, add high-flow O₂ 15 L/min to BVM
- **Stop BVM when patient breathing well and HR ≥100**
- **ALS**: IV/IO SO (do not delay transport)
- **ALS**: NG tube PRN SO

**Newborn HR <60**
- **Continue BVM with high-flow O₂**
- **Chest compressions at rate of 120/min**
- **3:1 compression to ventilation ratio**
- **Check pulse q1 min**
- **Stop compressions when HR ≥60**
- **ALS**: Epinephrine 1:10,000 per drug chart IV/IO SO, MR q3-5 min SO
- **ALS**: Fluid bolus per drug chart IV/IO SO, MR x 1 in 10 min SO

**Premature and/or low birth weight newborn**
- If amniotic sac intact, remove neonate from sac after delivery
- Place neonate in plastic bag up to axilla to minimize heat loss
- Transport immediately
- CPR need **not** be initiated if there are no signs of life and gestational age <24 weeks