



PREDELIVERY	
BLS	ALS
<ul style="list-style-type: none"> • Ensure patent airway • O2 saturation PRN • O2 and/or ventilate PRN • If no time for transport and delivery is imminent (crowning and pushing), proceed with delivery • If no delivery, transport on left side • Keep mother warm <p>Third-trimester bleeding</p> <ul style="list-style-type: none"> • Transport immediately to facility with obstetrical services per BH direction <p>Eclampsia (seizures)</p> <ul style="list-style-type: none"> • Protect airway • Protect from injury 	<ul style="list-style-type: none"> • Monitor/ECG • IV [Ⓐ] • Capnography <p>Direct to labor/delivery area BHO if ≥20 weeks gestation</p> <p>Preeclampsia (elevated blood pressure) at ≥20 weeks gestation or up to 6 weeks postpartum</p> <p>If SBP ≥140 mmHg with any of the following:</p> <ol style="list-style-type: none"> 1. Severe headache 2. Vision changes including blurred vision, spots/floaters, loss of vision¹ 3. Right upper quadrant or epigastric abdominal pain <ul style="list-style-type: none"> • Magnesium sulfate 4 gm in 100 mL of NS over 20 min IV/IO <p>OR</p> <p>For asymptomatic patients with SBP ≥160 mmHg on at least two consecutive readings over ≥15 min</p> <ul style="list-style-type: none"> • Magnesium sulfate 4 gm in 100 mL of NS over 20 min IV/IO BHPO <p>Eclampsia (seizure) at ≥20 weeks gestation or up to 6 weeks postpartum</p> <ul style="list-style-type: none"> • Magnesium sulfate 4 gm in 100 mL of NS over 20 min IV/IO <p>If seizure lasts ≥5 minutes²</p> <ul style="list-style-type: none"> • Treat per Altered Neurologic Function (Non-Traumatic) (S-123) for status epilepticus then administer magnesium sulfate, if not already initiated
DELIVERY	
BLS and ALS	
<p>Routine delivery</p> <ul style="list-style-type: none"> • If placenta delivered, massage fundus. Do not wait on scene. • Wait at least 60 sec after delivery, then clamp and cut cord between clamps • Document name of person cutting cord, time cut, and delivery location (address) • Place identification bands on mother and newborn(s) • Complete Out of Hospital Birth Report Form (S-166A) and provide to parent 	

¹ These symptoms are often a precursor to seizure.

² Includes seizure time prior to arrival of EMS clinicians.

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<p>Difficult deliveries</p> <ul style="list-style-type: none"> • High-flow O2 • Keep mother warm <p>Nuchal cord (cord wrapped around neck)</p> <ul style="list-style-type: none"> • Slip cord over the head and off neck • If cord wrapped too tightly, perform somersault maneuver • If unable to slip cord over the head and off neck and somersault maneuver unsuccessful, clamp and cut cord <p>Prolapsed cord</p> <ul style="list-style-type: none"> • 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 <p>Shoulder dystocia</p> <ul style="list-style-type: none"> • Hyperflex mother's knees to her chest • If shoulder still does not deliver, add suprapubic pressure <p>Breech birth (arm or single foot visible)</p> <ul style="list-style-type: none"> • Rapid transport <p>Frank breech or double footling and imminent delivery with long transport</p> <ul style="list-style-type: none"> • 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 	
MOTHER POST-DELIVERY	
BLS	ALS
<p>Postpartum hemorrhage</p> <ul style="list-style-type: none"> • Massage fundus vigorously • Baby to breast • High-flow O2 • Keep mother warm <p>Eclampsia (seizures)</p> <ul style="list-style-type: none"> • Protect airway • Protect from injury 	<p>Postpartum hemorrhage</p> <ul style="list-style-type: none"> • Monitor/ECG • Capnography • 500 mL fluid bolus IV/IO, MR x2 q10 min to maintain SBP \geq90 mmHg^A • If estimated blood loss \geq500 mL and within 3 hours of delivery, tranexamic acid 1 gm/10 mL IV/IO, in 50-100 mL NS, over 10 min <p>Eclampsia (seizure) at \geq20 weeks gestation or up to 6 weeks postpartum</p> <ul style="list-style-type: none"> • Magnesium sulfate 4 gm in 100 mL of NS over 20 min IV/IO <p>If seizure lasts \geq5 minutes³</p> <ul style="list-style-type: none"> • Treat per Altered Neurologic Function (Non-Traumatic) (S-123) for status epilepticus then administer magnesium sulfate, if not already initiated

³ Includes seizure time prior to arrival of EMS clinicians.

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NEONATAL POST-DELIVERY

BLS and ALS

Warm, dry, and stimulate newborn

- Wrap newborn in warm, dry blanket. Keep head warm.
- Assess breathing, tone, and HR. Palpate HR via umbilical cord.
- Place pulse oximeter on newborn's right hand or wrist
- APGAR at 1 and 5 min (do not delay resuscitation to obtain score)
- Confirm identification bands placed on mother and newborn(s)
- Bring mother and newborn(s) to same hospital
- Complete Out of Hospital Birth Report Form (S-166A) and provide to parent

Full-term newborn with good tone and breathing

- Keep newborn warm
- Ensure patent airway
- If excessive secretions, suction mouth then nose with bulb syringe
- O₂ saturation on newborn's right hand or wrist
- Baby to breast
- Ongoing assessment q30 sec

Newborn HR ≥100 with respiratory distress, central cyanosis, or O₂ saturation less than the Target Oxygen Saturation (Table)

- Blow-by O₂

Newborn HR <100, poor respiratory effort or persistent central cyanosis

- Ventilate with BVM on room air
- Monitor/ECG
- Recheck pulse q30 sec
- For persistently poor respiratory rate/effort, cyanosis, or O₂ saturation less than the Target Oxygen Saturation (Table) 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 [Ⓐ] (do not delay transport)
- **ALS:** NG tube PRN

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, MR q3-5 min
- **ALS:** Fluid bolus per drug chart IV/IO, MR x1 in 10 min [Ⓐ]

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

Target Oxygen Saturation	
Min after Birth	SpO ₂
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%