Disposition per **BHO**

- Ensure patent airway
- Suction baby's airway if excessive secretions causing increased work of breathing, first mouth, then nose, suction after fully delivered
- \( O_2 \) Saturation prn

### Low Heart Rate Births:
- Ventilate via BVM room air if HR <100 bpm
- If HR remains <60 bpm after 90 seconds of ventilation, increase to BVM 100% \( O_2 \):
- CPR
- Clamp and cut cord between clamps following delivery (wait 60 seconds after delivery prior to clamping and cutting cord)
- Keep warm & dry (wrap in warm, dry blanket). Keep head warm
- APGAR at 1 minute and 5 minutes
- Document name of person cutting cord, time cut & address of delivery
- Place identification bands on mother and infant
- Bring mother and infant to same hospital
- Complete “Out of Hospital Birth Form” (S-166A) and provide to parent

### Premature and/or Low Birth Weight Infants:
- If amniotic sac intact, remove infant from sac after delivery.
- STAT transport.
- When HR <100bpm, ventilate room air.
- If HR <60bpm after 90 seconds of ventilation, increase to BVM 100% \( O_2 \) and start CPR.
- CPR need NOT be initiated if there are no signs of life AND gestational age is <24 weeks.

### Cord wrapped around neck:
- Slip the cord over the head and off the neck. Clamp and cut the cord if wrapped too tightly.

### Prolapsed cord:
- Place the mother with her hips elevated on pillows
- Insert a gloved hand into the vagina and gently push the presenting part off the cord.
- Transport STAT while retaining this position. Do not remove hand until relieved by hospital personnel.

### Breech Birth:
- Allow infant to deliver to the waist without active assistance (support only).
- When legs and buttocks are delivered, the head can be assisted out. **If head does not deliver within 1-2 min**, insert a gloved hand into the vagina and create an airway for the infant.
- Transport STAT if head undelivered.