History
- Due date
- Time contractions started/how often
- Rupture of membranes
- Time/amount of any vaginal bleeding
- Sensation of fetal activity
- Past medical and delivery history
- Medications
- Gravida/Para status
- High risk pregnancy

Signs and Symptoms
- Spasmodic pain
- Vaginal discharge or bleeding
- Crowning or urge to push
- Meconium

Differential
- Abnormal presentation
  - Buttock
  - Foot
  - Hand
- Prolapsed cord
- Placenta previa
- Abruptio placenta

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E Place patient in left lateral recumbent position

Note any abnormal vaginal bleeding, hypertension or hypotension

E Inspect perineum (No digital vaginal exam)

No crowning

Monitor and reassess

Document frequency and duration of contractions

Crowning > 36 weeks gestation

E Childbirth procedure

Establish IV/IO

Prolapsed cord

Shoulder dystocia

Hips elevated
Knees to chest
Insert fingers into vagina to relieve pressure on cord
Saline dressing over cord

Breach birth

Transport unless delivery imminent

Encourage mother to refrain from pushing
Support presenting part(s) DO NOT PULL

Notify receiving facility. Contact Base Hospital for medical direction

Priority symptoms:
- Crowning at < 36 weeks gestation
- Abnormal presentation
- Severe vaginal bleeding
- Multiple gestation

Unable to deliver
Create air passage by supporting presenting part of the infant
Place 2 fingers along side of the nose and push away from face
Transport in knee-to-chest position or left lateral position

Delivered Baby
Exit to Newly Born TG

Effective Jan. 2019
PEARLS

- Document all times (delivery, contraction frequency and length, and time cord was cut).
- Document the name of the prehospital provider who cut the cord.
- After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control postpartum bleeding.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.