**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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**Flowchart Description**

1. **Place patient in left lateral recumbent position**
   - **Note any abnormal vaginal bleeding, hypertension or hypotension**
   - **Inspect perineum (No digital vaginal exam)**

2. **Crowning > 36 weeks gestation**
   - **Monitor and reassess**
   - **Document frequency and duration of contractions**
   - **Establish IV/IO**

3. **Childbirth procedure**
   - **Prolapsed cord**
     - **Hips elevated**
     - **Knees to chest**
     - **Insert fingers into vagina to relieve pressure on cord**
     - **Saline dressing over cord**
   - **Shoulder dystocia**
   - **Breach birth**
     - **Transport unless delivery imminent**
     - **Encourage mother to refrain from pushing**
     - **Support presenting part(s) DO NOT PULL**

4. **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

5. **Notify receiving facility. Contact Base Hospital for medical direction, as needed.**

6. **Delivered Baby Exit to Newly Born TG**

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**Effective Jan. 2016**
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.