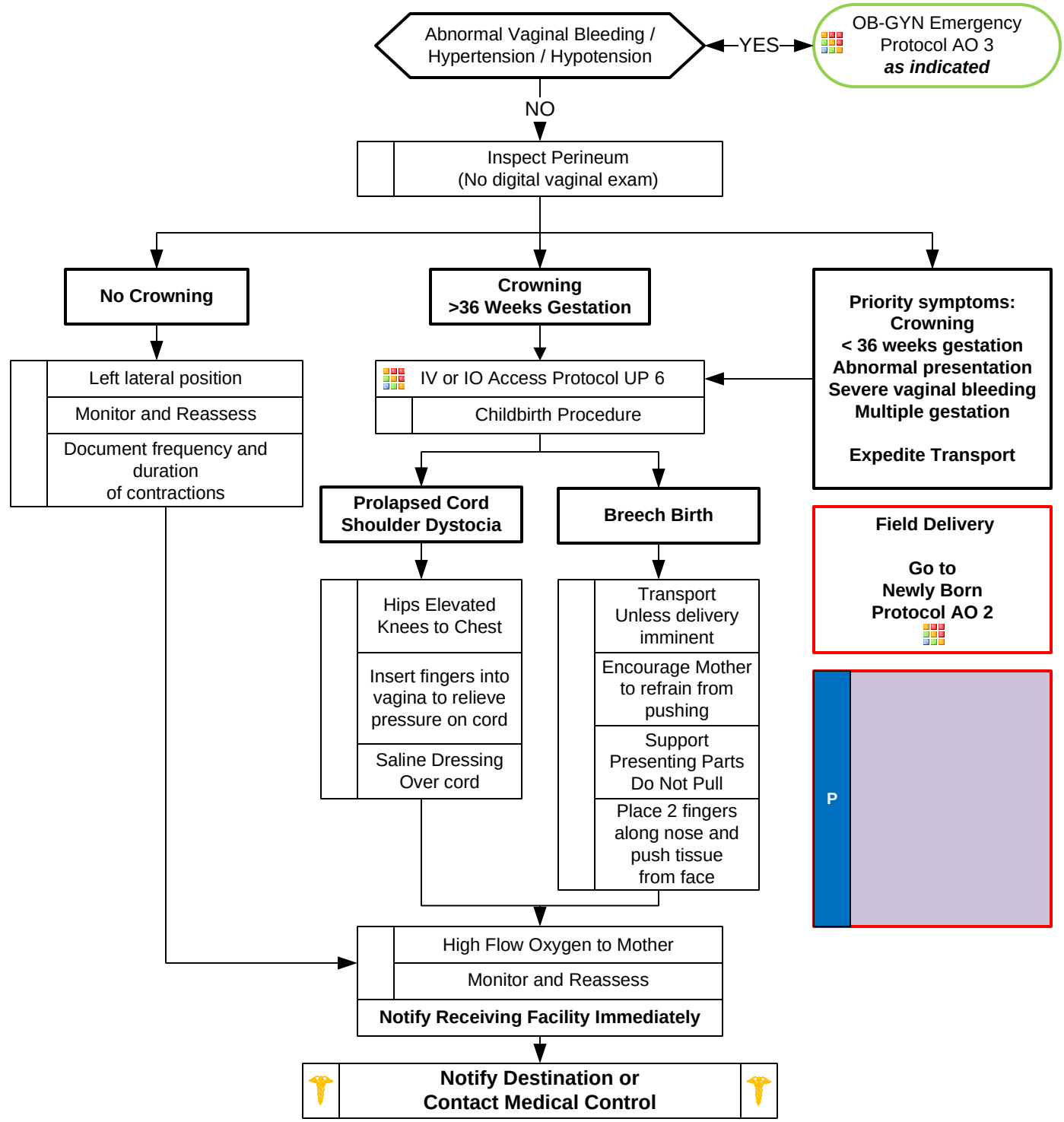
Childbirth/ Labor

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

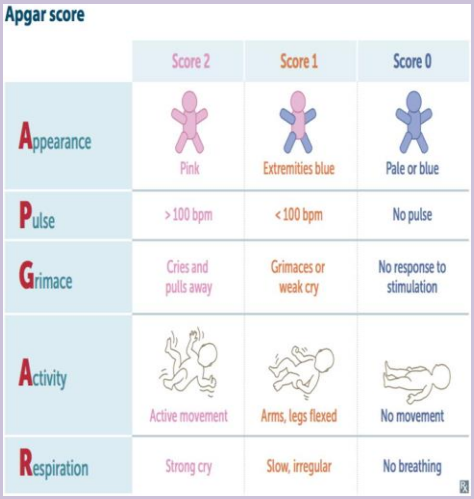
Signs and Symptoms
- Spasmodic pain
- Vaginal discharge or bleeding
- Crowning or urge to push
- Meconium

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



Adult Obstetrical Protocol Section

Childbirth/ Labor



Pearls

- **Recommended Exam (of Mother): Mental Status, Heart, Lungs, Abdomen, Neuro**
- **Record APGAR at 1 minute and 5 minutes after birth. Do not delay resuscitation to obtain APGAR.**
- **If neonate requiring resusciation, move quickly to AO 2 Newly Born Protocol**
- **After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding (apply uterine massage only after placenta delivery).**
- **Postpartum hemorrhage:**
  - **Tranexamic Acid (TXA):**
    - **Administer when postpartum hemorrhage is associated with signs and symptoms of shock. CONTRAINDICATED where birth occurs > 3 hours prior to EMS arrival.**
- **Transport or Delivery?**
  - Decision to transport versus remain and deliver is multifactorial and difficult. Generally it is preferable to transport.
  - Factors that will impact decision include: number of previous deliveries; length of previous labors; frequency of contractions; urge to push; and presence of crowning.
- **Maternal positioning for labor:**
  - Supine with head flat or elevated per mother's choice. Maintain flexion of both knees and hips. Elevated buttocks slightly with towel. If delivery not imminent, place mother in the left, lateral recumbent position with right side up about 10 – 20°.
- **Umbilical cord clamping and cutting:**
  - Place first clamp about 10 cm from infant's abdomen and second clamp about 5 cm away from first clamp.
- **Multiple Births:**
  - Twins occur about 1/90 births. Typically manage the same as single gestation. If imminent delivery call for additional resources, if needed. Most twins deliver at about 34 weeks so lower birth weight and hypothermia are common. Twins may share a placenta so clamp and cut umbilical cord after first delivery. Notify receiving facility immediately.
- Document all times (Contraction onset, contraction duration and frequency, delivery, APGAR 1 and 2, and placenta delivery).
- If maternal seizures occur, refer to the Obstetrical Emergencies Protocol.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.