1. Assemble needed supplies.
   a. OB Kit
   b. Provider PPE (Gown and Mask)
   c. Towels
   d. Blankets – Warm if possible
   e. Consider requesting a second ambulance
   f. Resuscitation equipment

2. Delivery should be controlled to allow a slow controlled delivery of infant(s) – this will prevent injury to mother as well.
   a. Support the infants head as needed.

3. As head is delivered, check to see if the umbilical cord is around the infant’s neck.
   a. If it is, slip it over the head.
   b. If unable to free the cord from the neck, double clamp the cord and cut between the clamps.

4. DO NOT routinely suction the infant’s airway (including a bulb syringe) during delivery.

5. Grasping the head with hands over the ears, gently guide the head down to allow delivery of the anterior shoulder.

6. Gently guide the head up to allow delivery of the posterior shoulder.

7. Slowly deliver the remainder of the infant.

8. After 1-3 minutes, clamp the cord approximately 6 inches from the abdomen with 2 clamps; cut between the 2 clamps.
   a. If resuscitation is needed, clamp the cord and cut as soon as possible.

9. Record APGAR scores at minute 1 and minute 5 of birth.

10. Dry and warm the infant, wrap in towel or blanket. Place on mother’s chest, allowing skin to skin contact unless resuscitation efforts are needed.

11. The placenta will deliver spontaneously, often within 5-15 minutes after delivery of the infant.
   a. Do not force the placenta to deliver; Do not pull on the umbilical cord.
   b. Contain all the tissues in a plastic bag and transport to the hospital.

12. After delivery, massaging the uterus and allowing the infant to nurse will promote uterine contraction.

13. Transport infant secured in child restraint system or isolette.
   a. This may be altered if resuscitation efforts are needed.