**BLS**

Childbirth procedure as per "Childbirth - Emergency (Mother)" Guideline

Assist delivery, checking for nuchal cord. If nuchal cord, remove the cord from around the neck.

Once completely delivered, Stimulate Child / Dry Child / Keep Child Warm

Clamp / Cut umbilical cord
This should be delayed one minute in the neonate that does not require resuscitation

**ALS**

**Check pulses via umbilical cord.**

See Notes on next page

A Nuchal Cord is an umbilical cord which is wrapped around the neonate's neck. Remove it by gently slipping it over the neonate's head.

**Post-Delivery Care**

- Baby can Stay With Mother
- Provide Warmth
- Reassess Frequently
- Place Monitor
- Notify ALS
- Further Orders per Online Physician

**Post-Resuscitative Care**

- Provide Warmth
- Reassess Frequently
- Place Monitor
- Notify ALS
- Further Orders per Online Physician

**ALS Care Continued on Next Page**

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* Suction as directed in 7.02 L. Airway Management, Neonatal

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**Term Gestation?**

- Breathing or Crying?
- Good Muscle Tone?
- Pink?

**YES to ALL**

Reposition Airway.
Assess Respirations, Heart Rate and Color.

Suction Airway as Required

**NO to ANY**

HR ≤ 100 OR
Apnea, Gasping, Cyanosis or Labored Breathing

Positive Pressure Ventilation
BVM (Room Air) for 30 sec.

Pulse Rate?

- < 60 BPM
- 60-100 BPM
- > 100 BPM

Chest Compressions
3:1
100% O₂ BVM
(for 30 sec. initially, then for 3 min. after each subsequent rate evaluation)

100% O₂ BVM
for 30 sec.

**ALS**
A. Emergency Childbirth Procedure
1. Assist delivery, checking for umbilical cord wrapped around the neck. If the cord is wrapped around the neck, gently remove the cord.
2. When the child’s head is delivered, clear the airway with bulb suction (Reference 7.02 L. Neonatal / “Newborn” Airway Management).
3. Once completely delivered, stimulate the child by vigorously drying child with a towel.
4. Wrap the child in a thermal blanket or dry towel. Place on his/her back and keep the child warm.
5. After the child is completely delivered, clamp and cut the cord 2-3 inches from infant’s abdomen.
C. Notify the Base Station of a neonatal arrest situation as early as possible in order to ensure the availability of a physician to provide on-line medical control.

Table 8-4 : APGAR Score

<table>
<thead>
<tr>
<th>Sign</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>Score @ 1 Min.</th>
<th>Score @ 5 Min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Blue, Pale</td>
<td>Body Pink, Extremities Blue</td>
<td>Completely Pink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Skin Color)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse Rate</td>
<td>Absent</td>
<td>Below 100</td>
<td>Above 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Heart Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grimace</td>
<td>No Response</td>
<td>Grimaces</td>
<td>Cries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Irritability)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Limp</td>
<td>Some Flexion of Extremities</td>
<td>Active Motion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Muscle Tone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>Absent</td>
<td>Slow and Irregular</td>
<td>Strong Cry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Effort)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score :</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>