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

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

Term
Gestation?
Breathing or Crying?
Good Muscle Tone?
Pink?

YES to ALL

NO to ANY

Reposition Airway.
Assess Respirations, Heart Rate and Color.
Suction Airway as Required *a

HR \leq 100 OR
Apnea, Gasping, Cyanosis or Labored Breathing

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

Pulse Rate?

< 60 BPM
Chest Compressions
3:1
100% O₂ BVM
(for 30 sec. initially, then for 3 min. after each subsequent rate evaluation)

60-100 BPM
100% O₂ BVM
for 30 sec.

> 100 BPM

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

ALS Care Continued on Next Page

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.

* Suction as directed in 7.02 L. Airway Management, Neonatal
8.03 P. **Childbirth - Emergency (Newborn) NOTES**

* If unable to obtain an IV/IO within 90 seconds and/or two attempts, administer:

**Epinephrine** (1:1000) 0.1 mg/kg ETT, followed by 2 cc NS flush. Ventilate for three minutes and re-attempt IV/IO access.

### A. Emergency Childbirth Procedure

1. Assist delivery, checking for umbilical cord wrapped around the neck. If the cord is wrapped around the neck, remove the cord.
2. When the child’s head is delivered, clear the airway. Suction the child immediately, prior to the child taking a breath *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.

### B. 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.

### C. If after 2 minutes or two failed IV attempts, initiate intraosseous access.

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