CHILDBIRTH (A71)

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
TRANSPORT: mother placed on left side.	X	X	X	X	
DELIVER NEWBORN: if no time for transport, proceed with delivery. Use hand to prevent explosive delivery. If cord is wrapped around neck & cannot be slipped over the newborn's head, double clamp & cut between clamps. Complete delivery of newborn's body. Dry newborn & keep warm, place newborn on mother's abdomen or breast. Allow cord to stop pulsating, then clamp and cut 6-8 inches from newborn. Consider delayed cord clamping (60 seconds) if newborn is stable.	X	X	X	X	
ASSESS NEWBORN: assess APGAR score at 1 & 5 minutes.	X	X	X	X	
MASSAGE FUNDUS: following delivery of placenta.	X	X	X	X	
POSTPARTUM HEMMORRHAGE					
OXYTOCIN: following delivery of the placenta and all twins, triplets, etc. • 20 units/1000 mL NS. Bolus 500 mL over 30 minutes, then infuse at a rate of 250 ml per hour. **OR** • 10 units IM. *In the event of multiple births give oxytocin after placental delivery even if postpartum hemorrhage not present.* **DO NOT ADMINISTER OXYTOCIN PRIOR TO DELIVERY**				X	
VASCULAR ACCESS: IV/IO start second line				X	
TRANEXAMIC ACID: If estimated blood loss ≥ 1500 mL with continued bleeding, start second IV/IO access and give 1 gm in 100 mL of NaCl infused over 10 minutes. May repeat after 30 min.				X	
BREECH PRESENTATION					
DELIVER NEWBORN: for a buttock presentation, allow newborn to deliver to the waist without active assistance (support only). Use hand to prevent explosive delivery. When legs & buttocks are delivered, the head can be assisted out. If the head does not deliver within 4-6 minutes, insert gloved hand into vagina, palm towards baby's face & cord between fingers, & create an airway.	X	X	X	X	
TRANSPORT: while retaining airway for newborn if head undelivered.	X	X	X	X	
PROLAPSED CORD					
POSITION: place the mother in shock position with her hips elevated on pillows or knee chest position.	X	X	X	X	
PROTECT UMBILICAL CORD: insert gloved hand into vagina & gently push presenting part off the cord. Cover exposed portion of cord with saline soaked gauze. Do not try to push cord back into vagina.	X	X	X	X	
TRANSPORT: while protecting the umbilical cord.	X	X	X	X	

APGAR SCORE	0	1	2
APPEARANCE	Blue	Pink Body/Blue Limbs	All Pink
PULSE	Absent	< 100/Min	>100/Min
GRIMACE	None	Grimace	Cough/Sneeze
ACTIVITY	Limp	Some Flexion	Active Motion
RESPIRATIONS	Absent	Slow/Irregular	Good