



Amherst Fire District Procedure Childbirth

Clinical Indications:

- Imminent delivery with crowning

Procedure:

1. Open and prepare the obstetrical kit for use.
2. Delivery should be controlled so as to allow a slow controlled delivery of the infant. This will prevent injury to the mother and infant.
3. Support the infant's head as needed.
4. Check the umbilical cord surrounding the neck. If it is present, slip it over the head. If unable to free the cord from the neck, double clamp the cord and cut between the clamps.
5. Suction the airway with a bulb syringe; mouth first, nose second.
6. Grasping the head with hands over the ears, gently pull down to allow delivery of the anterior shoulder.
7. Gently pull up on the head to allow delivery of the posterior shoulder.
8. Slowly deliver the remainder of the infant holding it secure as a newborn is slippery.
9. Keep the infant at the level of the vagina until the cord is clamped.
10. Dry and stimulate the infant.
11. Clamp the umbilical cord approximately 7 and 10 inches from the infant's belly button and cut the cord between the clamps.
12. Record APGAR scores at 1 and 5 minutes.
13. Follow the **Newly Born Protocol** for further treatment.
14. The placenta will deliver spontaneously, usually within 5 minutes of the infant. Do not force the placenta to deliver.
15. Massaging the uterus may facilitate delivery of the placenta and decrease bleeding by facilitating uterine contractions.
16. If the placenta delivers, save it for exam at the hospital.
17. Continue rapid transport to the hospital. Transport may begin prior to deliver of the placenta.

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and the possible complications of the procedure.