

EMR/EMT/ADVANCED EMT STANDING ORDERS



E/A

- Routine Patient Care.
- Determine if signs of imminent delivery are present.
- Expose as necessary to assess for bleeding/discharge, crowning, prolapsed cord, breech, limb presentation.
- Do not digitally examine or insert anything into the vagina.
 - Exceptions: fingers may be inserted to manage baby's airway in breech presentation or to treat prolapsed or nuchal cord.
- Place mother in left-lateral recumbent position except as noted:
 - Prolapsed cord:
 - Knee-chest position or Trendelenberg position.
 - Support infant head or body to permit blood flow through cord.
- If presenting part is not baby's head, cord is prolapsed or unable to unwrap nuchal cord, contact **Medical Control** and immediately transport to nearest appropriate hospital per local OB Diversion Protocol.

Delivery:

- Slow, controlled delivery of head; apply gentle perineal pressure.
- If umbilical cord is wrapped around child's neck, gently unwrap prior to delivery.
- Following delivery, follow [Newborn Care Protocol 2.14](#)
- After cord stops pulsating, double clamp cord 10-12 inches from abdomen and cut between clamps.
- Allow spontaneous delivery of placenta; do not apply traction to umbilical cord.
- Do not delay transport for delivery of placenta. Massage uterus in transit to encourage placenta delivery.
- If placenta delivers, package for hospital staff.

Post Partum Care:

- Assess for hemorrhage. See [Shock - Non-traumatic Protocol 2.21](#)
- Massage abdominal wall overlying uterine fundus until firm.

PARAMEDIC STANDING ORDERS

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- Active seizures—see [Seizures Protocol 2.19A](#).
- After placental delivery, administer:
 - Oxytocin 10 Units IM. Note: In multiple pregnancy, do not give until all placentas are delivered.

PEARLS:

OB Assessment:

- Length of pregnancy
- Number of pregnancies
- Number of viable births
- Last menstrual period
- Due date
- Prenatal care
- Number of expected babies
- Drug use

Notify **Medical Control** if:

- Prepartum hemorrhage
- Postpartum hemorrhage
- Breech presentation
- Limb presentation
- Nuchal cord
- Prolapsed cord



Signs of imminent delivery:

- Urge to move bowels
- Urge to push
- Crowning