

o-3 IMMINENT DELIVERY (NO COMPLICATIONS)**PRIORITIES:**

- ABCs
- Identify the signs of shock
- Determine stage (trimester) of pregnancy (if pregnant)
- Determine the degree of physiologic distress, estimate amount of blood loss
- Assure an advanced life support response

Imminent Delivery, Normal Presentation

Regular contractions, bloody show, low back pain, feels like bearing down, crowning.

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY - Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respiration as needed. DO NOT withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD;
4. Prepare patient for home delivery. Reassure mother, instruct during delivery;
5. Drape patient, prepare delivery kit, wash hands and put on gloves;
6. Prevent explosive delivery of head by directing mother's respirations and slight counter pressure on the baby's head;
7. When the head is delivered, check neck for umbilical cord and if present, remove it from around the neck. If the cord cannot be removed, clamp in two places and cut between the two clamps. Exercise extreme caution, blunt end scissors recommended for cutting cord;
8. Suction nose and mouth of the infant until airway is clear;
9. Ease delivery of upper and lower shoulder by gentle directional traction;
10. **Lay baby at or below level of mother until** cord is clamped. Suction airway and dry infant. Keep the baby warm; be sure to wrap the head. Double clamp the cord 8 – 10 inches from the infant and cut cord. Check carefully for bleeding. If bleeding occurs, re-clamp or tie cord closer to infant;
11. Placenta may deliver prior to transport. Do not pull on the cord. Place placenta in a plastic bag and retain;
12. Observe mother and infant frequently for complications. Fundal massage and/or allowing the child to nurse will cause the uterus to contract and decrease post-partum bleeding. Prepare mother and infant for transport. Keep infant warm;
13. If bleeding, see VAGINAL HEMORRHAGE WITHOUT SHOCK (Protocol o-2) or WITH SHOCK (Protocol o-1);
14. If delivery is premature (<36 weeks gestation), prepare for neonatal resuscitation and early transport.