

**STANDING ORDER****EMERGENCY CHILDBIRTH****I. Clinical Presentation**

- A. **Signs and Symptoms**...History of pregnancy, recent or current vaginal bleeding, past history of problem pregnancy, multiple pregnancy, pain, contractions, ruptured membranes, urge to push, other medical problems.

**II. Treatment**

- A. Recognize symptoms of labor, call EMTs.  
B. If inmate is not 'pushing' or bleeding have her lie in a left lateral side lying position.  
C. Keep inmate calm.  
D. If bleeding is moderate to heavy, give O<sub>2</sub> at less than 6 liters. Transport immediately!

**III. For Normal Imminent Delivery**

- A. Use clean or sterile technique (see Blue Delivery Box in medical).  
B. Guide and control delivery of baby, do not hurry or retard process.  
C. Once the baby is delivered, suction nose first, then mouth. Keep infant level with perineum.  
D. Protect infant from temperature loss and fall. Wrap in clean, sterile blanket, check vital signs (pulse & respirations), and perform CPR as necessary.  
E. Clamp cord (in Delivery Box) in two places approximately 8" and 10" inches from infant.  
F. Obtain mother's vital signs before transport, record on Emergency Record.

**IV. Specific Recommendations**

- A. Do not pull on cord.  
B. Placenta should deliver within 30 minutes.  
C. Keep infant bundled with several blankets, keep baby's head covered.  
D. Abdominal pain in a pregnant woman may not be uterine contractions.  
E. Do not do digital vaginal exams.  
F. Remain calm. Laboring mother may only need reassurance while awaiting transport.