<table>
<thead>
<tr>
<th>Purpose:</th>
<th>Indications:</th>
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<tbody>
<tr>
<td>To evaluate and assist a woman in labor as necessary when the infant's position is not vertex</td>
<td>Patients in labor with imminent delivery and infant not in the vertex position</td>
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**Evaluate progress of labor; determine non-vertex presentation**

- **Provide high flow oxygen to mother**
- **Expedite transport, notifying receiving hospital**

**Breech, Arm or Leg Presentation**
- Open obstetrical kit, maintaining sterility
- DO NOT pull on presenting part
- Support infant's trunk as shoulders deliver
- Encourage mother to continue to "push"
- If head does not deliver within 3 minutes after arms deliver, lift fetal body in attempt to bring infant's face into perineal opening to create an airway
- If infant is delivered, provide appropriate newborn care

**Prolapsed Umbilical Cord**
- Place mother in knee-chest or high Trendelenburg
- Check for pulse in cord
- If cord pulse is >100, transport and monitor
- If cord pulse is <100, or absent, insert sterile-gloved hand into vagina and hold back presenting part (direction and force of pressure on infant may have to be changed to achieve or maintain pulse)
- Transport to facility capable of emergency C-section

**Multiple Birth Situation**
- If delivery is imminent, perform procedures as for vertex or breech presentation while en route to hospital
- Continue to monitor and evaluate mother and infants

**Prolapsed/Bulging Amniotic Sac**
- DO NOT rupture membranes (if fetal head is not engaged, cord may prolapse)
- Place mother in Trendelenburg position
- Expedite transport
- Continue to monitor and evaluate mother and infant

**NOTES:**
- IV lines should only be started when their need is critical and they will not delay transport.