Non-Vertex Delivery

Childbirth

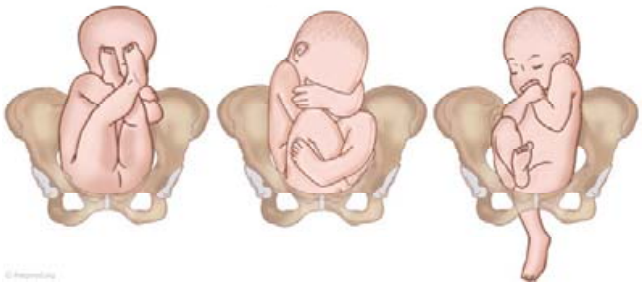
EMT-Basic | Advanced EMT | Paramedic

PROCEDURE

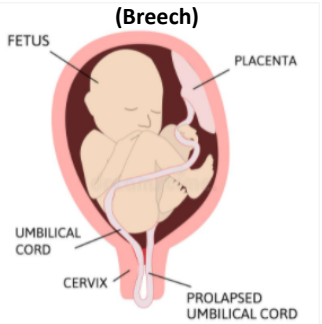
- ❑ Examine external perineum for determination of non-vertex delivery
- ❑ **Begin transport regardless of progress of labor for women with non-vertex presentation while preparing for delivery** (i.e. vaginal bleeding, hypotension, seizures, etc.)
- ❑ Place absorbent material under the patient's buttocks
- ❑ Position the patient supine with legs flexed, protecting patient's privacy as much as possible
- ❑ Open obstetrical kit, maintain sterility; establish IV access at TKO rate unless volume replacement is indicated
- ❑ Observe color/contents of the amniotic fluid; anticipate airway management for newborn if there meconium staining is present
- ❑ Non-vertex presentations
    - **Breech Arm or Leg Presentation:** Do not pull on presenting part. Rather, *support* the presenting part and infant trunk/ shoulder with a clean towel as the infant delivers. With each contraction, coach the mother to push like she is having a bowel movement, 10 seconds at a time, until contraction stops.
        - If the head does not deliver within 3 minutes after the arms deliver, lift the fetal body in an attempt to bring the infant's face into the perineal opening to create an airway
    - **Prolapsed umbilical cord:** cord precedes baby through vagina. Place mother in knee-chest or high Trendelenburg position. Check for a pulse in the cord:
        - If ≥ 100: transport and monitor, keep cord warm and moist
        - If < 100 or absent: insert sterile gloved hand into vagina; hold back presenting part to achieve or maintain a pulse
    - **Prolapsed/bulging amniotic sac:** Do not rupture membranes. If non-vertex, cord may prolapse. Trendelenburg position.
    - **En caul birth:** neonate delivers in amniotic sac. After delivery, use gloved finger to open amniotic sac, allow fluid to drain, peel sac away from neonate nose and mouth
- ❑ If infant delivers, maintain a secure grip on the infant
- ❑ Complete a newborn assessment, record the time of birth and the sex of the newborn
- ❑ After one minute, place 2 clamps at least 6 inches from the newborn's abdomen on the cord; cut between the clamps
- ❑ Clean the newborn's skin; suction the mouth and the nose as needed
- ❑ Dry the newborn's skin; wrap in a warm dry blanket; cover the newborn's head, leaving the face exposed
- ❑ Massage the mother's fundus to facilitate contractions of the uterus and separation of the placenta; do not pull on the cord to deliver the placenta as up to 30 minutes may elapse; a gush of blood can indicate separation of the placenta, instruct mother to push
- ❑ Place the placenta in a container and bring it with the mother and the newborn to the hospital
- ❑ Transport the mother and the newborn together if stable, continuously monitoring both, with appropriate securing techniques
- ❑ Reassess for OB emergencies
- ❑ Provide continuous monitoring for mother and newborn during transport

REFERENCE GRAPHICS

Frank Breech **Complete Breech** **Footling Breech**



Umbilical Cord Prolapse (Breech)



KEY POINTS

- Delivery **and** transport preparations should occur simultaneously for patients who demonstrate potential for complications
- Consider left lateral recumbent transport position to prevent hypotension
- Refer to practice guideline **Newborn Care Assessment** for neonatal care
- Document one ePCR for mother, and second ePCR for newborn (use parent last name, 'infant' first name)

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