

	Department Name Address	ILS	EMT/Intermediate
		Revision #	
		Implementation Date	
Protocol	3.1.18 Normal Delivery including Multiple Births	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals of the pregnant patient delivering a baby or with multiple births, is to protect the infant(s) from injury, oxygenation of mother and infant(s), advanced life support, and immediate transportation of patients to the appropriate facility. Multiple births generally present no problems and twins are delivered in the same manner as single babies, one after another.

1. Maintain universal blood and body substance precautions.
2. Call for assistance as a second EMS crew may be needed to resuscitate the second infant PRN. Be prepared for complications.
3. Baseline care standards.
4. Place patient on high flow oxygen via non-rebreather at 15 L per minute.
5. Attach pulse oximeter.
6. Establish one large bore IV of Normal Saline to maintain systolic pressure > 90 mmHg.
7. Delivery of baby:
 - Suction infant's mouth first and then nose with bulb syringe.
 - Dry the infant with a clean towel and keep the baby warm. This includes covering the baby's head.
 - Twins are often born early and may be small enough to be considered premature. Special precautions should be taken to prevent a fall in temperature.
 - If you need to stimulate breathing in the infant, provide tactile stimulation by rubbing the back or flicking the soles of the feet.
 - Position the infant on the side or back with the head in a neutral or slightly extended position.
8. After delivery of first infant, clamp and cut the umbilical cord.
9. When contractions begin, assist delivery of the second baby as normal.
 - The second infant may be born before or after delivery of the placenta.

10. Clamp and cut the umbilical cord of the second infant.
11. The infants should be assessed continually. Record the assessment findings one minute after birth and again 5 minutes after birth.
 - Use the APGAR score below:

Test	0 Points	1 Point	2 Points
A ctivity (Muscle Tone)	Absent	Arms & legs extended	Active movement with flexed arms & legs
P ulse (Heart Rate)	Absent	Below 100 bpm	Above 100 bpm
G rimace (Response Stimulation or Reflex Irritability)	No Response	Facial grimace	Sneeze, cough, pulls away
A pppearance (Skin Color)	Blue-gray, pale all over	Pink body and blue extremities	Normal over entire body – Completely pink
R espiration (Breathing)	Absent	Slow, irregular	Good, crying

12. Transport emergent to the appropriate facility. Call for ALS intercept PRN.
13. Inform hospital, as soon as possible, of your patients so they can prepare for arrival.

Medical Director's Signature

Date

Disclaimer:

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