

	<b>Department Name Address</b>	<b>ALS</b>	<b>Paramedic</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>2.1.19 Childbirth Limb Presentation</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Treatment goals of the pregnant patient in which the baby's limb (with or without umbilical cord) is presenting is to protect the baby from injury, oxygenation of mother and baby, (if possible) slowing delivery, advanced life support, and immediate transportation of patient to the appropriate facility.

1. Maintain universal blood and body substance precautions
2. Baseline care standards.
3. When examination of the perineum reveals a single arm or leg protruding from the birth canal, a cesarean section is necessary. Under no circumstance should you attempt a field delivery.
4. Do not touch the extremity, as to do so may stimulate the infant to gasp, risking inhalation and aspiration of amniotic fluid.
5. Do not pull on the extremity or attempt to push it back into the vagina.
6. Place patient on high flow oxygen with a non-rebreather at 15 liters per minute.
7. Place mother in a position that removes pressure from the cord.
  - a. Patient should be placed with her head down and her hips elevated to lessen the pressure on the cord.
8. Encourage mother to pant and to withhold from pushing during contractions
9. If any portion of the cord is visible outside the vagina, apply moist, sterile dressings to the cord.
  - a. With a gloved hand, insert several fingers into the vagina to gently push the baby off the cord. Maintain position enroute to the hospital.
  - b. Do not remove hand until cleared by physician.
10. Establish IV NS TKO.
11. Transport emergent to the appropriate facility.

12. Inform hospital as soon as possible of your patient so they can prepare for their arrival.

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*Medical Director's Signature*

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*Date*

Disclaimer:

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