

	Department Name Address	BLS	EMT
		Revision #	
		Implementation Date	
Protocol	4.1.18 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. Delivery of baby or babies;
 - 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.
7. After delivery of first infant, clamp and cut the umbilical cord.
8. When contractions begin, assist delivery of the second baby as normal.
 - The second infant may be born before or after delivery of the placenta.
9. Clamp and cut the umbilical cord of the second infant.

10. 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

11. Transport emergent to the appropriate facility. Call for ALS intercept PRN.

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

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.