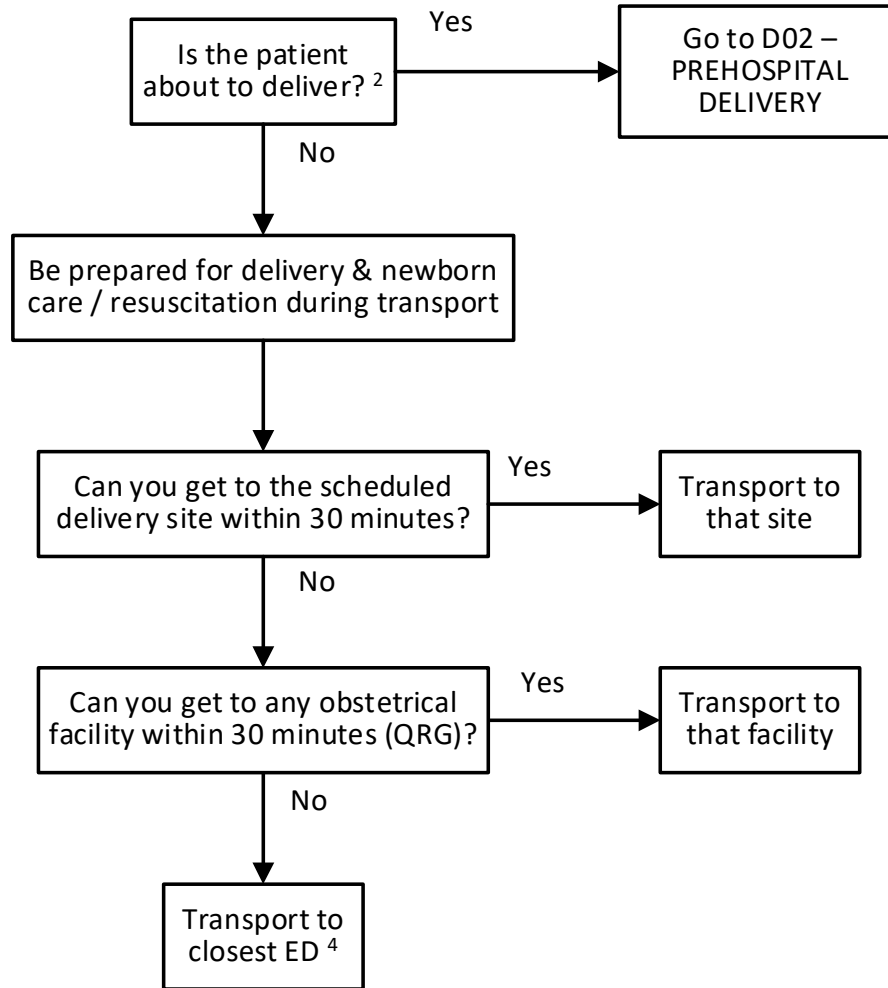
	<b>D01.1 - PRIMARY TRANSPORT DURING LABOR</b>	
	MATERNAL & NEWBORN CARE	
<b>ALL</b> - Paramedics with all work scopes will follow this protocol.		
Version date: 2022-10-04	Effective date: 2022-11-29 (0700 hrs)	



<b>QRG: OBSTETRICAL FACILITIES</b>	
<i>(*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.</i>	
<ul style="list-style-type: none"> <li>• Bethesda Regional Health Centre (Steinbach)</li> <li>• Boundary Trails Health Centre (Winkler)</li> <li>• Brandon Regional Hospital</li> <li>• Dauphin Regional Health Centre</li> <li>• Health Sciences Centre (Winnipeg)</li> <li>• Lake of the Woods District Hospital (Kenora, ON) *</li> <li>• Neepawa Health Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Portage District General Hospital (Portage La Prairie)</li> <li>• Selkirk Regional Health Centre (Selkirk)</li> <li>• St. Anthony's General Hospital (The Pas)</li> <li>• St. Boniface Hospital (Winnipeg)</li> <li>• Thompson General Hospital</li> <li>• Yorkton Regional Health Centre (Yorkton, SK) *</li> </ul>

INDICATIONS
<ul style="list-style-type: none"> <li>• Transport of a patient in labor on primary response</li> </ul>



CONTRAINDICATIONS
<ul style="list-style-type: none"> <li>• None</li> </ul>



NOTES
<ol style="list-style-type: none"> <li>1. Obstetrical calls can be very stressful. <b>Be prepared &amp; call early for assistance, intercept, or the on-line medical support (OLMS) physician.</b></li> <li>2. Delivery should be considered imminent if the patient complains of an urge to “push”, “bear down” or “have a bowel movement”, the perineum is bulging, or the fetal head is crowning.</li> <li>3. <b>Every effort should be made to avoid birth during transport.</b> Paramedics will not initiate transport of a patient about to deliver regardless of the transport duration. Birth on scene is considered safer than delivery during transport.</li> <li>4. If the transport time is excessive, delivery in a non-obstetrical facility is safer than delivery on the road. Additional resources are available to exclude late labor, perform delivery, provide newborn care, or accompany patient transfer. If necessary, the OLMS physician can assist with destination decision-making. <b>Ensure pre-arrival notification.</b></li> <li>5. If the patient should develop hypotension while supine during transport, elevate the right hip 4 to 6 inches and manually displace the uterus to the patient’s left side (appendix A).</li> </ol>



LINKS
<p>D02 - PREHOSPITAL DELIVERY D03 - NEWBORN CARE &amp; RESUSCITATION</p>

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

**VERSION CHANGES (refer to X04 for change tracking)**

- New

**APPENDIX A: SUPINE HYPOTENSION SYNDROME**

Some patients after 20 weeks gestation may experience hypotension when they lay down. Compression of the inferior vena cava by the gravid uterus will impede venous return to the heart resulting in hypotension. Unlike other causes of hypotension this may be accompanied by bradycardia due to an increase in vagal tone from pressure on the vena cava (figure 1). Elevating the patient’s right side and manually displacing the uterus to the patient’s left side will usually provide relief (figure 2).

Supine hypotension is uncommon under twenty weeks gestational age because the uterus is not yet large enough to compress the inferior vena cava. Always consider all possible causes of hypotension.

**FIGURE 1: VENA CAVAL COMPRESSION**

**FIGURE 2: MANUAL UTERINE DISPLACEMENT**

