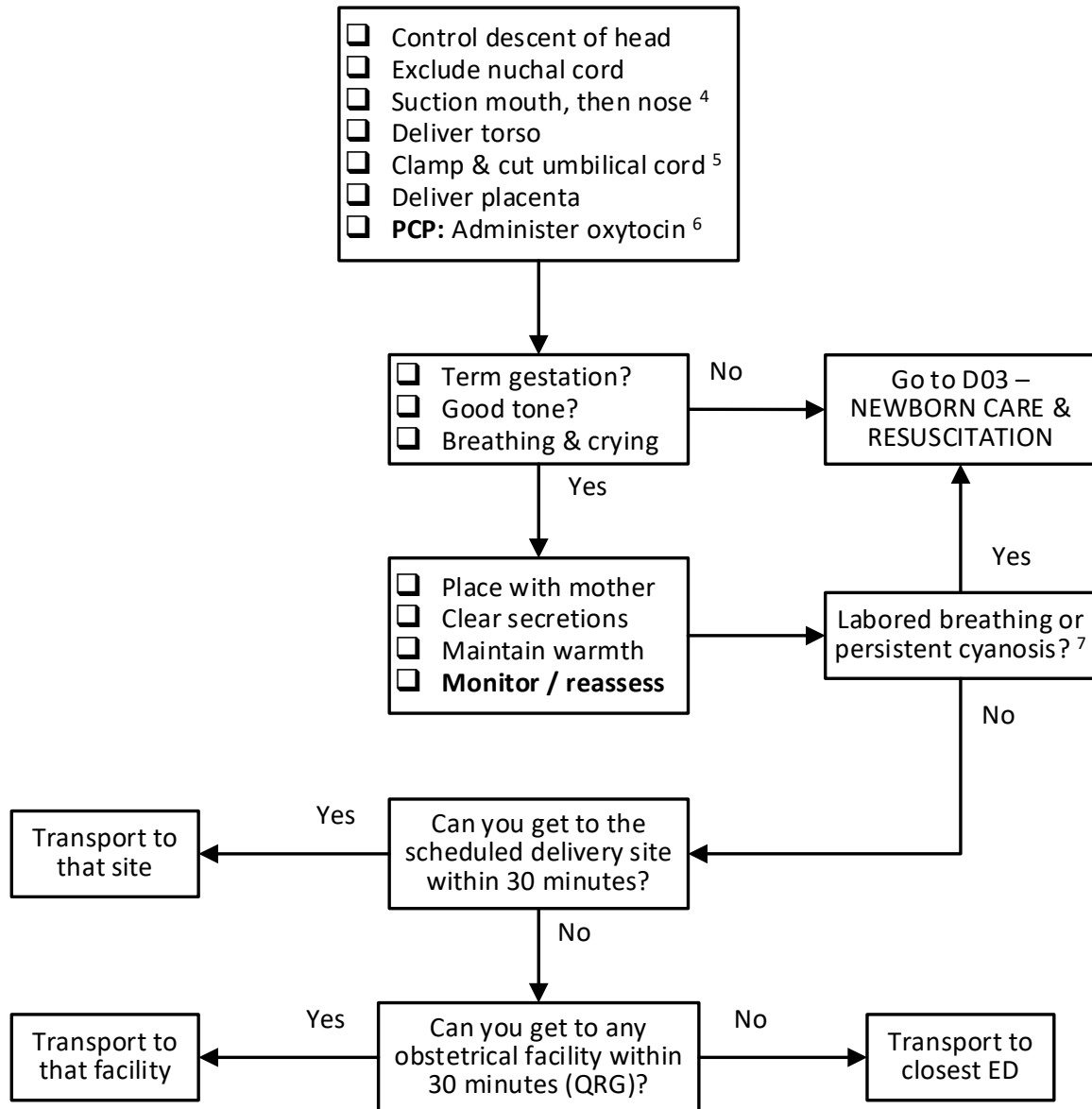
 <b>Shared health</b> <b>Soins communs</b> Manitoba	<b>D02- PREHOSPITAL DELIVERY</b>			
	<b>MATERNAL &amp; NEWBORN CARE</b>			
Version date: 2023-07-09		Effective date: 2024-02-13 (0700)		



<b>IDENTIFIER:</b>	<b>EMR:</b> EMR only	<b>PCP:</b> PCP & ICP	<b>ICP:</b> ICP only	None - All providers
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### QRG: OBSTETRICAL FACILITIES

*(\*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.*

- |   |   |
|---|---|
| <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

- Unplanned delivery outside of hospital



### CONTRAINDICATIONS

- Not applicable

### NOTES

1. Obstetrical calls can be very stressful. Be prepared & call early for assistance or intercept. Consult on-line medical support (OLMS) at any time.
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.
3. Every effort should be made to avoid birth during transport. Paramedics will not initiate transport of a patient about to deliver regardless of the transport duration. Birth in hospital is preferred, but it is safer on-scene than during transport.
4. Suction the mouth before the nose ("M before N") with a bulb syringe. If using a suction catheter, do not exceed 80 to 100 mmHg of negative pressure.
5. For vigorous term and preterm newborns, current evidence suggests that cord clamping should be delayed for 30 to 60 seconds. If the infant is not vigorous, the priority is on assessment and the cord must be clamped immediately.
6. In the case of multiple gestations, do not administer oxytocin until after delivery of the final infant.
7. Continuously monitor the newborn for colour and respiratory effort. The initial cyanosis of the lips, tongue and torso should resolve by 10 minutes after delivery. Cyanosis of the hands and feet is not indicative of hypoxemia.

LINKS
D03 - NEWBORN CARE & RESUSCITATION M16 - OXYTOCIN

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)
<ul style="list-style-type: none"> <li>Identifier legend at bottom of flow chart replaces work scope statement in header</li> </ul>