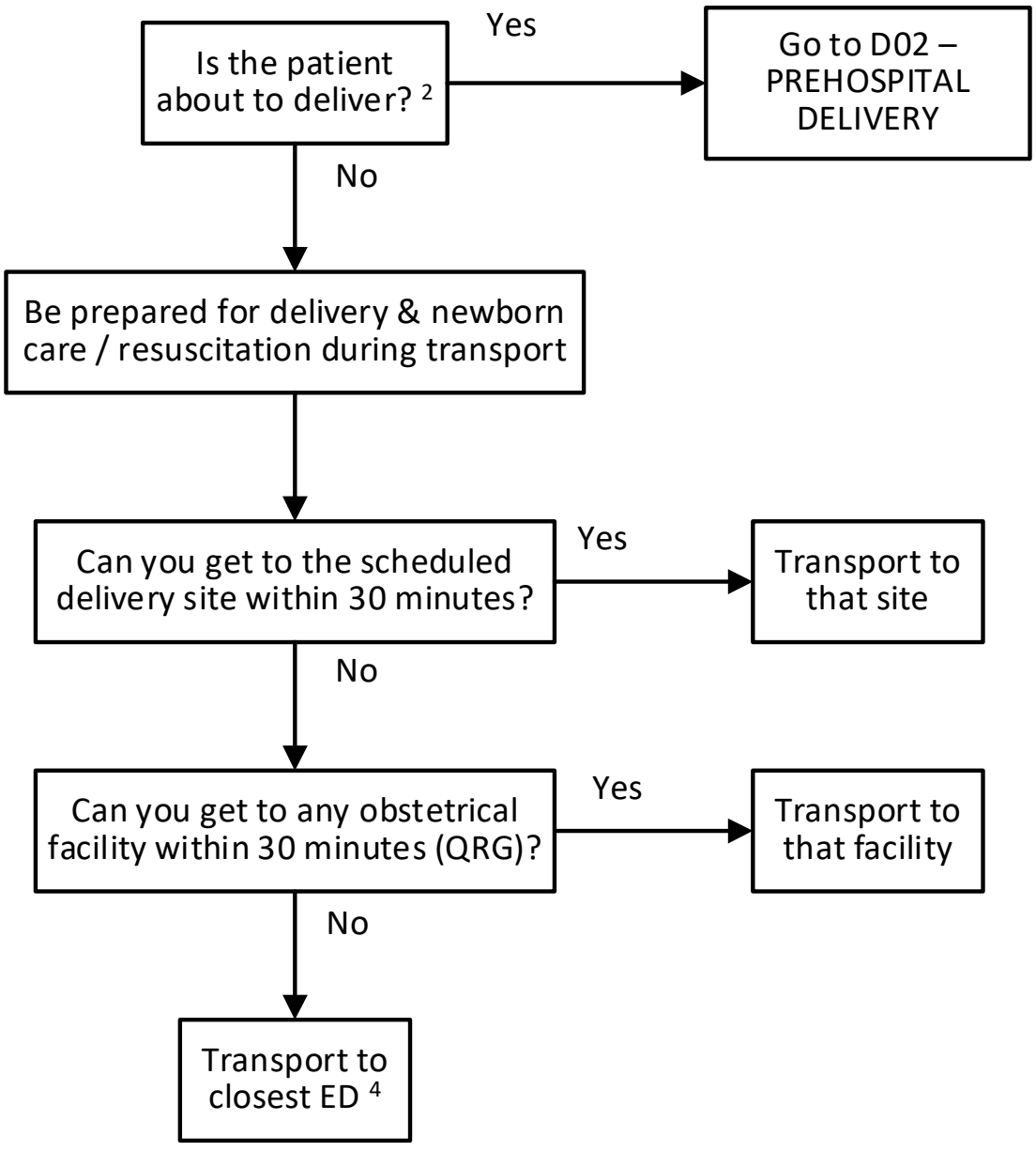
Shared health Soins communs Manitoba	**D01.1 - PRIMARY TRANSPORT DURING LABOR**
	MATERNAL & NEWBORN CARE
Version date: 2023-07-11	Effective date: 2024-02-13 (0700)



IDENTIFIER:	**EMR:** EMR only	**PCP:** PCP & ICP	**ICP:** ICP only	None - All providers

QRG: OBSTETRICAL FACILITIES

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

- Bethesda Regional Health Centre (Steinbach)
- Boundary Trails Health Centre (Winkler)
- Brandon Regional Hospital
- Dauphin Regional Health Centre
- Health Sciences Centre (Winnipeg)
- Lake of the Woods District Hospital (Kenora, ON) *
- Neepawa Health Centre
- Portage District General Hospital (Portage La Prairie)
- Selkirk Regional Health Centre (Selkirk)
- St. Anthony's General Hospital (The Pas)
- St. Boniface Hospital (Winnipeg)
- Thompson General Hospital
- Yorkton Regional Health Centre (Yorkton, SK) *

INDICATIONS

- Transport of a patient in labor on primary response

CONTRAINDICATIONS

- None

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 on scene is considered safer than delivery during transport.
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. Ensure pre-arrival notification.
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).

LINKS
D02 - PREHOSPITAL DELIVERY D03 - NEWBORN CARE & RESUSCITATION

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)
• Identifier legend at bottom of flow chart replaces work scope statement in header

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

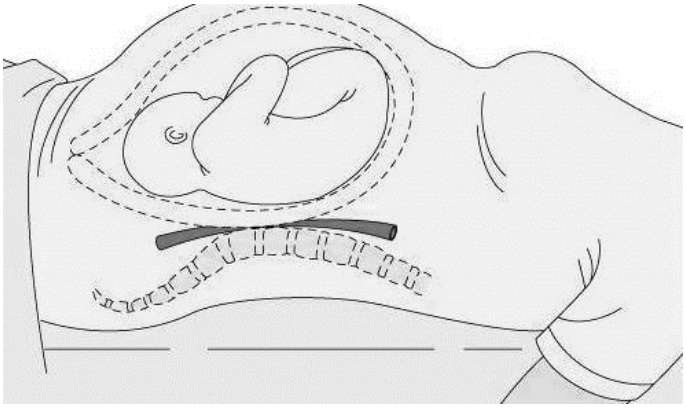


FIGURE 2: MANUAL UTERINE DISPLACEMENT