

PROTOCOL FOR: Delivery, Precipitous: Care of Patient with

DESIRED  
PATIENT OUTCOMES: 1. Mother and infant will be cared for in a safe, clean environment.

2. Complications of delivery will be effectively treated.

CLINICAL  
ASSESSMENT

- AND CARE:
1. Assess vital signs of patient and fetal heart tones of infant. Initiate IV access.
  2. Assess time labor began, frequency between contractions, strength of contraction, feeling of needing to push, presence of crowning.
  3. Assess patient history, medications, allergies and pertinent OB-GYN history.
  4. Place patient in Room 5 and notify the ED attending.
  5. Page OB-GYN resident stat.
  6. Open precipitous delivery tray located in Room 5.
  7. Have Medical Assistant notify L&D of impending delivery and need for isolette.
  8. If the baby is delivering before help arrives, the following principles should be followed:
    - a. Put patient in lithotomy position and immediately inspect perineum for bulging or crowning.
    - b. Put on sterile gloves.
    - c. Guide delivery of the baby's head to prevent sudden expulsion and perineal tearing. Immediately check baby's neck for umbilical cord. If umbilical cord is wrapped around neck, slip the cord over the baby's head if able to. If cord is tight and unable to be slipped over head, MD will clamp and cut cord now.
    - d. Clean airway immediately with bulb syringe.
    - e. After delivery of the body, clamp the cord with two clamps about 6" and 7" from baby. MD may cut the cord at this time.

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- f. Dry the baby and wrap in clean blanket. Have team member attend to baby.
- g. Remain with mother and deliver placenta if imminent. Place placenta in basin.

- PATIENT TEACHING:
- 1. Instruct mother on relaxation through breathing techniques and when or when not to push.
  - 2. Inform mother about follow-up care for admission to L&D from ED.

REPORTABLE

CONDITIONS: Notify ED attending and/or OB-GYN resident if any of the following:

- 1. Baby's head crowning and mother having urge to push.
- 2. Any change in patient's vital signs.
- 3. Any loss of fetal heart tones.
- 4. Any significant blood loss.
- 5. Delivery of infant.

APPROVAL: Emergency Department Standards Committee  
Nursing Standards Committee  
MFICU Review

EFFECTIVE DATE: 1/87

REVISION DATES: 2/94, 9/96, 10/99, 9/08