



# VCEMS Training Bulletin



Bulletin 062  
Date: October 11, 2024

## Santa Paula Hospital OB Services

Beginning October 15, 2024 OB Services at SPH will be discontinued.

Ventura County EMS  
County Wide Protocols Policy 705.10

Childbirth			
BLS Procedures			
Determine <ul style="list-style-type: none"> <li>Number of pregnancies (gravida)</li> <li>Number of deliveries (para)</li> <li>Due date (weeks of gestation)</li> <li>Onset/duration/frequency/intensity of contractions</li> <li>If a rupture of membranes has occurred (including color/date/time)</li> <li>If any expected complications during pregnancy are present</li> <li>Presence of crowning or any abnormal presenting part at perineum</li> </ul>			
PROLAPSED CORD		OTHER PRESENTING PART	
Cover cord with wet saline dressing Place mother in left-lateral Trendelenberg position Provide constant manual pressure on presenting part to avoid cord compression Initiate Code-3 transport if there is partial delivery of the infant and no further progress after 1-2 minutes	<b>DELIVERING</b> Elevate hips Assist delivery while initiating Code-3 transport Assist with breech delivery while supporting the infant's body (covering to maintain body warmth)	<b>NOT DELIVERING</b> Place mother in left-lateral Trendelenberg position Initiate Code-3 transport	
If the HEAD is crowning, prepare to assist mother with delivery -- Guide baby out <b>ONLY IF SECRETIONS, INCLUDING MECONIUM, CAUSE AIRWAY OBSTRUCTION:</b> suction mouth, then nose Dry and stimulate (rub gently, but briskly with warm towel, provide stocking cap if available) While drying infant, assess for prematurity, poor respiratory effort, or lack of muscle tone. If any exist, double clamp and cut cord, and begin resuscitation according to VC EMS Policy 705.16, "Neonatal Resuscitation" Place infant skin-to-skin with mother, cover both with dry linen, and observe for breathing, activity, and color Double clamp cord and cut with sterile scissors between clamps Note time of birth Begin transport. To help prevent heat loss from infant, turn up the heat in the treatment area of the ambulance <ul style="list-style-type: none"> <li>Do not wait for placenta to deliver</li> <li>If placenta delivers, assist and package, then gently massage fundus</li> <li>Do not massage fundus until the placenta has delivered</li> </ul> Newborn assessment -- at 1 minute and 5 minutes post-delivery (Note: if infant requires resuscitation at birth, defer APGAR scoring to a later time. Resuscitation should not be delayed to assess for APGAR score)			
APGAR score			
	0	1	2
<b>A - Appearance</b>	Blue/Pale	Pink w/ blue extremities	Pink
<b>P - Pulse</b>	Absent	< 100 bpm	> 100 bpm
<b>G - Grimace (reflex irritability)</b>	Absent	Grimace	Cough/Cry/Sneeze
<b>A - Active (muscle tone)</b>	Limp	Some flexion	Active
<b>R - Respirations</b>	Absent	Slow	Good cry
ALS Standing Orders			
Base Hospital Orders Only			
Consult with ED Physician for further treatment measures			
ADDITIONAL INFORMATION If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination.			

Effective Date: December 1, 2017 | Date Revised: September 14, 2017  
 Next Review Date: May 31, 2022 | Last Reviewed: May 13, 2020

*DZ S/mo*  
VCEMS Medical Director

### Additional Information

- If a patient is in an area where the most accessible hospital does not have obstetric services, consult with the Base Hospital for destination determination.

### Destination Decisions

Once this change is in place patients requiring routine OB or Labor & Delivery services from a Ventura County hospital should be transported to CMH, VCMC, SJRMC, or LRRMC. Please take a moment to review the [Childbirth Treatment Protocol \(705.10\)](#) and identify your closest hospital with OB services at the start of shift.

There are circumstances where transport to the most accessible Emergency Department for patient stabilization may take precedence (ie. hemodynamically unstable, airway complications, cardiac arrest, complicated childbirth, etc).

**Thank you!**

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