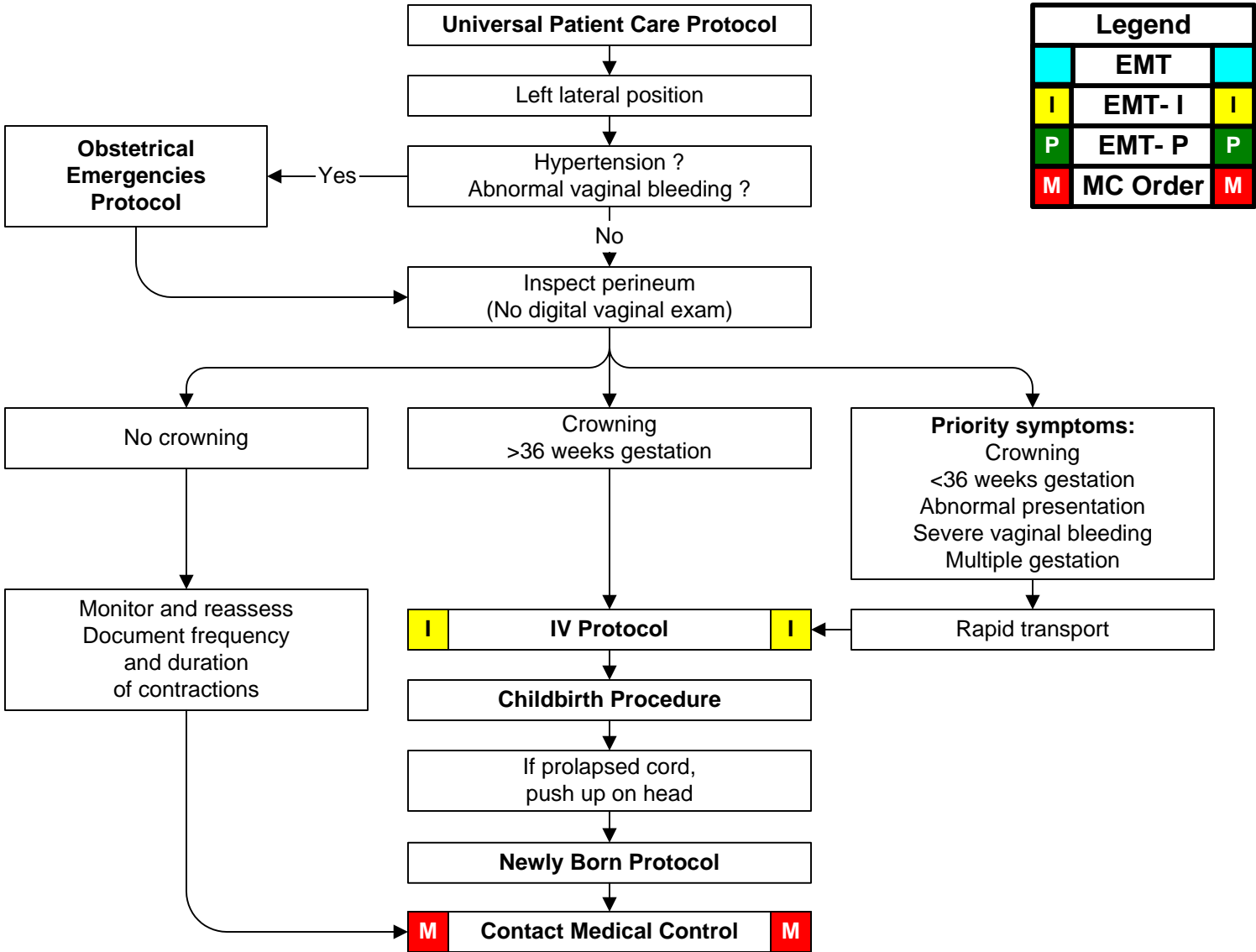




# Childbirth / Labor



<b>History:</b> <ul style="list-style-type: none"> <li>• Due date</li> <li>• Time contractions started / how often</li> <li>• Rupture of membranes</li> <li>• Time / amount of any vaginal bleeding</li> <li>• Sensation of fetal activity</li> <li>• Past medical and delivery history</li> <li>• Medications</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Spasmodic pain</li> <li>• Vaginal discharge or bleeding</li> <li>• Crowning or urge to push</li> <li>• Meconium</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• <b>Abnormal presentation</b> Buttock Foot Hand</li> <li>• <b>Prolapsed cord</b></li> <li>• <b>Placenta previa</b></li> <li>• <b>Abruptio placenta</b></li> </ul>
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Legend		
	EMT	
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

**Pearls:**

- **Exam (of Mother): Mental Status, Heart, Lungs, Abdomen, Neuro**
- Document all times (delivery, contraction frequency, and length).
- If maternal seizures occur, refer to the Obstetrical Emergencies Protocol.
- After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding.
- Some perineal bleeding is normal with any childbirth. Large quantities of blood or free bleeding are abnormal.