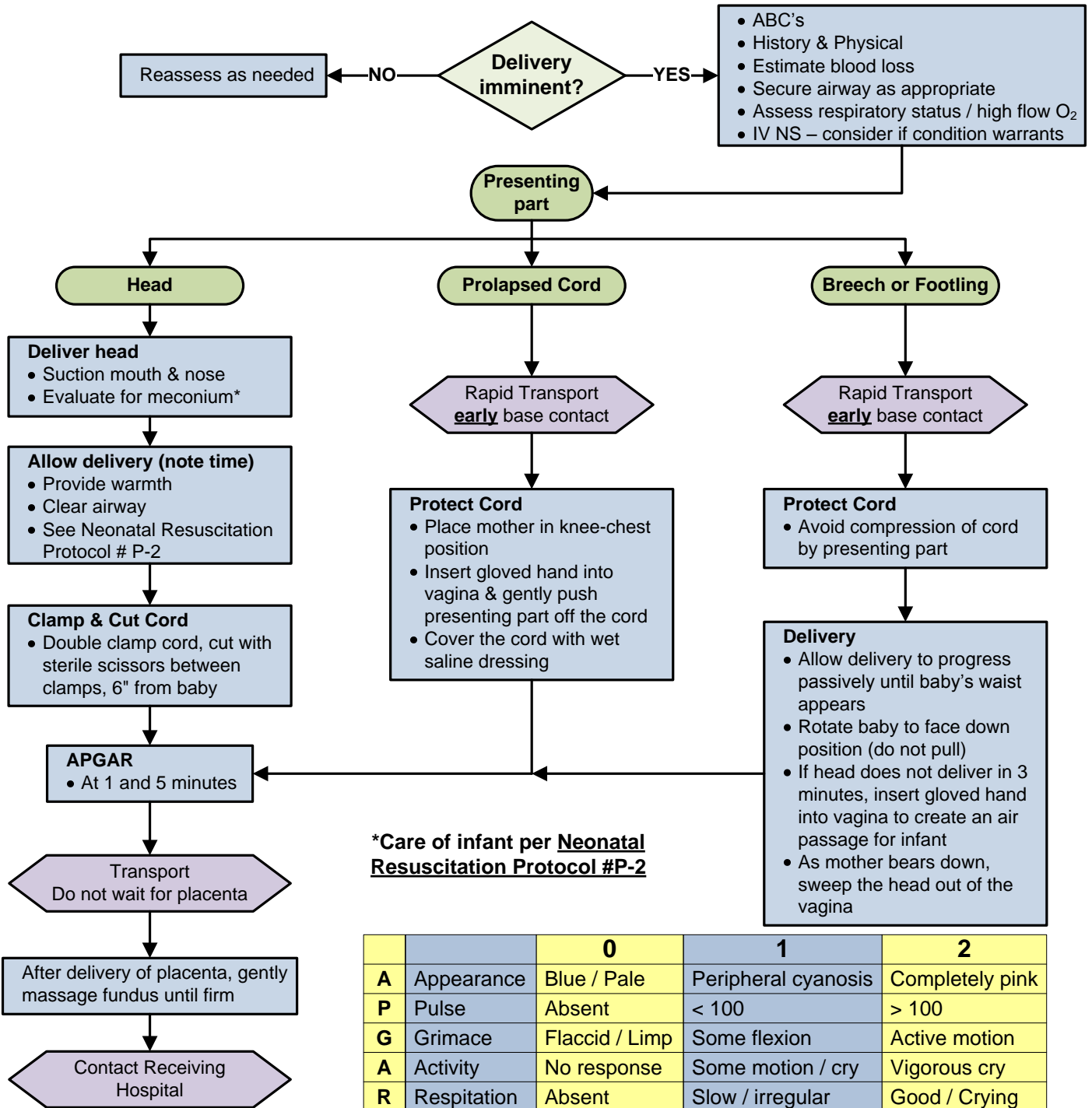




**SIERRA SACRAMENTO VALLEY EMS AGENCY  
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**OBSTETRIC / GYN  
REFERENCE NO. OB / G-1 (LALS)**

**SUBJECT: CHILDBIRTH**



Effective Date: 07/01/2010  
Next Review Date: 06/2012  
Approved by:

Date last reviewed revised: 06/10  
Page 1 of 1

**SIGNATURE ON FILE**  
S-SV EMS Medical Director

**SIGNATURE ON FILE**  
S-SV EMS Regional Executive Director