



Childbirth

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Approval: John Poland – Executive Director

Next Review: 10/2027

APGAR Score

	Sign/Score	0	1	2
A	Appearance	Blue/Pale	Peripheral cyanosis	Pink
P	Pulse Rate	None	<100	>100
G	Grimace	None	Grimace	Cries
A	Activity	Limp	Some motion	Active
R	Respiration	Absent	Slow/irregular	Good/strong cry

- Assess V/S, including SpO₂
- O₂ at appropriate rate if SpO₂ <94% or short of breath
- Estimate blood loss
- Consider vascular access at appropriate time (may bolus up to 1000 mL)

Presenting Part

Prolapsed Cord

Rapid transport & early hospital contact

Protect umbilical cord

- Place mother in knee-chest position
- Insert gloved hand into vagina & gently push presenting part off cord
- Cover exposed cord with wet saline dressing

Head

Allow delivery

- Dry/provide warmth
- Assure open/clear airway
- Refer to Neonatal Resuscitation Protocol (C1-N) if necessary

Breech or Footling

Rapid transport & early hospital contact

- Avoid compression of cord by presenting part
- Allow delivery to progress until baby's waist appears
- Rotate baby to face down position (do not pull)
- If head does not deliver in 3 mins, insert gloved hand into vagina to create an air passage for infant
- As mother bears down, sweep head out of vagina

After delivery

- Calculate Apgar Score at 1 & 5 mins after delivery
- Clamp & cut umbilical cord
 - Delay clamping cord for 1 min for uncomplicated births not requiring resuscitation
 - Double clamp cord, cut with sterile scissors between clamps, 6" from baby
- Transport, do not wait for placenta delivery
- After delivery of placenta, vigorously massage fundus until firm
- If severe post-partum hemorrhage present:
 - **Tranexamic Acid (TXA)** 1 gm/100 mL D5W or NS IV/IO, infused over 10 mins