



# EMS System for Metropolitan Oklahoma City and Tulsa

## 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

### 13B – CHILDBIRTH - COMPLICATED

#### TREATMENT PRIORITIES

1. Supportive Care
2. Vital signs
3. Transport left lat recumbent if prior to delivery
4. OLMC consultation for cases of complicated delivery:
  - Cord prolapse
  - Limb presentation
  - Breech delivery
  - Neonatal resuscitation
5. Transport directly to labor and delivery if directed/usual hospital destination practice
6. Post Delivery Infant Care
  - Stimulate/dry/perform oral nasal suctioning
  - Prevent hypothermia
  - O2 administration

#### EMD

ADVISE TO NOT TRY TO PREVENT THE BIRTH  
ADVISE NOT TO SIT ON TOILET  
PATIENT TO ASSUME POSITION OF COMFORT  
ADVISE PATIENT TAKE DEEP BREATHS BETWEEN CONTRACTIONS

#### EMR

#### EMT

#### GENERAL SUPPORTIVE CARE

##### CORD PROLAPSE:

PLACE MOTHER IN TRENDELENBERG POSITION  
ELEVATE BUTTOCKS TO RELIEVE PRESSURE ON CORD  
PLACE GLOVED HAND INTO VAGINA PUSHING UP ON HEAD TO RELIEVE COMPRESSION ON CORD  
MAINTAIN POSITION UNTIL RELIEVED BY ANOTHER HEALTH PROFESSIONAL OR DELIVERY OCCURS

##### BREECH OR LIMB PRESENTATION:

PLACE MOTHER IN TRENDELENBERG POSITION  
IMMEDIATE PRIORITY 1 TRANSPORT  
EARLY HOSPITAL NOTIFICATION

##### CEPHALIC (HEAD FIRST) PRESENTATION:

POSITION MOTHER SUPINE/KNEES WIDELY SEPARATED/  
BUTTOCKS ELEVATED W/PILLOW/BLANKET  
PLACE STERILE PAD/SHEET UNDER AND AROUND VAGINA

PLACE ONE HAND OVER FETAL HEAD  
APPLY MINIMAL STABILIZING PRESSURE  
TO PREVENT EXPLOSIVE BIRTH

AS HEAD DELIVERED CHECK FOR **NUCHAL CORD** WRAPPED AROUND FETAL NECK – IF PRESENT, SLIP CORD EITHER OVER HEAD OR DOWN OVER SHOULDER OR CLAMP/CUT

SUCTION MOUTH THEN EACH NOSTRIL WITH BULB SYRINGE  
IF NEEDED TO CLEAR AIRWAY

ALLOW HEAD TO ROTATE NATURALLY  
DELIVER THE REST OF INFANT – MAY REQUIRE GENTLE DOWNWARD PRESSURE ON ANTERIOR (UPPER SHOULDER & GENTLE UPWARD PRESSURE ON POSTERIOR (LOWER) SHOULDER FOR EASIER DELIVERY

CLAMP/CUT UMBILICAL CORD  
ASSESS INFANT/CALCULATE APGAR SCORE AT ONE AND FIVE MINUTES POST DELIVERY USING TABLE

**EXCESSIVE POSTPARTUM BLEEDING** – MASSAGE UTERUS

#### EMERGENCY MEDICAL DISPATCHER

#### EMERGENCY MEDICAL RESPONDER

#### EMT

#### EMT-INTERMEDIATE 85

#### ADVANCED EMT

#### PARAMEDIC

#### EMT-I85

#### AEMT

#### IV ACCESS

IV NS TKO IF SYS BP  $\geq 100$  mmHg WITHOUT HYPOTENSIVE SYMPTOMS  
IV NS 250 mL BOLUS IF SYS BP  $<100$  mmHg WITH HYPOTENSIVE SYMPTOMS IF NO SIGNS OF PULMONARY EDEMA,  
REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS  $< 100$  mmHg WITH HYPOTENSIVE SYMPTOMS IF NO SIGNS OF PULMONARY EDEMA

#### PARAMEDIC

**ECLAMPSIA:** MAGNESIUM SULFATE 1 gram IVP/IOP  
MAY REPEAT EVERY 2-3 MINUTES UNTIL SEIZURE ABATES  
MAXIMUM CUMULATIVE DOSE IS 4 grams  
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

APGAR SCORING (SIGN)	0	1	2
APPEARANCE	BLUE OR PALE	BODY PINK, EXTREMITIES BLUE	COMPLETELY PINK
HEART RATE (BPM)	ABSENT	$\leq 100$	$>100$
GRIMACE (REACTION TO CATHETER IN NARES)	NO RESPONSE	GRIMACE	COUGH OR SNEEZE
MUSCLE TONE	LIMP	SOME FLEXION	ACTIVE MOTION
RESPIRATORY RATE	ABSENT	SLOW/IRREGULAR	GOOD, CRYING