1. Assess airway and initiate basic and/or advanced airway maneuvers prn \((MCG\ 1302)\)

2. Administer **Oxygen** prn \((MCG\ 1302)\)

3. Establish vascular access prn \((MCG\ 1375)\)

4. Monitor frequency and duration of contractions ❶

5. If delivery is imminent ❷, treat per \(TP\ 1215,\ Childbirth\ (Mother)\)

6. If breech presentation, shoulder dystocia, nuchal cord or prolapsed cord treat per \(TP\ 1215,\ Childbirth\ (Mother)\) in conjunction with \(TP\ 1217,\ Pregnancy\ Complication\)

7. Opiate and Ketorolac analgesia is contraindicated \((MCG\ 1345)\)
SPECIAL CONSIDERATIONS

1. The more frequent the contractions, the closer the patient is to delivery; if the contractions are < 2 minutes apart or last > 60 seconds prepare for delivery. Women who have had prior vaginal deliveries can progress through labor very rapidly.

2. Crowning, urge to push, or presentation of a presenting part indicate imminent delivery.