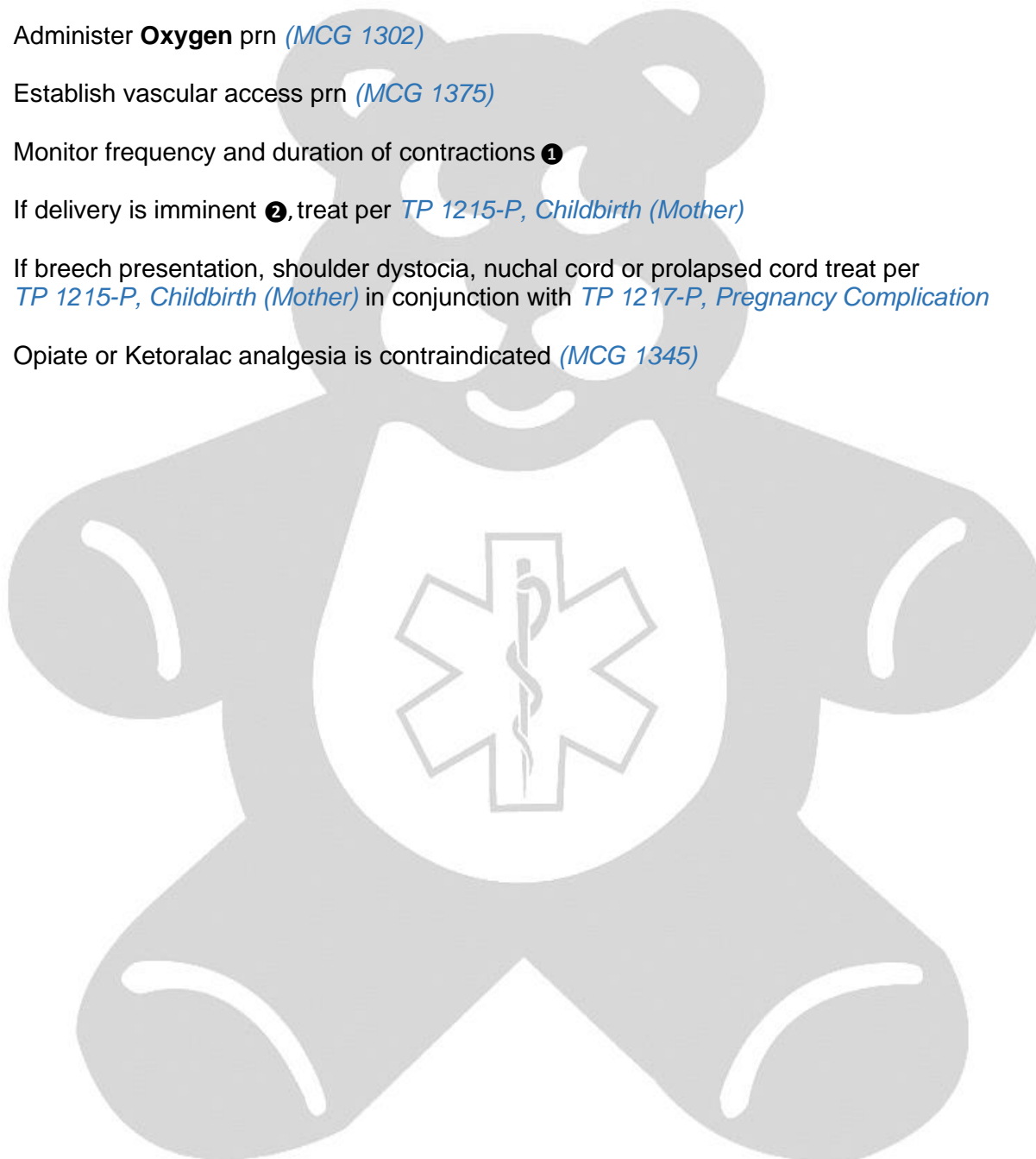




Treatment Protocol: PREGNANCY / LABOR

Ref. No. 1218-P

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-P, Childbirth (Mother)*
6. If breech presentation, shoulder dystocia, nuchal cord or prolapsed cord treat per *TP 1215-P, Childbirth (Mother)* in conjunction with *TP 1217-P, Pregnancy Complication*
7. Opiate or Ketoralac analgesia is contraindicated (*MCG 1345*)





SPECIAL CONSIDERATIONS

- ❶ 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.
- ❷ Crowning, urge to push, or presentation of a presenting part indicate imminent delivery.

