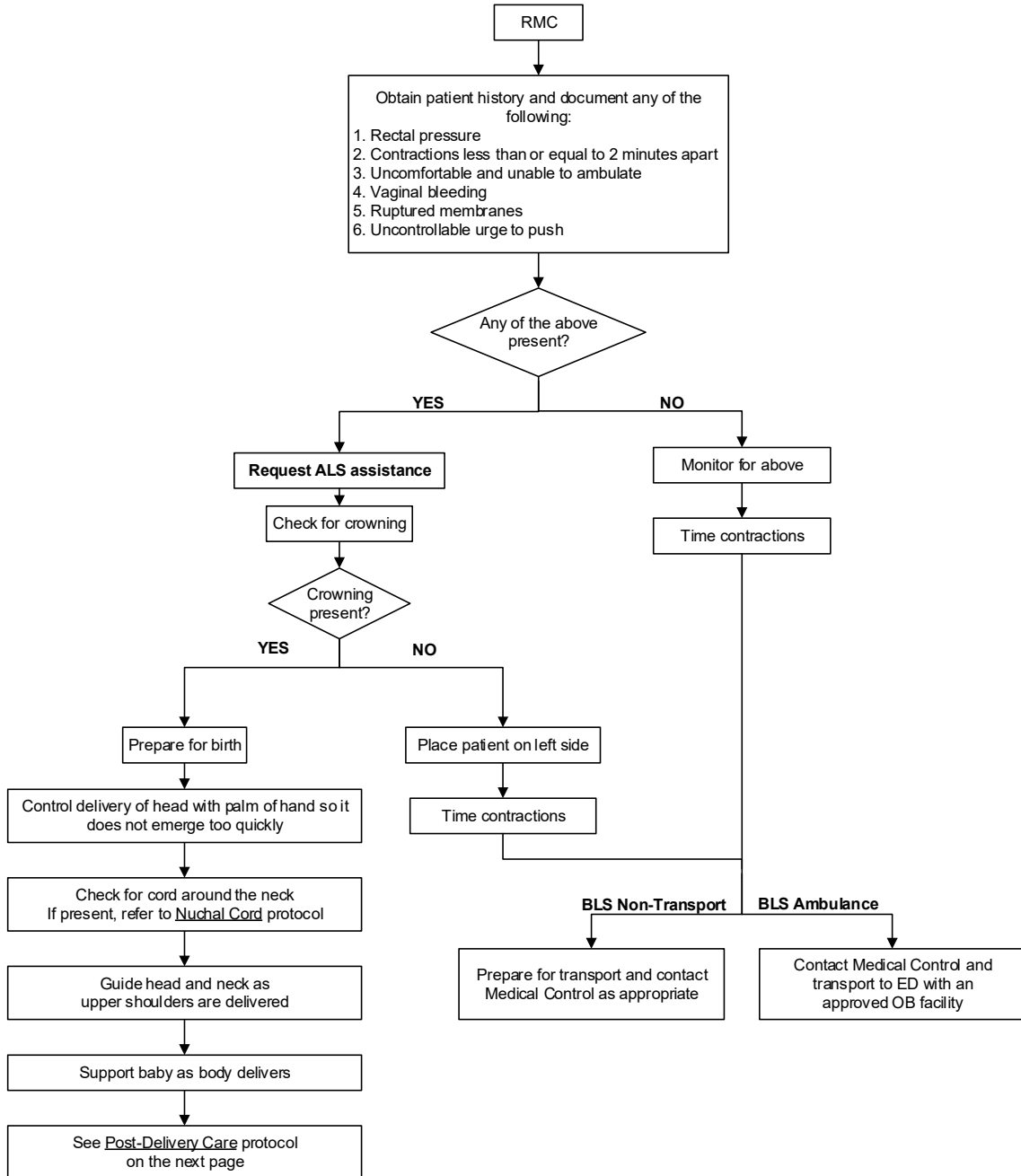




**REGION 11
CHICAGO EMS SYSTEM
PROTOCOL**

Title: Childbirth and Post-Delivery Care - BLS
 Section: Obstetrics
 Approved: EMS Medical Directors Consortium
 Effective: March 1, 2016

CHILDBIRTH - BLS

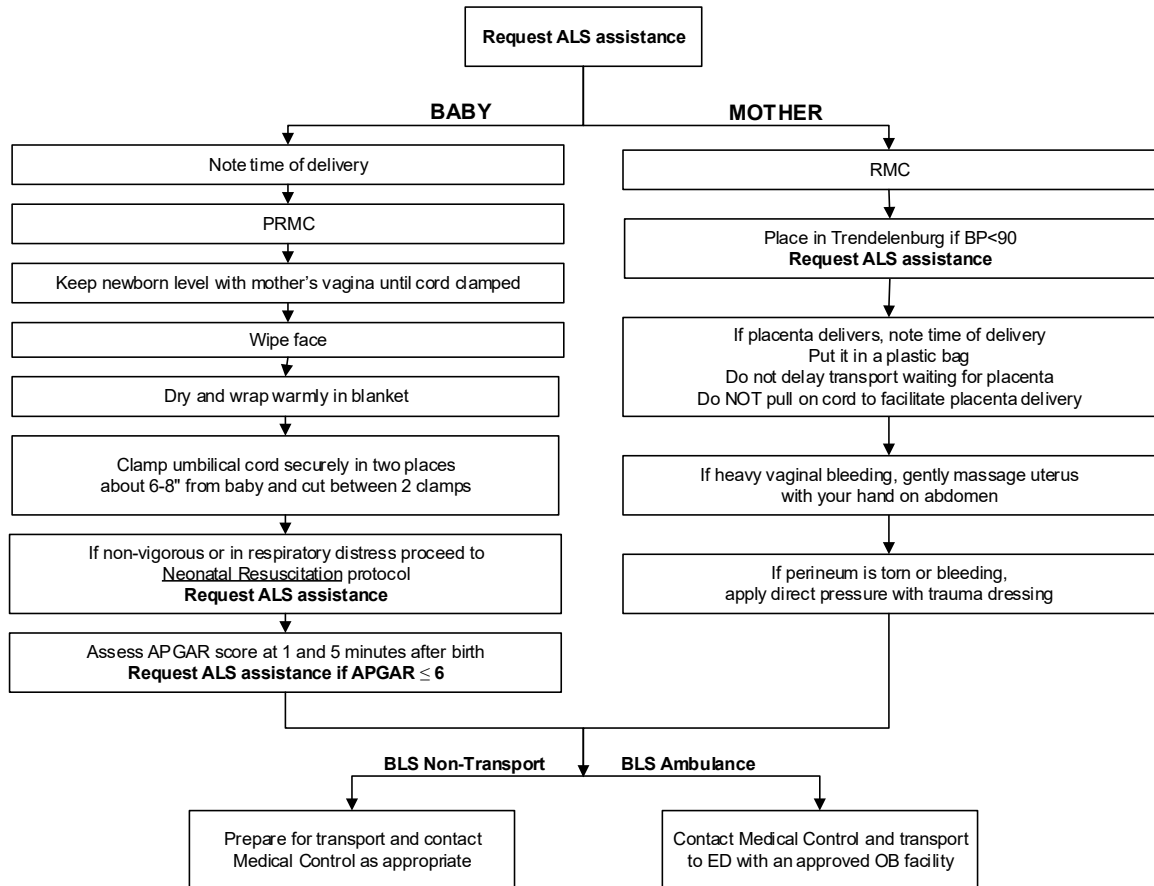




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POST-DELIVERY CARE - BLS





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<u>APGAR SCORING</u>					
	0	1	2	1 Min	5 Min
A =Appearance (color)	Blue, pale	Blue hands and feet	Entirely pink	_____	_____
P =Pulse (heart rate)	Absent	<100/min	≥100/min	_____	_____
G =Grimace (reflex irritability)	No response	Grimace	Cough or sneeze	_____	_____
A =Activity (muscle tone)	Limp	Some flexion of extremities	Active motion	_____	_____
R =Respiratory effort	Absent	Weak cry, hypoventilation	Good, strong cry	_____	_____
			TOTALS =		