

**NCH Paramedic Program  
Clinical Instruction Plan  
LABOR AND DELIVERY**

**I. PURPOSE**

The purpose of the Labor & Delivery clinical rotation is to enable paramedic students to observe and gain competence in monitoring patients in labor and participating in a variety of birth situations in preparation of doing these assessments/interventions independently in the out-of-hospital environment.

**II. PRIOR ACADMIC PREPARATION**

Prior to entry into the Paramedic course, all students must be licensed as an EMT, Advanced EMT or EMT-I. Prior to starting the OB clinical unit rotations, students will have completed the preparatory elements of basic and advanced airway and ventilatory management, oxygen delivery, pharmacology, vascular access, medication administration, general patient assessment, respiratory and cardiac emergencies (ECG interpretation), cardiac arrest management, obstetrics, and neonatal care.

**III. STUDENT SCOPE OF PRACTICE and need for SUPERVISION**

- A. "A paramedic student enrolled in an IDPH-approved Paramedic program, while fulfilling the clinical training and field internship requirements mandated for licensure may perform prescribed procedures under the **direct supervision** of a physician licensed to practice medicine in all of its branches or a qualified registered professional nurse" (EMS Rules).
- B. As part of their System agreement, hospitals providing clinical opportunities for the NCH Paramedic Program shall identify the unit preceptors to which students are assigned. Students may not provide any advanced life support/invasive skill on a patient without a preceptor immediately observing and coaching their technique to ensure patient safety.
- C. **Students may not perform any skills that are outside of their scope of practice** as defined by the National EMS Education Standards, Illinois EMS Act or Rules, and NWC EMS System SOPs, policies, and procedures.

**IV. BEHAVIORAL OBJECTIVES: STUDENTS**

Upon completion of the L&D rotation paramedic students will

- A. **perform OB patient assessments** consistent with National EMS Education standards and the NWC EMSS SOPs. At a minimum, patient assessments should include a review of all assigned patients' charts, noting significant past medical and OB history to include gravida, para; PMH; gestational age in weeks; onset/duration of labor; timing/strength of contractions and current progress of labor, determining when delivery is imminent, taking vital signs, assessing fetal movement, auscultating fetal heart tones (and noting deceleration patterns); and assisting patients with positioning to maximize fetal well-being and maternal comfort.
- B. **observe labor and participate in uncomplicated and complicated vaginal deliveries as directed.** EMS Education Standards specifically require students to gain understanding of how to intervene in deliveries complicated by abnormal presentations (breach), shoulder dystocia, nuchal cord, prolapsed cord, fetal distress, pre-term labor, premature rupture of membranes, and meconium aspiration. The patient and physician must consent to a student's presence during labor and delivery
- C. participate in general unit activities which may include helping the nursing staff with setting up for delivery, clean up following deliveries, and transporting patients.
- D. perform peripheral intravenous access as directed.
- E. **focus on the postnatal care given the newborn** (rather than repair of the episiotomy) which may include observing and participating as directed in initial efforts to dry, warm, suction, stimulate, and/or provide resuscitative interventions to the infant.
  - 1. Note how the time of birth is recorded.
  - 2. Note how infant identification is applied.
  - 3. Correctly calculate APGAR scores.
  - 4. Assist in transporting infant to the nursery and observing admission physical exam.

- F. **observe and assist with post-partum care of the mother**
  - 1. Identify stable versus unstable vital signs.
  - 2. Differentiate by palpation a tonic versus atonic uterus.
  - 3. Observe and differentiate normal lochia from hemorrhage.
  - 4. Perform fundal massage as directed.
- G. observe C- sections if the opportunity presents, with consent of the patient, the obstetrician, and the anesthesiologist, although this skill is not part of the paramedics scope of practice.
- H. **Use the time between patients/deliveries as productive study time. Bring study materials to the unit with you.**

V. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the OB clinical rotation, the unit preceptor will

- A. take the student on a brief tour identifying the location of patient rooms, diagnostic/treatment supplies, and/or equipment, staff lounge, utility rooms, waiting rooms, etc., that will facilitate their adaptation to the unit. Show students where they can store personal belongings during the shift.
- B. describe the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.
- C. review the clinical objectives with the student and mutually determine the level of participation expected of them during the clinical assignment.
- D. assist the student in gaining clinical expertise by encouraging patient contact whenever possible and offering coaching while the student observes and/or performs listed skills. The patient and physician must consent to a student's presence during labor and delivery. It is the responsibility of the preceptor to obtain this consent. It is helpful to obtain consent as early as possible rather than waiting until delivery is imminent.
- E. serve as a source of reference in answering specific questions posed by the student regarding unit policy, patient evaluation or treatment rendered.
- F. resolve any potential conflict situations in favor of the patient's welfare and restrict the student's activities until any incidents can be reviewed and investigated by the Paramedic Course Coordinator.
- G. Specific areas of content to review:
  - 1. Three stages of labor and appropriate interventions for each.
  - 2. Fetal monitor usage and the information it provides.
  - 3. Assist students to manually time and determine strength of uterine contractions
  - 4. Assist students in listening to FHTs.
  - 5. Have students verbalize their EMS criteria for field delivery preparation versus rapid transport. Add to this any information that may enhance their ability to anticipate and prepare for delivery.
  - 6. Explain uncomplicated delivery steps and those interventions that may be useful in deliveries complicated by abnormal presentation (breach), fetal distress, pre-term labor, premature rupture of membranes, shoulder dystocia, nuchal cord, prolapsed cord, and meconium aspiration.
  - 7. Discuss/demonstrate resuscitation and immediate care of the newborn, including proper use of bulb syringes and ensuring adequate ventilations and gas exchange; drying and stimulation techniques, how to preserve body warmth, APGAR scoring (listening to fetal HR), and clamping the umbilical cord. Stress that babies are slippery and the importance of maintaining airway, ventilations, HR, and warmth. Once the infant's condition is stable, instruct and allow students in how to use the bulb syringe for oral suctioning.
  - 8. Discuss post-partum care of the mother including observing for atonic uterus, fundal massage, comfort measures, and delivery of the placenta.
- H. Preceptors are encouraged to use the following educational methods: demonstration / return demonstration, verbal coaching, and question/answer.

VI. **EVALUATIONS**

A. Unit preceptors shall complete and sign the Student Clinical Activity Record. This form is important for documenting skill progression and competence and professional behaviors verifying achievement of course objectives.

**B. Preceptor entries:**

1. Date
2. Student's arrival and departure times
3. Verify and rate student's level of proficiency on activities performed and recorded by the student or note if an intervention was observed only.
4. **Rating scale.** Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process. Please be objective and honest in your evaluations

OBS	Observed activity only
2	Successful/competent. No prompting necessary.
1	Not yet competent. Marginal or inconsistent. Needs assistance and or direction. Includes partial attempts.
0	Unsuccessful. Required critical or excessive prompting. Inconsistent performance. Includes "not attempted" when student was expected to try.

5. **Observe and rate the student's professional behaviors.** Affective objectives to be rated:

- a. Integrity: honesty; honors confidential nature of patient information; can be trusted with others' property; accurately documents learning activities
- b. Empathy: sensitive to and respectful of patient's/family's feelings; responds to patient's emotions w/ helpful demeanor; supportive and reassuring to others
- c. Self-motivation: takes initiative to complete assignments; follows through to complete tasks; adjusts performance based on constructive feedback; strives for excellence; takes advantage of and shows enthusiasm for learning opportunities
- d. Appearance: clothing/uniform clean and well-maintained; good personal hygiene and grooming; presents a positive image of EMS
- e. Self-confidence: projects trust in personal judgment to patients; aware of strengths and limitations
- f. Time management: punctual; completes assigned tasks on time
- g. Respect: Polite in behavior and speech; demonstrates consideration, dignity, and esteem for coworkers and customers; conducts self in a way that brings credit to the profession
- h. Careful delivery of service: Makes critical decisions based on ethical, legal and moral standards; follows orders and adheres to policies, procedures, protocols

6. Sign form to verify all entries as factual.

7. Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it to the Paramedic Course Clinical Coordinator within timelines set by policy.

**VII. PROFESSIONAL BEHAVIOR AND DRESS**

- A. Students shall wear scrubs and other BSI protection provided by the unit. A watch with a second hand/second counter must be worn to every clinical shift.
- B. Students shall wear their NCH Paramedic Student photo ID badge at all times.

- C. No visible body piercing jewelry besides the ears is permitted, with no more than 3 ear rings per ear. Tattoos/body art must be covered as much as possible while in the clinical units.
- D. Hair must be clean, neatly groomed and worn in a style that complies with the host hospital's dress code for their employees. It should not rest on the collar or be a source of pathogen transmission. Students with hair that is long enough to fall onto a patient or potentially contaminate a skin surface shall be pulled it back and secured.
- E. Students shall have clean and neat grooming and shall not wear scented grooming products or perfumes that could potentially elicit an allergic reaction in a patient. Students appearing in inappropriate attire or grooming shall be dismissed from the area and must reschedule the rotation based on unit availability.
- F. Each student shall bring their own stethoscope, penlight, and pen to the clinical shift.
- G. If a student is unable to attend a clinical rotation as scheduled, they must call the Paramedic Course Clinical Coordinator at least 30 minutes before the anticipated absence at (847)618-4494. In addition, the student must notify the designated contact person for that unit of their absence as well.
- H. No student may leave a clinical unit before completing the full assigned shift unless permission is granted in advance by the PM Course Clinical Coordinator or the EMS Administrative Director.

I. **General rules of conduct**

- 1. During clinical rotations, students will observe all rules, regulations and policies imposed by the host hospital on its employees. All instances of inappropriate conduct or potential conflict must be immediately resolved in favor of the patients' welfare and reported to the Paramedic Course Clinical Coordinator as soon as possible at 847-618-4494 or [jdyer@nch.org](mailto:jdyer@nch.org).
- 2. A student may be required to do additional clinical hours if the preceptor believes that the student did not meet the objectives or there was an insufficient patient care contacts to meet unit objectives.
- 3. Students should attempt to schedule their breaks so they coincide with their preceptors' breaks. The student must report off to their preceptor when leaving the unit at any time during the clinical rotation.
- 4. Students must refrain from using tobacco products while on hospital premises.

J. **POLICY ENFORCEMENT**

The policies concerning clinical time are very specific and will be consistently enforced throughout the various program locations. It is important that students handle clinical responsibility in a professional way. The ability to function in a professional and dependable manner will be as important as knowledge in overall success as a paramedic.

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APPROVED:

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Labor and Delivery Supervisor name (Print)

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Labor and Delivery Supervisor signature

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paramedic Course Clinical Coordinator

\_\_\_\_\_  
Date

CJM: Prepared: September, 1981  
Revised: 11/99; 10/01; 2/02; 10/02; 10/03; 9/08; 11/09  
10/10 (CF); 11/11 (CF); 11/12; 9/13 (JD);  
10/14(JD); 11/16 (JD/CJM)