OBSTETRICAL EMERGENCIES

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
  - Do not perform pelvic exam
- ❑ Cardiac monitor, ETCO2, and pulse oximetry monitoring when available.
- ❑ **Treatment Plan**
  - Imminent Deliveries: normal delivery procedures
    - Attempt to prevent explosive delivery.
    - As delivery occurs, do not suction nose and mouth. Wipe nose and mouth to clear excess secretions
    - Place one umbilical cord clamp 2 inches away from baby, place second clamp 2 inches further, cut cord between the clamps.
    - Keep newborn warm and dry with vigorous stimulation.
    - Allow infant to nurse (unless multiple births when babies should not be allowed to nurse until all have been delivered)
    - Calculate APGAR score at 1 minute and again at 5 minutes
  - Special Situations – **TRANSPORT TO THE CLOSEST HOSPITAL**
    - **Excessive hemorrhage** following delivery or delayed placenta delivery.
      - Begin fundal massage immediately after placental delivery
      - Paramedics should begin oxytocin after placental delivery – see below.
    - **Nuchal cord**: cord is wrapped around the infant's neck
      - Attempt to slip cord over the head.
      - If cord is too tight to remove, immediately clamp in two places and cut between clamps.
    - **Prolapsed cord or limb presentation**: cord or limb out of the vagina before the baby – DO NOT ATTEMPT DELIVERY
      - Maintaining a pulsatile cord is the objective: insert two fingers of gloved hand into vagina to raise presenting portion of newborn off the cord.
      - If possible, place mother in Trendelenburg position. Otherwise, use knee-chest position.
      - Keep cord moistened with sterile saline.
      - Continue to keep pressure off cord throughout transport.
    - **Breech presentation** (coming buttocks first)
      - Position mother with her buttocks at edge of bed, legs flexed.
      - Support baby's body as it delivers.
      - As the head passes the pubis, apply gentle upward pressure until the mouth appears over the perineum. Continue resuscitation as normal.
      - If head does not deliver, but newborn is attempting to breath, place gloved hand into the vagina, palm toward newborn's face, forming a "V" with the index and middle finger on either side of the nose. Push the vaginal wall from the face. Maintain position throughout transport.
    - **Shoulder Dystocia**: head is out but shoulder will not pass
      - Position mother with buttocks off the edge of the bed and thighs flexed upward as much as possible.
      - Apply firm, open hand pressure above the symphysis pubis.
      - If delivery does not occur, maintain airway patency as best as possible, immediately transport.
    - **Stillborn/Abortion**
      - All products of conception should be carefully collected and transported with the mother to the hospital. Anything other than transport should be coordinated with on-line medical consultation and/or law enforcement.
- ❑ **Key Considerations**
  - Attempt to create a sanitary environment
  - Transport in left lateral decubitus position

ADULT

AEMT

- ❑ Vascular access and fluid therapy.
- ❑ Treat seizures as per ***Seizure Guideline***

PARAMEDIC

- ❑ **Oxytocin 10 units IM** for post-partum hemorrhage after placental delivery
- ❑ **Transexamic Acid (TXA) 1 gram IV** if within 3 hours of delivery for post-partum hemorrhage.
- ❑ **Oxytocin Infusion may be started if bleeding continues:**
  - **IM 10 units followed by IV/IO Infusion by adding 40** units to 1000mL NS. Start the infusion at 200mL/hour for a dose of 8 units/hr and titrate the infusion to decrease bleeding and patient comfort.
- ✆ In the event of uterine inversion, cover uterus with moistened sterile gauze. Contact OLMC for surgical preparations

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ Vascular access and fluid therapy.
- ❑ Treat seizures as per ***Seizure Guideline***

PARAMEDIC

- ❑ Refer to the ***Newborn Resuscitation Guideline***

[redacted]

- ✆ **High-risk preterm labor when delivery is imminent:** (1) Rapidly infuse 1 liter of NS, (2) Albuterol 2.5 mg via nebulization, (3) Magnesium Sulfate 1gram IV and titrate per OLMC.