

OBSTETRICAL EMERGENCIES

SIGNS & SYMPTOMS:

1. Regular abdominal pain, cramping, or contractions
2. Bloody show, passage of clots or tissue
3. Perineal bulging, crowning
4. Amniotic sac rupture
5. ↑ contraction intensity and length
6. Urge to push or have bowel movement
7. Pregnancy induced pre-eclampsia, eclampsia and postpartum eclampsia. (BP 140/90)
8. Placenta previa
9. Uterine rupture
10. Abruptio placentae

OBTAIN HISTORY OF:

1. Last menstrual period & expected due date (gestational period)
2. Gravida (number of times pregnant)
3. Parity (number of deliveries)
4. Prenatal care, known complications
5. Symptom onset & time between contractions
6. Sudden or severe abdominal pain with or without bleeding
7. PMH/Meds/Allergies
8. Painless vaginal bleeding, non-tender uterus
9. Trauma related incidences
10. Serious or severe bleeding

PRECAUTIONS:

1. Take appropriate infection control precautions.
2. Early notification of medical control is essential for known or suspected complications so that receiving facility can be appropriately selected and notified.

MEDICAL FIRST RESPONDER:

1. Assess and support ABCs.
2. Begin high flow supplemental oxygen via mask if any complications are known or suspected.
3. Assess vital signs (BP, pulse, respirations, O₂ sats) minimally every 10 minutes; more often if unstable. Hypertension is considered 140/90.
4. Preeclampsia, eclampsia and postpartum eclampsia is most commonly seen in the last ten weeks of gestation, during labor or in the first 48 hours of postpartum, it is a hypertension disorder.
5. Placenta previa is a painless vaginal bleeding, non tender uterus. Control bleeding as needed.
6. Uterine rupture occurs during labor or trauma. It may or may not have serious bleeding. Control bleeding as needed.
7. Abruptio placentae is an sudden severe abdominal pain with or without bleeding. Control bleeding as needed.
8. Assess length & time between contractions, measuring from beginning of one to beginning of the next.
9. Patients should be positioned on their left side and off their back.

BASIC LIFE SUPPORT:

1. Apply ECG monitor on patient.
2. Consider PASG for mother if systolic BP < 50. Consult medical control prior to inflation.

INTERMEDIATE TECH:

1. Establish IV (large bore) of NS TKO in any woman with excessive prenatal or postpartum bleeding. Administer fluid bolus of 250 cc NS if systolic BP falls below 90.
2. Monitor vitals after fluid administration

INTERMEDIATE 99 & PARAMEDIC/RN:

1. Monitor mother's ECG for abnormalities.
2. Consider IO access in the mother or newborn as needed.
3. Consider ET intubation as needed in the newborn.
4. Paramedic/RN contact medical control to administer Magnesium Sulfate 1 – 4 g after the administration of ativan, valium or versed for seizures associated with eclampsia or pre-eclampsia.
5. Paramedic/RN contact medical control to administer Terbutaline 0.25 mg SQ for patients with pre-term labor or limb presentation.

SPECIAL CONSIDERATIONS:

1. Patients should be transported on their left side, off their back.
2. EMS personnel should only perform visual vaginal examinations as necessary.
3. Rapid transport to appropriate facility with notification.



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