

# CHILDBIRTH & OBSTETRICAL EMERGENCIES

- ❑ Routine Medical Assessment and Interventions
- ❑ Obtain Temperature, SpO<sub>2</sub>, ETCO<sub>2</sub>, and/or CO readings via non-invasive devices as indicated for the situation and when equipment is available.
- ❑ Oxygen as indicated, if SpO<sub>2</sub> is below 94%

## NORMAL DELIVERY

- ❑ Use clean or sterile technique
- ❑ Guide and control, but do not retard or hurry delivery
- ❑ After delivery of head - check to see if umbilical cord is looped around infant's neck - if so, remove from head.
- ❑ Suction mouth (not throat), then nose with bulb syringe
- ❑ Complete delivery:
  - Keep infant level with perineum
  - Dry infant off and wrap in warm, dry, clean blanket
  - Check vitals; record APGAR
  - Clamp cord in two places approximately 8"-10" from infant, cut cord between clamps
  - If pink, crying, and good tone (APGAR >8) then, place on mother's abdomen, cover warmly. Allow nursing.
  - If multiple deliveries expected, do not allow nursing until all deliveries completed
  - If APGAR <8 then see Newborn/Neonatal Resuscitation Guideline.
- ❑ Massage uterus to aid in reducing blood loss
- ❑ Repeat APGAR at 5 min postpartum

## CORD PROLAPSE

- ❑ Insert gloved hand in vagina; gently elevate presenting body part to relieve pressure on cord.
- ❑ Place mother in knee/chest position
- ❑ Transport immediately

## BREECH/LIMB PRESENTATION

- ❑ Transport immediately, with mother in left lateral recumbent position

- ❑ Initiate vascular access as needed and indicated.
  - Large bore, adjust rate as needed for situation
- ❑ If patient's SBP < 100 mmHg treat per "Shock" guideline

## POSTPARTUM BLEEDING

- ❑ Deep fundal massage
- ❑ If available **Pitocin** 20 units in NS 1000 ml if available. Run IV wide open

## ECLAMPSIA SEIZURES

- ❑ Initially treat seizures per 'Seizure' guideline
- ❑ **Mag Sulfate** - 2.0-2.5 g in 20 mL NS for 10% solution and administer over 2 to 3 minutes.

EMR

EMR

A - EMT

A - EMT

PARAMEDIC

PARAMEDIC

# CHILDBIRTH & OBSTETRICAL EMERGENCIES CONT.

## CONSIDERATIONS:

- ❑ Do not pull on the cord
- ❑ Remember, babies are slippery
- ❑ Some elements of patient history should include: Gravida/Para (number of pregnancies/number of live births); due date; level and frequency of prenatal care; any problems with pregnancies; any abnormal bleeding; any excessive swelling; and the presence of hypertension.
- ❑ When assessing contractions it is important to obtain the duration and frequency.
  - Duration time is measured from the start of the contraction to the end of the contraction.
  - Frequency time is measured from the start of one contraction to the start of the next.
- ❑ Contractions longer in duration and more frequent likely indicate delivery is close. timing should
- ❑ If equipment is available, providers should make an attempt to obtain fetal heart rates.
- ❑ Providers should conduct a visual exam of the perineum to assess:
  - Excessive bleeding
  - Evaluate color of fluids (assess for meconium)
  - Check for crowning.

**DURATION:** beginning to end of one contraction

**FREQUENCY:** beginning of one contraction to the beginning of the next contraction.

