

Monterey County EMS System Policy



Protocol Number: O-2
Effective Date: 7/1/2022
Review Date: 6/30/2025

OBSTETRICAL EMERGENCIES

ALS and BLS CARE

For all patients with obstetrical complications:

- Routine Medical Care (Protocol M-3)
- Do not delay transport – transport patients > 20 weeks gestation on their left side
- Administer oxygen via NRB
- Establish IV access en route if time and conditions allow. Treat signs of shock with IV fluid boluses
- **BASE CONTACT IS REQUIRED** for all OB emergencies other than uncomplicated normal childbirth

See possible actions for specific conditions listed below:

These should be considered “best advice” for rare, difficult scenarios

The priority is supporting the mother’s ABCs as that directly supports fetal viability

OB/GYN EMERGENCIES-SPECIFIC CONDITIONS

Spontaneous Abortion

- If the fetus is > 20 weeks, resuscitate as appropriate
- If the fetus is not viable, save and transport tissue or fetal remains
- Have the patient place a sanitary napkin or bulky dressing over the vaginal opening. Do not pack the vagina
- IV NS 500 mL bolus for significant bleeding or shock. May repeat to SBP > 90 mmHg
- Provide emotional support to the patient

Complications of Late Pregnancy

3rd Trimester Bleeding (6-9 months)

- Suspect placental abruption or placenta previa
- Initiate rapid transport
- Position patient on left side
- Note type and amount of bleeding
- IV NS 500 mL bolus for significant bleeding or shock. May repeat to SBP > 90 mmHg

Pre Eclampsia

- Typically occurs at gestation > 20 weeks, and can occur up to 4-6 weeks post-partum
- Associated with SBP > 140 mmHg and/or DBP > 90 mmHg
- Can be asymptomatic or associated with one or more of the following: headache, visual disturbance, altered mental status, dyspnea, peripheral edema, abdominal pain, nausea/vomiting, generalized weakness
- Transport in position of comfort
- Administer 4 grams Magnesium Sulfate in 100 mL NS infused over 20 minutes

Eclampsia

- Suspected with new-onset grand mal seizure activity or unexplained coma during pregnancy
- Administer 4 grams Magnesium Sulfate IVP
- If seizure activity ceases, initiate a maintenance dose of 4 grams Magnesium Sulfate in 100 mL NS administered over 20 minutes.
- If seizure activity continues, administer 5 mg Midazolam slow IV/IO.

Priority Childbirth Symptoms

Breech Presentation

- Immediate transport and notification of hospital
- If delivery of the body alone occurs:
 - Support the presenting part.
 - Place a gloved hand in the vagina and form a “V” around the mouth and nose to maintain the airway.
- If legs are delivered:
 - Gently elevate trunk and legs to aid delivery of head.
 - Head should deliver in 30 seconds. If not, place a gloved hand in the vagina and form a “V” around the mouth and nose to maintain the airway.
- If infant delivered, see **Childbirth Protocol (O-1)** – Postpartum care of infant and mother

Limb Presentation

- Defined as the presentation of a single limb.
- Unlikely that the baby will deliver spontaneously or that the EMS provider will be able to effectively assist in the delivery.
- Initiate immediate transport.
- Place the mother in the supine position with the hips elevated so that the head is lower than the hips.

Prolapsed Umbilical Cord

- Discourage pushing by mother.
- Position mother in Trendelenburg or supine with hips elevated.
- Use gloved hand to elevate the presenting part off of the cord until relieved by a physician.
- Feel cord pulsations.
- Keep exposed cord moist and warm.

Unable to Deliver/Shoulder Dystocia

- Support infant's head.
- Suction oral and nasal passages.
- DO NOT pull on head.
- May facilitate delivery by placing mother with buttocks just off of the end of the bed, flex her thighs upward and apply gentle open-hand pressure above the pubic bone.
- If infant delivered, see **Childbirth Protocol (O-1)** – Postpartum care of infant and mother

Post Partum Hemorrhage

- Immediate transport and notification of hospital.
 - Massage uterine fundus.
 - Place trauma dressing gently against the vagina.
 - Note type and amount of bleeding.
- IV NS 500 mL bolus for significant bleeding or shock. May repeat to SBP > 90 mmHg