

Michigan
Adult Treatment Protocols
OBSTETRICAL EMERGENCIES

Date: November 15, 2012

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Obstetrical Emergencies

Purpose: To provide the process for the assessment and management of the patient with an obstetrical related emergency.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**
2. Assessment Information
 - A. History:
 - a. Past Medical History: previous births, previous complications
 - b. Current History: duration of gestation (weeks), whether single or multiple births are expected.
 - B. Specific Objective Findings: vital signs, assess contractions
 - C. Determine whether to transport or remain at scene due to imminent delivery. Indications of impending imminent delivery may include:
 - a. Multiple pregnancy, strong regular contractions, every 2 minutes or less; ruptured membrane, bloody show, need to push or bear down, crowning
3. General Management
 - A. Utilize universal precautions
 - B. Evaluate and maintain airway, provide oxygen and support ventilation as needed.

SPECIALIST/PARAMEDIC

- C. Obtain vascular access, if time permits.

MFR/EMT/SPECIALIST/PARAMEDIC

4. Management of Normal Delivery
 - A. Have oxygen and suction readily available for care of the newborn.
 - B. **If signs of newborn delivery are imminent, and there is no time to transport, prepare for delivery.**
 - a. Try to find a place for maximum privacy and cleanliness.
 - b. Position patient on back, on stretcher if time permits or on bed.
 - i. Monitor patient for signs of hypotension. If signs develop, position patient so weight of uterus is to patient's left side.
 - c. Drape if possible, using clean sheets.
 - d. Encourage mother to relax and take slow deep breaths through her mouth.
 - e. Reassure her throughout procedure.
 - f. As baby's head begins to emerge from vagina, support it gently with hand and towel to prevent an explosive delivery.
 - i. If practical, mouth and nose should be suctioned.
 - g. After head is delivered look and feel to see if cord is wrapped around baby's neck.
 - i. **If the cord is around neck and loose**, slide gently – over the head **DO NOT TUG.**
 - ii. **If the cord is around neck and snug**, clamp the cord with 2 clamps and cut between the clamps.

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- h. As the shoulders deliver, carefully hold and support the head and shoulders as the body delivers, usually very suddenly – and the baby is very slippery! **Note the time of delivery.**
- i. Place the baby on its side with head lower than the body and **gently** suction mouth and then nose making sure the airway is clear.
- j. Prevent heat loss.
 - i. Place baby in warm environment
 - ii. Dry baby off and remove all wet linen.
- k. Evaluate respirations
 - i. **If the baby does not breathe spontaneously**, stimulate by gently rubbing its back or slapping the soles of its feet. If still no response, initiate ventilation with 100% high flow oxygen per **Pediatric Newborn Assessment, Treatment and Resuscitation Protocol.**
 - ii. If spontaneous breathing begins, administer oxygen for a few minutes until baby's color is pink.
- l. When infant is delivered and breathing normally, cord should be tied or clamped 8 inches from the infant with 2 clamps (ties) placed 2 inches apart. Cut the cord between the clamps, and assure that no bleeding occurs.
 - i. If child is being resuscitated or is in distress, the cord may be cut and clamped and kept moist with a small dressing. (In case Umbilical Vein IV is needed.)
- m. Score APGAR at one minute and five minutes after delivery. Refer to **Pediatric Newborn Assessment, Treatment and Resuscitation Protocol** if APGAR is less than 6.
- n. When delivery of baby is complete, prepare for immediate transport. Placenta can be delivered in route or at the hospital
- o. Delivery of placenta generally takes place within 20 minutes.
- p. Following placental delivery, massage the uterus to aid in contraction of the uterus.
- q. Place placenta in basin or plastic bag and transport with mother.

EMT/SPECIALIST/PARAMEDIC

- r. Contact Medical Control.

SPECIALIST/PARAMEDIC

- 5. If there is visible meconium in the airway,
 - A. The patient should be intubated and the lower airway suctioned via ET tube [with LOW PRESSURE (80-120 mmHg) suction to the tube]
 - B. Repeat suction with a new ET tube each time suctioning is performed.

MFR/EMT/SPECIALIST/PARAMEDIC

- 6. Abnormal Deliveries
 - A. Contact Medical Control as soon as appropriate.
 - B. **Breech position**
 - a. Allow buttocks and trunk to deliver spontaneously.

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- b. Once legs are clear, support body on the palm of your hand and surface of your arm, allowing head to deliver.
- c. If the head doesn't deliver immediately, transport rapidly to the hospital with mother's buttocks elevated on pillows with baby's airway maintained throughout transfer.
 - i. Place **gloved** hand in the vagina with your palm towards the baby's face. Form a "V" with your fingers on either side of the baby's nose and push the vaginal wall away from baby's face until the head is delivered.

C. Prolapsed Cord – Life Threatening Condition

- a. Place mother in a supine position with hips supported on a pillow.
- b. Evaluate and maintain airway, provide oxygen.
- c. **With sterile gloved hand, gently push** the baby up the vagina several inches to release pressure on the cord.
- d. **DO NOT ATEMPT TO PUSH CORD BACK!**
- e. Transport maintaining pressure on baby's head.

D. Arm or limb presentation – Life threatening condition.

- a. Immediate transportation
- b. Delivery should not be attempted outside the hospital.
- c. Place mother in position of comfort or with hips elevated on pillow.
- d. Evaluate and maintain airway, provide oxygen.

E. Multiple births

- a. Immediate transportation
- b. Multiple birth infants are typically small birth weight and will need careful management to maintain body heat.
- c. After first infant is delivered, clamp cord and proceed through airway, drying and warming procedures while awaiting delivery of other births, (See steps 3a.)
- d. Prepare additional supplies for subsequent births.
- e. There may be time to transport between births.

7. Pre-eclampsia/Eclampsia

- A. Signs of preeclampsia
 - a. BP 160/110 or higher
 - b. Marked peripheral edema
 - c. Diminished level of consciousness
 - d. Seizure (eclampsia)
- B. Immediate transport

PARAMEDIC

- C. If seizure occurs, administer Magnesium Sulfate 2 gm over 10 minutes IV/IO until seizure stops. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 or 250 ml of NS and infusing over approximately 10 minutes.
- D. If seizure does not stop after Magnesium, then administer Benzodiazepine as specified below.
- E. If an IV has not been established administer Midazolam 10 mg IM, if patient is actively seizing.

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- F. If an IV has already been established and Midazolam IM has not been administered, administer Midazolam, Lorazepam, or Diazepam slow IV push until seizure stops, per MCA selection.

<u>Medication Options:</u>	
(Choose One)	
<input type="checkbox"/>	Midazolam 5 mg IV/IO
OR	
<input type="checkbox"/>	Lorazepam - 4 mg IV/IO
OR	
<input type="checkbox"/>	Diazepam - 10 mg IV/IO or rectally

If seizure persists, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

Post-Medical Control
PARAMEDIC

- G. If seizure persists, administer additional Magnesium Sulfate 2 gms IV/IO, if available.

MFR/EMT/SPECIALIST/PARAMEDIC
APGAR Scoring

1. Procedure for immediately evaluating a newborn baby.
 - A. Based on:
 - a. A – appearance (color)
 - b. P – pulse (heart rate)
 - c. G – grimace (reflex irritability to slap on sole of foot)
 - d. A – activity (muscle tone)
 - e. R – respiration (respiratory effort)
2. Each parameter gets a score of 0 to 2.
3. APGAR score should be checked at 1 minutes and 5 minutes post delivery.

APGAR SCORING

Sign	0	1	2
Appearance – skin color	Bluish or paleness	Pink or ruddy; hands or feet are blue	Pink or ruddy; entire body
Pulse – heart rate	Absent	Below 100	Over 100
Grimace – reflex irritability to foot slap	No response	Crying; some motion	Crying; vigorous
Activity – muscle tone	Limp	Some flexion of extremities	Active; good motion in extremities
Respiratory effort	Absent	Slow and Irregular	Normal; crying

MCA Name
 MCA Board Approval Date
 MDCH Approval Date
 MCA Implementation Date



Section 1-12