

## PO96 OBSTETRICAL COMPLICATIONS

EMT	AEMT	EMT-I	Paramedic
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**For All Patients with obstetrical complications**

- Do not delay: immediate rapid transport
- Give high-flow oxygen
- Start IV en route if time and conditions allow. Treat signs of shock w. IV fluid boluses per MedicalHypotension/Shock Protocol

**Possible actions for specific complications (below)**

- The following actions may not be feasible in every case, nor may every obstetrical complication be anticipated or effectively managed in the field. These should be considered "best advice" for rare, difficult scenarios. In every case, initiate immediate transport to definite care at hospital

**Prolapsed Umbilical Cord**

- Discourage pushing by mother
- Position mother in Trendelenburg or supine with hips elevated
- Place gloved hand in mother's vagina and elevate the presenting fetal part off of cord until relieved by physician
- Feel for cord pulsations
- Keep exposed cord moist and warm

**Breech Delivery**

- Never attempt to pull infant from vagina by legs
- IF legs are delivered gently elevate trunk and legs to aid delivery of head
- Head should deliver in 30 seconds. If not, reach 2 fingers into vagina to locate infant's mouth. Press vaginal wall away from baby's mouth to access an airway
- Apply gentle abdominal pressure to uterine fundus
- IF infant delivered see child birth protocol – Postpartum care of infant and mother

**Postpartum Hemorrhage**

- Massage abdomen (uterine fundus) until firm
- Initiate rapid transport
- Note type and amount of bleeding
- Treat signs of shock with IV fluid boluses

**Complications of Late Pregnancy**

**3<sup>rd</sup> Trimester Bleeding (6-8 months)**

- High flow O<sub>2</sub> via NRB, IV access
- Suspect placental abruption or placenta previa
- Initiate rapid transport
- Position patient on left side
- Note type and amount of bleeding
- IV NS bolus for significant bleeding or shock

**Eclampsia/Toxemia**

- High flow O<sub>2</sub> via NRB, IV access
- SBP > 140, DBP > 90, peripheral edema, headache, seizure
- Transport position of comfort
- See seizure protocol

**Shoulder Dystocia**

- Support baby's head
- Suction oral and nasal passages
- DO NOT pull on head
- May facilitate delivery by placing mother with buttocks just off the end of bed, flex her thighs upward and gentle open hand pressure above the pubic bone
- IF infant delivered see child birth protocol – postpartum care of infant and mother