OB GYN Assessment

History
- Is there a possibility you might be pregnant?
  - Missed period?
  - N/V
  - Increased urinary frequency
  - Vaginal discharge
  - History of previous infections
OB Assessment

History
- When was your last *normal* menstrual period (LNMP)?
- Abdominal pain? (location/quality)
- Vaginal bleeding/discharge?
OB/Gyn Assessment

- History
  - If pregnant:
    - estimate due date (estimated date of confinement)
    - Para = # of live births
    - Gravida = # of pregnancies
    - Previous pregnancy issues, prenatal care
    - TEAL score
Vital signs
- Hypertension
- Hypotension
- Tilt test if blood loss is suspected

Focused exam
- Edema (particularly of face, hands)
Pelvic Inflammatory Disease

- Acute syndrome caused by spread of microorganisms from the vagina and cervix to reproductive organs
- Most common cause are STD’s
- Can involve endometrium, fallopian tubes and pelvic peritoneum
Pelvic Inflammatory Disease

Most at risk?

Sexually active women aged 15-19 with no contraceptive device

Multiple partners increases risk factor

Chlamydia and Neisseria gonorrhoea are most common pathogens
Pelvic Inflammatory Disease

- Presentation and assessment
  - c/o abdominal or lower abdominal pain
  - lower back pain
  - vaginal d/c
  - fever may or may not be present
Pelvic Inflammatory Disease

- FYI about PID
- 25% of these patients in ED Dx with other conditions
  - ectopic pregnancy
    - (7 times more likely in women w/ PID)
  - appendicitis
  - ruptured ovarian cyst
Ectopic Pregnancy

- Zygote implants in location other than uterine cavity
- 95% are in Fallopian tube (tubal ectopic)
- Life threatening!
Ectopic Pregnancy

- Signs and Symptoms
  - Missed period, other signs/symptoms of early pregnancy
  - Light vaginal bleed (spotting) 6-8 weeks after LNMP
  - Abdominal pain, may radiate to shoulder
  - Positive “tilt” test
  - Other signs/symptoms of hypovolemic shock
Ectopic Pregnancy

- Signs and Symptoms
  - Abdominal pain may be absent
  - Some patients may NOT miss period
  - Some patients may have NEGATIVE pregnancy tests
Ectopic Pregnancy

Lower abdominal pain or unexplained hypovolemic shock in a woman of child-bearing age equals Ectopic Pregnancy

Until Proven Otherwise
Ectopic Pregnancy

Management

- 100% O₂
- Supportive care for hypovolemic shock
- Transport immediately
Pre-eclampsia

- Acute hypertension after 24th week of gestation
- 5-7% of pregnancies
- Most often in first pregnancies
- Other risk factors include young mothers, no prenatal care, multiple gestation, lower socioeconomic status
Pre-eclampsia

- Triad
  - Hypertension
  - Proteinuria
  - Edema
Sign and Symptoms

- Hypertension
  - Systolic > 140 mm Hg
  - Diastolic > 90 mm Hg
  - Or either reading > 30 mmHg above patient’s normal BP
- Edema (particularly of hands, face) present early in day
Pre-eclampsia

- Signs and Symptoms
  - Rapid weight gain
    - >3lbs/wk in 2nd trimester
    - >1lb/wk in 3rd trimester
  - Decreased urine output
  - Headache, blurred vision
  - Nausea, vomiting
  - Epigastric pain
  - Pulmonary edema
Pre-eclampsia

Complications

- Eclampsia
- Premature separation of placenta
- Cerebral hemorrhage
- Retinal damage
- Pulmonary edema
- Lower birth weight infants
Pre-eclampsia

Management

- 100% O\textsubscript{2}
- Left lateral recumbent position
- Avoid excessive stimulation
- Reduce light in patient compartment
- Avoid use of emergency lights, sirens
Eclampsia

- Gravest form of pregnancy-induced hypertension

- Signs and Symptoms
  - Signs, symptoms of pre-eclampsia plus:
    - Grand mal seizures
    - Coma
Eclampsia

Complications

- Same as pre-eclampsia
- Maternal mortality rate: 10%
- Fetal mortality rate: 25%
Eclampsia

Management

- 100% $O_2$; assist ventilations, as needed
- Left lateral recumbent position
- Reduce light
- Manage like any major motor seizure
- Emergency transport
- Consider ALS intercept for medication administration
Eclampsia

- Assess every pregnant patient for
  - Increased BP
  - Edema

- Take all reports of seizures in pregnant females seriously
Premature separation of placenta from uterus

High risk groups
- Older pregnant patients
- Hypertensives
- Multigravidas
Abruptio Placentae

- Signs and Symptoms
  - Mild to moderate vaginal bleeding
  - Continuous, knife-like abdominal pain
  - Rigid, tender uterus
  - Signs, symptoms of hypovolemic
Third Trimester Abdominal Pain equals Abruptio Placentae until proven otherwise
Abruptio Placentae

Hypovolemic shock out of proportion to visible bleeding equals Abruptio Placentae until proven otherwise
Abruptio Placentae

Management

- 100% $O_2$
- Left lateral recumbent position
- Supportive care for hypovolemic shock
- Rapid transport
Implantation of placenta over cervical opening
Placenta Previa

- Signs and Symptoms
  - Painless, bright-red vaginal bleeding
  - Soft, non-tender uterus
  - Signs and symptoms of hypovolemic
Placenta Previa

Management

- 100% O₂
- Left lateral recumbent position
- Supportive care for hypovolemic shock
Uterine Rupture

Causes

- Blunt trauma to pregnant uterus
- Prolonged labor against an obstruction
- Labor against weakened uterine wall
  - Old Cesarian section scar
  - Grand multiparous patients
Uterine Rupture

- Signs and Symptoms
  - “Tearing” abdominal pain
  - Severe hypovolemic shock
  - Firm, rigid abdomen
  - Possible palpation of fetal parts through abdominal wall
  - Vaginal bleeding may or may not be present
Uterine Rupture

- Management
  - 100% O₂
  - Anticipate shock
  - ALS/helicopter intercept
Emergency Childbirth
1st stage:
- Onset of contractions to dilation of cervix

2nd stage:
- Complete dilation of cervix to delivery of baby

3rd stage:
- Delivery of baby to delivery of placenta
Signs of Imminent Delivery

- Crowning
- Rupture of Amniotic Sac
- Need to bear down
- Sensation of needing to move bowels
- Contractions
  - 1 to 2 minutes apart
  - Regular
  - Lasting 45 to 60 seconds
Delivery

- Place gloved hand on presenting part to prevent “explosive” delivery
- On delivery of head, **suction mouth then nose**
Gently guide baby’s head down to deliver upper shoulder
Gently guide baby’s head up to deliver lower shoulder
Gently assist with delivery of rest of baby; Do NOT pull
Note time of delivery of baby
Delivery

- **Control** slippery baby during delivery
  - Support head, shoulders, feet
  - Keep head lower than feet to facilitate drainage of secretions from mouth
- **Dry** baby
- **Keep baby warm**
Clamp, cut cord
- First clamp about 4” from baby
- Second clamp 2” further away from first
- Cut between clamps
- Use umbilical tape to control any bleeding from cord
Delivery

- Flick baby’s feet, rub back to stimulate
- Do NOT shake infant
- Do NOT slap buttocks
- “Blow by” O₂
- Resuscitate if necessary
Assess and Support:
- Temperature (warm and dry)
- Airway (position and suction)
- Breathing (stimulate to cry)
- Circulation (heart rate and color)

Always Needed:
- Dry, Warm, Position, Suction, Stimulate
- Oxygen
- Establish Effective Ventilation
  — Bag-valve mask
  — Endotracheal intubation
- Chest Compressions
- Medications

Infrequently Needed
“Deliver” Placenta

- Place placenta in plastic bag and deliver to hospital to be examined for completeness
- If placenta does not deliver within 10 minutes, transport
APGAR Score

- Developed by Virginia Apgar
- Quick evaluation of infant’s pulmonary, cardiovascular, neurological function
- Useful in identifying infant’s needing resuscitation
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<th></th>
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<th>Score 1</th>
<th>Score 2</th>
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<td>&lt;100/min.</td>
<td>&gt;100/min.</td>
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<tr>
<td><strong>Respirations</strong></td>
<td>No respirations</td>
<td>Weak, slow</td>
<td>Strong cry</td>
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Determine at 1 and 5 minutes postpartum!
Maternal Care: Postpartum

- **Bleeding**
  - Place sterile pad over vaginal opening
  - If bleeding is excessive:
    - Rapidly transport to hospital
    - Uterine massage
    - Encourage breastfeeding
Maternal Care: Postpartum

- Shock
  - If mother shows signs, symptoms of shock:
    - High concentration $O_2$
    - Rapid transport
    - ALS intercept
Complicated Deliveries
Breech Presentation
Breech Presentation

- Management
  - High concentration $O_2$
  - Rapid transport
  - Prepare for neonatal resuscitation
  - Assist delivery
Breech Presentation

Management

- If head does not deliver within 3 minutes of body:
  - Insert gloved hand into vagina forming “V” around baby’s nose, mouth
  - Push vaginal wall away from baby’s face to create airway
Limb Presentation
Management
  • High concentration $O_2$
  • Rapid transport
Prolapsed Cord

- Umbilical cord enters vagina before infant’s head
- Pressure of head on cord occludes blood flow, $O_2$ delivery to fetus
Prolapsed Cord

Management

- High concentration $O_2$
- Knee-chest position or exaggerated shock position
- Place gloved hand in vagina
- Apply gentle pressure inward to presenting part; relieve pressure on cord
Umbilical Cord around Neck

Management

- Upon delivery of head look for cord is looped around neck
- GENTLY slip cord over head if possible
- If cord cannot be slipped over head:
  - Clamp in two places
  - Cut between clamps with surgical scissors
Amniotic Sac Intact

- **Management**
  - Use clamp to tear sac, release fluid
  - Move sac away from baby’s nose, mouth
Meconium

- First stool of newborn
- Meconium-stained amniotic fluid
  - Baby has had bowel movement in utero
  - Greenish, black (pea soup) color
  - Indicative of distress
Meconium can:

- Occlude airway
- Cause pneumonitis
Meconium

Management

- Avoid early stimulation of baby to prevent aspiration
- Aggressively suction airway until all meconium is removed
Multiple Births

Consider as possibility if:

• Mother’s abdomen appears abnormally large prior to delivery

• Mother’s abdomen remains large after delivery of first baby

• Contractions continue after delivery of first baby
Multiple Births

Delivery

- Clamp cord of first baby before delivery of second

- Usually second baby will deliver shortly after first

- Care for babies, mother, and placenta(s) as you would in a single birth
Multiple Births

- Multiple babies are usually small
- It is important to keep them warm!
Premature Infants

 Definition

  • < 28 weeks gestation, or
  • < 5.5 pounds birth weight
Premature Infants

Management
- Keep baby warm
- Keep airway clear
- Assist ventilations if necessary
- Resuscitate if necessary

- Watch umbilical cord for bleeding
- “Blow by” $O_2$
- Avoid contamination
- Consider ALS intercept
Thanks for Coming

Captain Gene McDaniel

Phoenix Fire Department