



OB Emergencies or Don't Push – Drive Faster!

2011 VA EMS SYMPOSIUM

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Provider Background

How long have you been in EMS?

- 0 – 5 Years?
- 5 – 10 Years?
- 10 – 20 Years?
- Greater than 20 Years?





Delivery Background

Have you ever delivered a baby in the field?

- 0 – 2?
- 2 – 5?
- 5 – 10?
- Greater than 10?





Obstetric Facts

- Women have been delivering babies outside the hospital setting for centuries.
- Non-hospital deliveries are becoming more common.
- Any woman in good health and getting pre-natal care should be able to deliver with no complications.



Obstetric Facts

- EMT should have the basic understanding of the physiology and management of women experiencing childbirth



Obstetric Information

- Factors to decide to deliver in house or begin transport to hospital
 - Gravitas – How many times pregnant?
 - Para – How many children delivered?
 - Aborto – How many abortions?
 - Contractions
 - Time between
 - Regular
 - Strength
 - Water broke and when



Obstetric Information

- If contractions are 5 minutes apart or longer, you probably have time to transport to hospital.
- Delivery is imminent if contractions are 2 minutes apart or less. Get ready!
- Listen to the mother!
- What is due date?
- Pre-natal care?





Imminent Delivery

- Mother feels like taking a bowel movement.
- **DO NOT LET MOTHER GO TO BATHROOM!**
- If water broke several hours ago, may indicate a problem with delivery.
- May also increase risk of infection.
- What color was fluid?
 - Stained fluid may indicate Meconium staining.



Imminent Delivery

- Must visually inspect vaginal area:
 - Check for crowning
 - Check for any oozing or odors
 - Check for delivery issues:
 - Limb presenting
 - Breech
 - Pro-lapse cord
 - Placenta Previa
- Start IV and place mother on cardiac monitor.



Delivery Decision

- If you decide that delivery is imminent – **STAY CALM!**
- Keep mom calm.
- Lamaze technique works wonders.
 - Have the mother choose a focal point, and keep her eyes open and focus on **JUST THAT OBJECT** during her contractions.

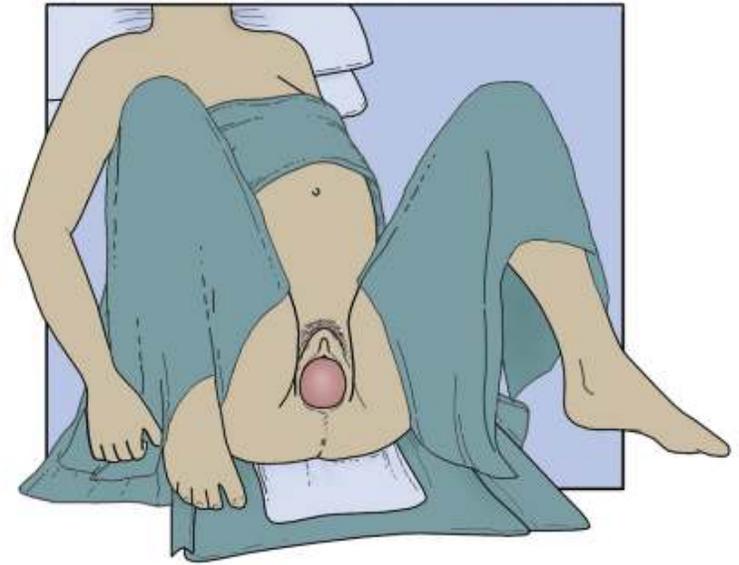




Delivery Decision

- If possible, get patient to ambulance to deliver.
- If unable, get to a private place if possible.
- Place blue Chux under mothers delivery area, otherwise use sheets and/or blankets.

Delivery Position





Delivery

- Encourage mother to breathe through her mouth.
- Put hand on baby's head to prevent explosive delivery.
- Tear any intact membranes.
- Note color of amniotic fluid.
- As head emerges, check to make sure cord is not wrapped around throat.



Delivery

- Suction baby's mouth and nose with bulb suction if Meconium is present.
- Guide head down to deliver upper shoulder, then deliver lower shoulder.
- Rest of baby should deliver **QUICKLY!**
- If large baby, have partner press down on abdomen gently.





Delivery

- After deliver, suction (if necessary) and stimulate.
- Get APGAR score and note delivery time.
- Keep baby lower than the mother
- Baby is slippery.
- Clamp and cut cord.
- Dry off and wrap in blanket. **KEEP WARM!** Cover head.



APGAR Scoring

A Appearance

P Pulse

G Grimace

A Activity

R Respirations





APGAR Scoring

- TAKE SCORES AT 1 AND 5 MINUTES

	0 POINTS	1 POINT	2 POINTS
HEART RATE	ABSCENT	<100	>100
RESPIRATORY EFFORT	ABSCENT	SLOW, IRREGULAR	STRONG CRY
MUSCLE TONE	FLACCID	SOME FLEX.	ACTIVE MOTION
IRRITABILITY	NO RESPONSE	SOME	VIGOROUS
COLOR	BLUE OR PALE	BODY PINK; EXT. BLUE	FULLY PINK



Post-Delivery

- Give baby to mother and have her place baby to her breasts.
 - Helps with bonding
 - Helps mother's uterus to contract
- Prepare to deliver placenta:
 - Massage uterus
 - Do not pull on cord!
 - Usually takes no longer than 30 minutes



Post-Delivery

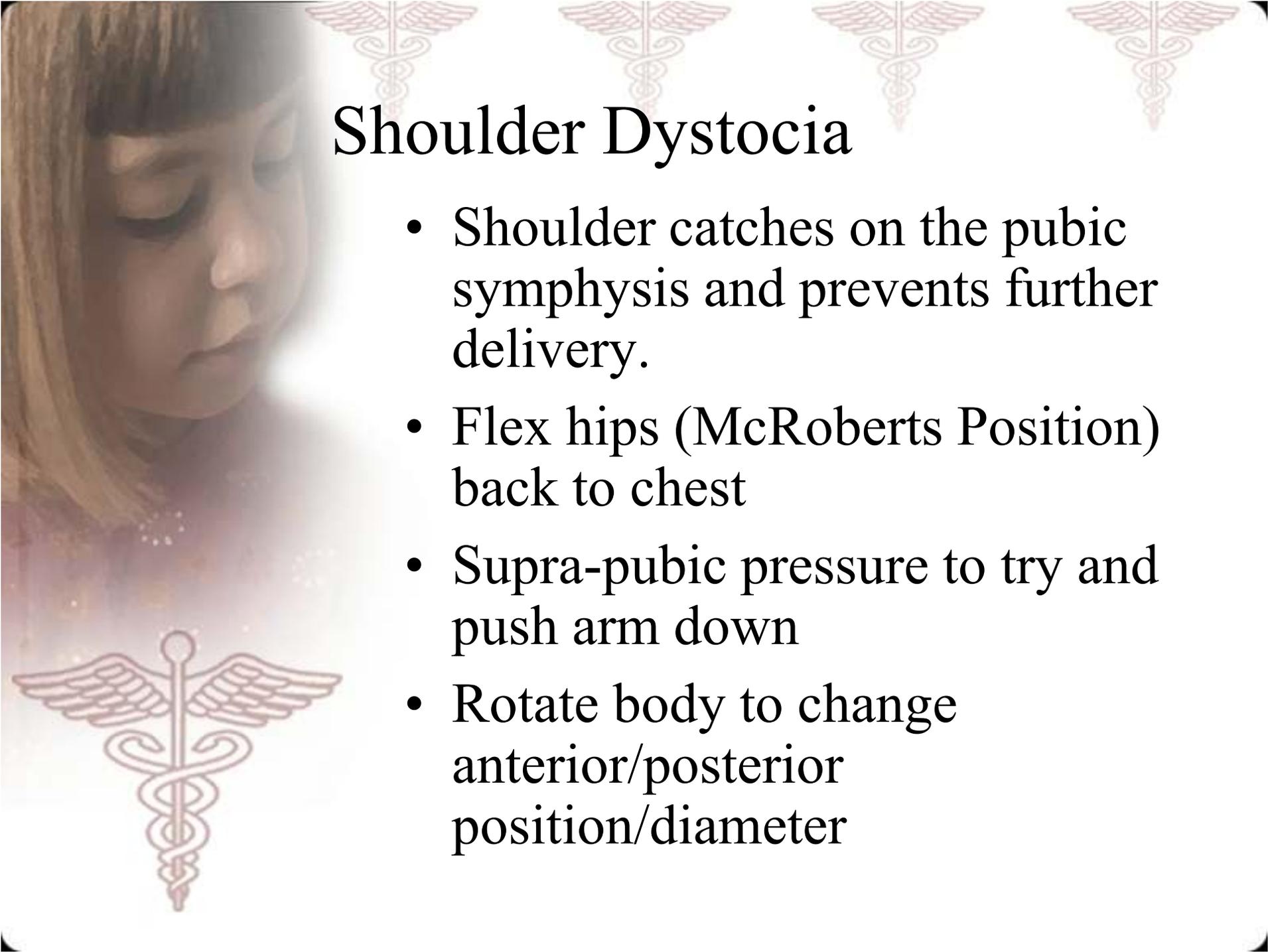
- Check perineum for tears.
- Prevent tears by perineal massage.
- Monitor vaginal bleeding.
- Reassess mother and baby frequently.
- Repeat APGAR at 5 minutes post-delivery.





QUICK STRETCH BREAK!





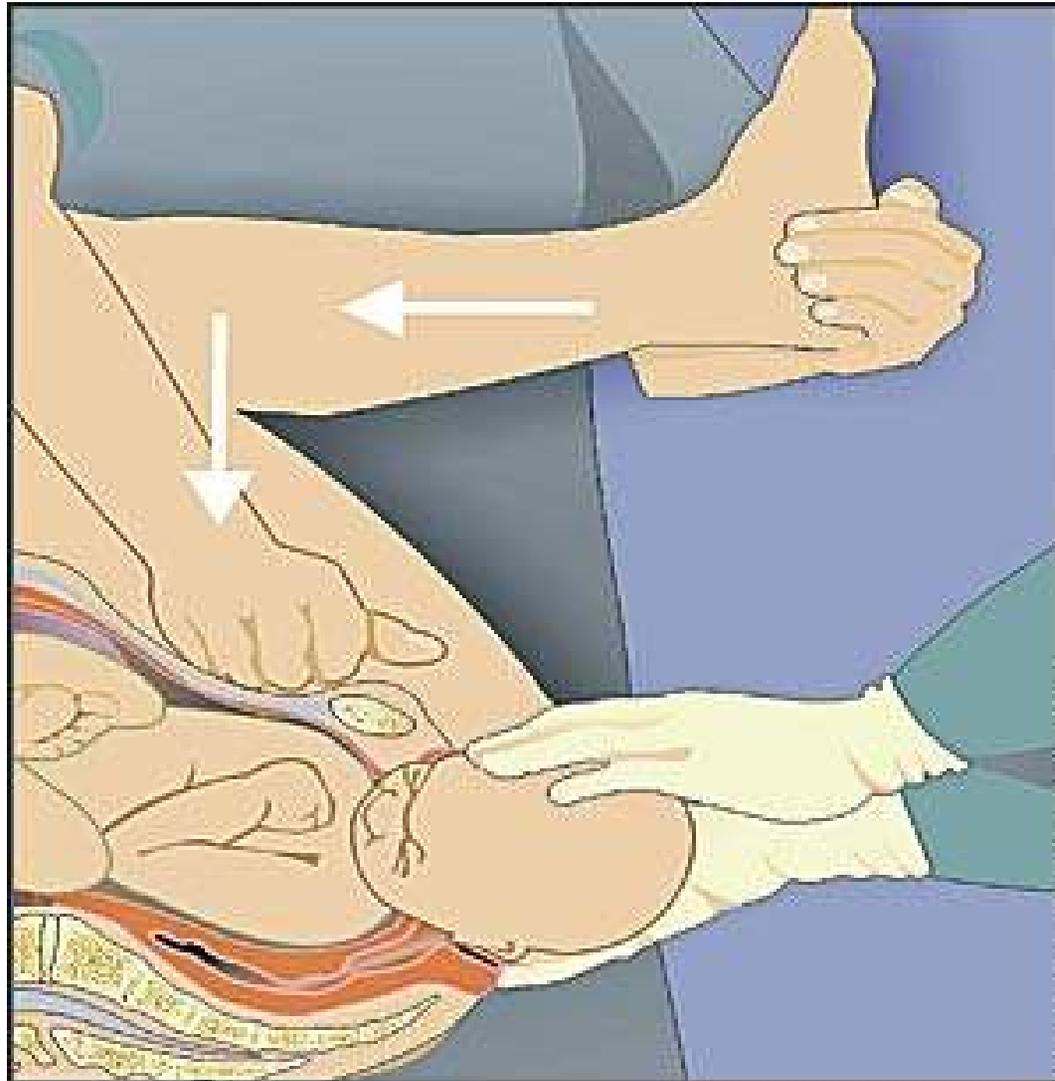
Shoulder Dystocia

- Shoulder catches on the pubic symphysis and prevents further delivery.
- Flex hips (McRoberts Position) back to chest
- Supra-pubic pressure to try and push arm down
- Rotate body to change anterior/posterior position/diameter

Shoulder Dystocia



Shoulder Dystocia



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Breech Delivery

- Presenting part is the buttocks or legs.
- Breech delivery is usually slow, giving you time to get to the hospital.
- Support the infant as it comes out.



Breech Delivery

- Make a “V” with your gloved fingers then place them in the vagina to prevent it from compressing infant’s airway.
- Once chest delivers, breathing reflex starts.



Rare Presentations

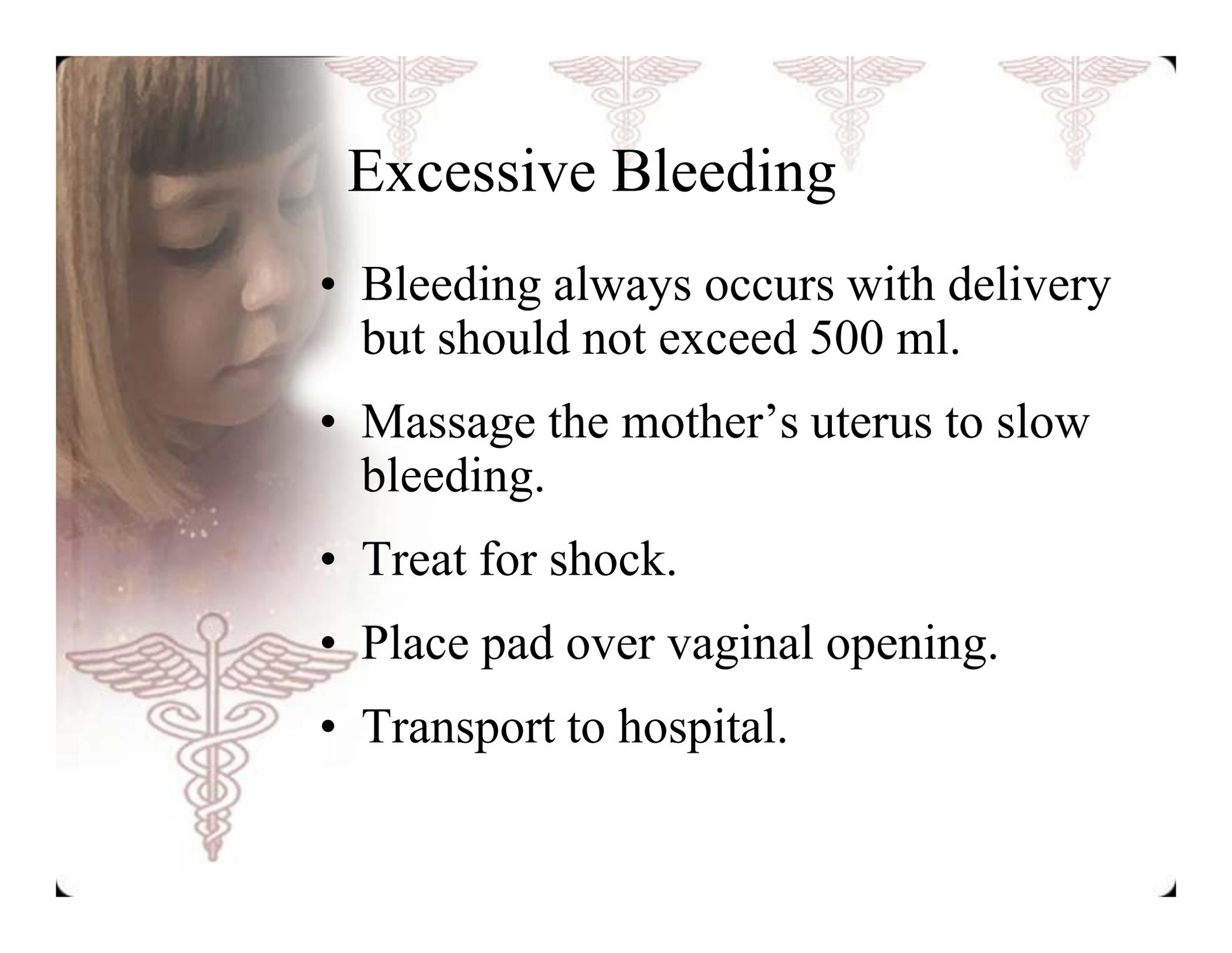
- Limb presentation
 - This is a very rare occurrence.
 - This is a true emergency that requires immediate transport.



Rare Presentations

- Prolapsed cord
 - Transport immediately.
 - Place fingers into the mother's vagina and push the cord away from the infant's face.
 - Check pulse in cord to ensure baby is perfusing
 - May have to push baby back into uterus to take pressure off cord.





Excessive Bleeding

- Bleeding always occurs with delivery but should not exceed 500 ml.
- Massage the mother's uterus to slow bleeding.
- Treat for shock.
- Place pad over vaginal opening.
- Transport to hospital.



Abortion (Miscarriage)

- Delivery of the fetus or placenta before the 20th week
- Infection and bleeding are the most important complications.
- Treat the mother for shock.
- Transport to the hospital.
- Bring tissue that has passed through the vagina to the hospital.



Twins

- Twins are usually smaller than single infants.
- Delivery procedures are the same as that for single infants.
- There may be one or two placentas to deliver.



Premature Infants

- Delivery before 8 months or weight less than 5 lb at birth.
 - Keep the infant warm.
 - Keep the mouth and nose clear of mucus.
 - Give oxygen.
 - Do not infect the infant.
 - Notify the hospital.





Fetal Demise

- An infant that has died in the uterus before labor
- This is a very emotional situation for family and providers.
- The infant may be born with skin blisters, skin sloughing, and dark discoloration.
- Do not attempt to resuscitate an obviously dead infant.





New AHA Changes to OB Care

- Suctioning not required for normal delivery.
 - Use of AED now approved for neonates and infants.
 - Use Pediatric pads if available, but may use adult pads if no pediatric are available.
 - Several pad location options.
- 



QUESTIONS?



PRACTICE

Please break out into 2
groups