

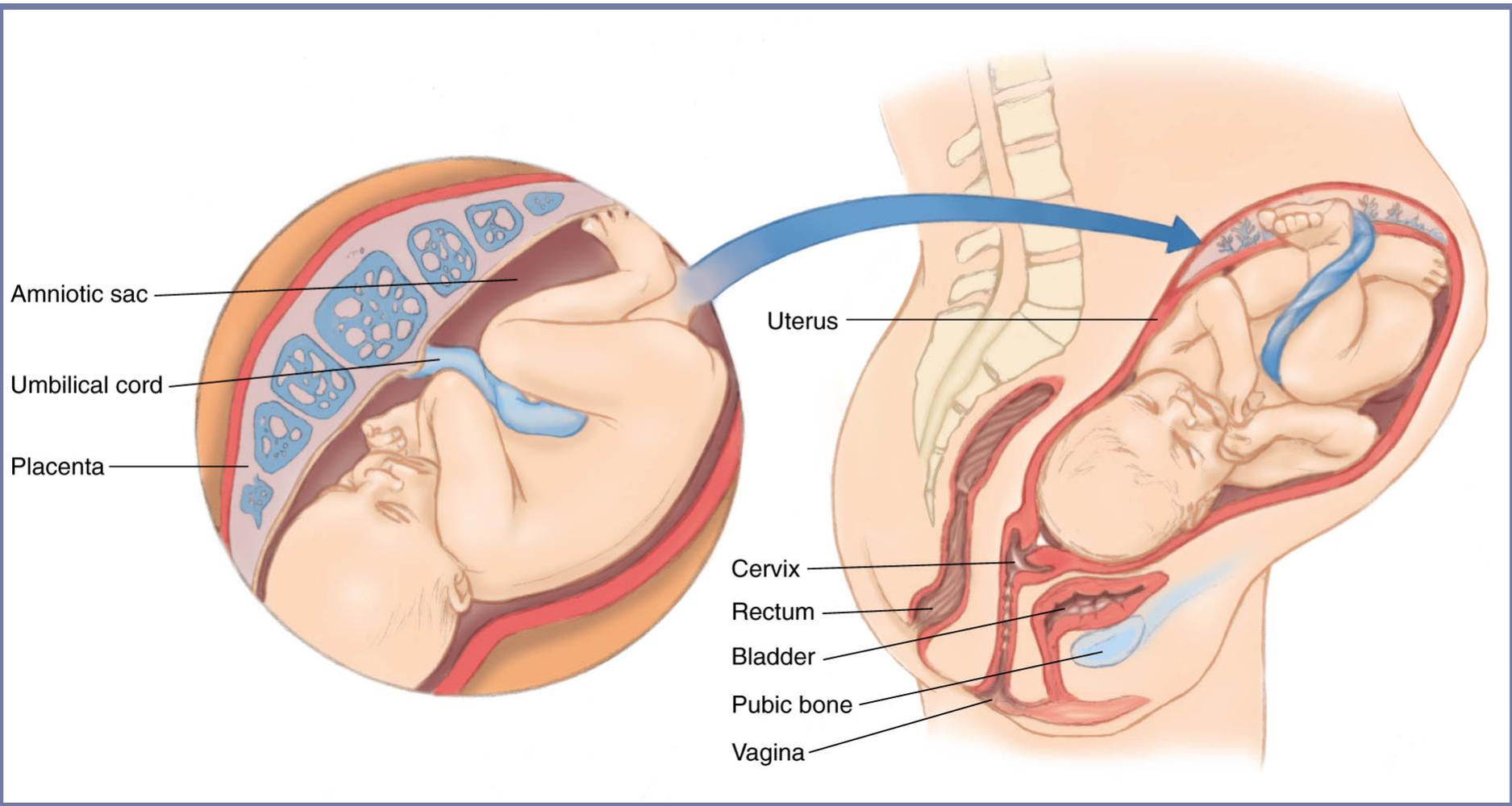
You'll Need More Than A Catcher's
Mitt:
BLS & OBGYN Emergencies

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Objectives

- Upon completion of this course students will review:
 - Reproductive Anatomy
 - Predelivery Emergencies
 - Normal Delivery
 - Abnormal Deliveries
 - Gynecologic Emergencies

Reproductive Anatomy



Amniotic sac

Umbilical cord

Placenta

Uterus

Cervix

Rectum

Bladder

Pubic bone

Vagina

General Information

What You Need to Know

- 37 Weeks – Full Term
- Woman's blood volume increases by 45% toward the end of the pregnancy
- Heart rate can increase by 10 to 15 beats per minute
- Decreased vascular resistance results in a decrease in blood pressure

What You Need To Know (cont.)

- Organs displaced from their original position
- Heart and diaphragm pushed upwards
- As uterus enlarges with the growth of the fetus, the spinal column curves (kyphosis or lordosis), resulting in lower back discomfort

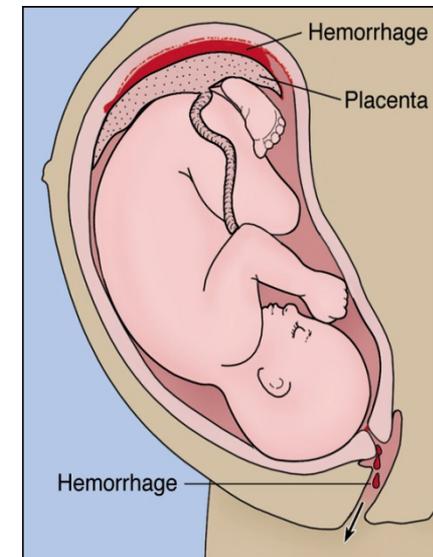
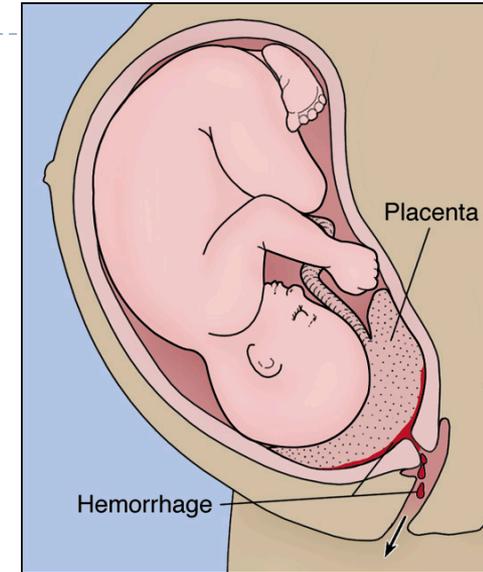
Fetal Development

| Week | Development |
|------|--|
| 12 | Embryo size of goose egg; Placenta well established & weighs more than fetus |
| 16 | 6 inches and 6 ounces; Fetal movement recognized |
| 20 | 8 inches and 10 ounces; Fetal heartbeat heard (120-160 bpm) |
| 24 | 12 inches and 1.5 pounds; still not considered viable |
| 28 | 14 inches and 2.5 lbs; Viable outside uterus; 10-20% survival |
| 32 | 16 inches and 3.5 lbs; Turned head down; 50% survival; Baby size of placenta |
| 36 | 18 inches and 5.5 lbs; 94% survival |
| 40 | 20 inches and 7 lbs; Full term |

Predelivery Emergencies

Bleeding

- Can be both traumatic and non-traumatic
- Placenta Previa
 - Bleeding caused by abnormal placental placement
- Abruptio Placenta
 - Premature separation of the placenta
 - Can be spontaneous or traumatic in nature
 - Variable degrees of separation:
 - Spotting and stable
 - Profound shock with:
 - minimal visible blood loss
 - Painful



Treating Predelivery Bleeding

- Recognize *SICK!*
- Rapid and appropriate interventions
- 100% oxygen NRB
- Elevate feet, patient on side
- Early hospital notification

Miscarriage: Spontaneous Abortion

- Complete patient assessment.
- Treatment based on assessment.
- Bring fetal tissue to hospital.
- Give emotional support to mother

Seizure During Pregnancy

- Complete patient assessment
- Treatment based on assessment
- Administer high-concentration oxygen
- Handle gently at all times

Normal Delivery

Delivery Procedures

- Use BSI
- Keep the mother out of bathroom
- Do not hold mother's knees together

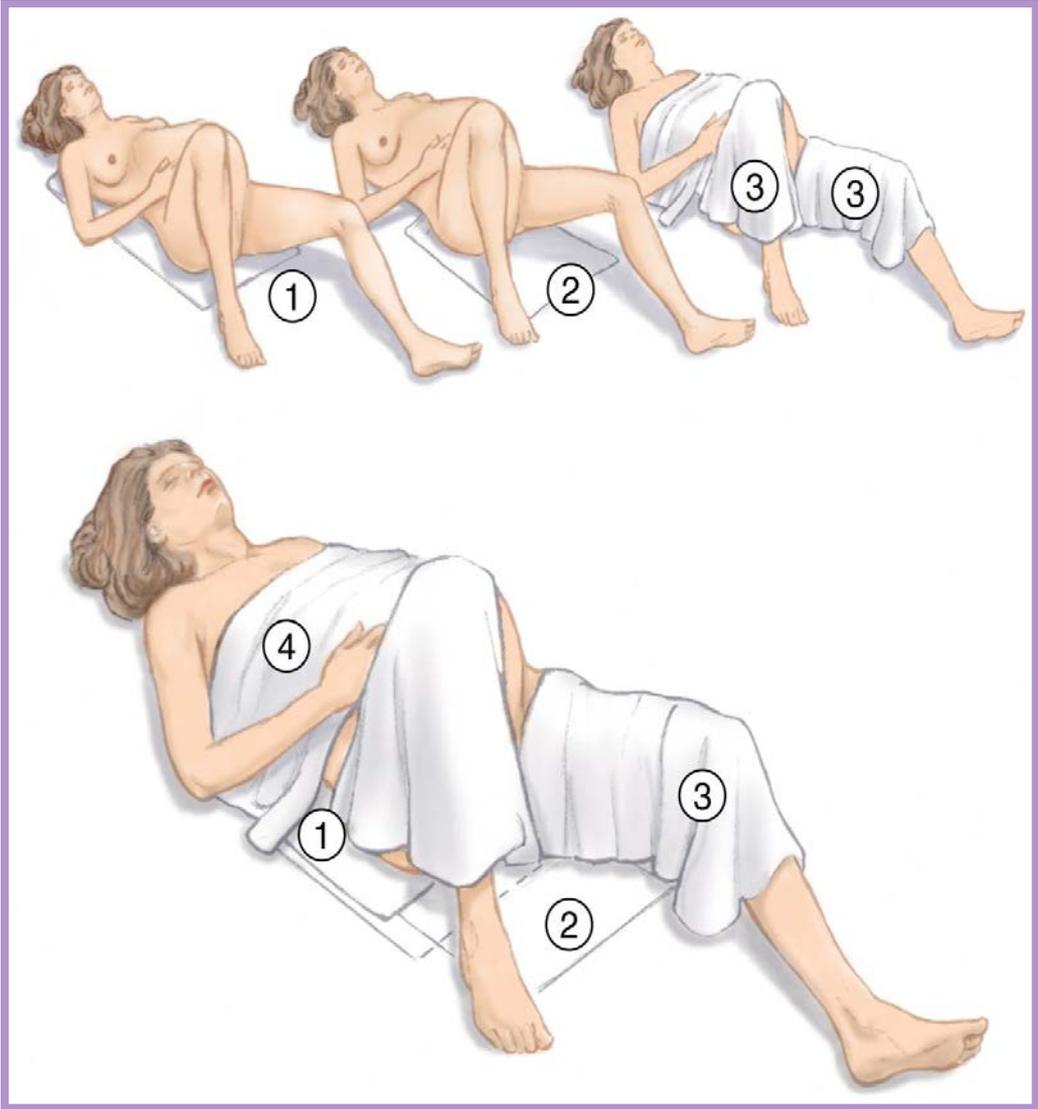
Delivery Procedures

- Do not examine vagina internally
- Consider limitations of scene on field delivery
- Contact medical direction per local protocol

Delivery Procedures

- Control the scene to provide:
 - A safe delivery area
 - Privacy, comfort
- Have mother lie supine, knees drawn up and spread apart
- Elevate hips with blanket and pillow

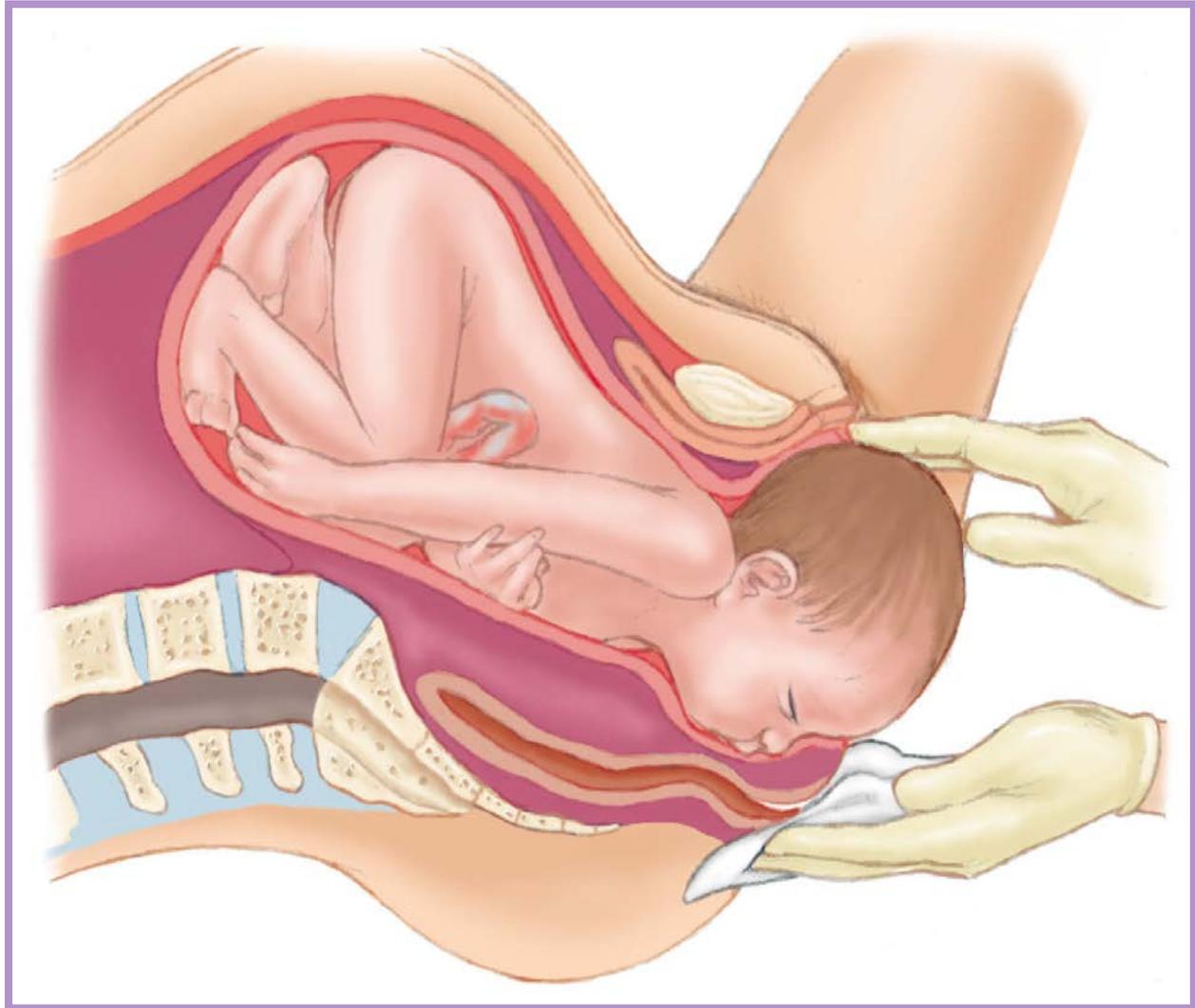
Create sterile field around vaginal opening



Crowning of Infant's Head



Delivery of the Head – prevent explosive delivery



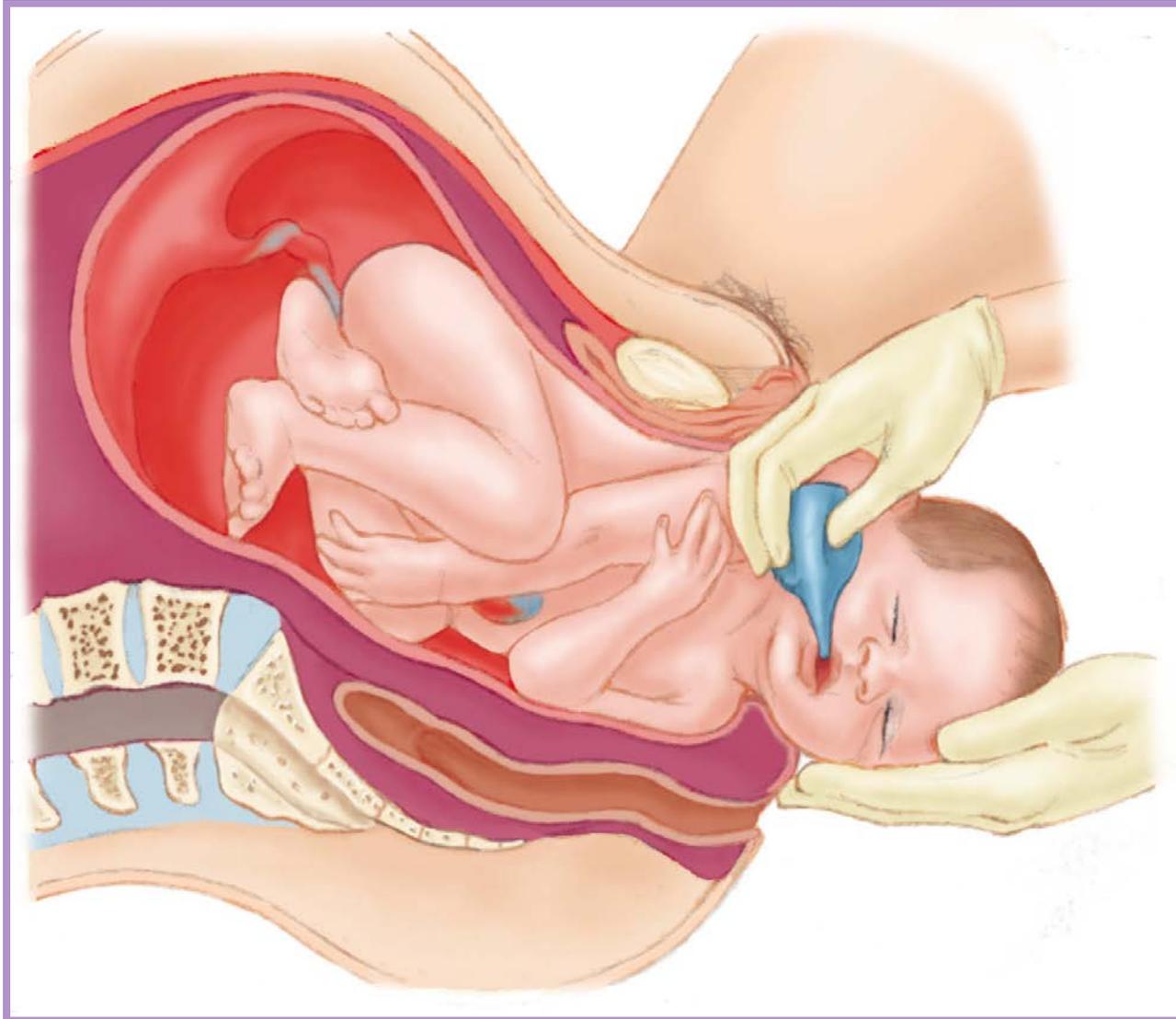
Delivery of the head



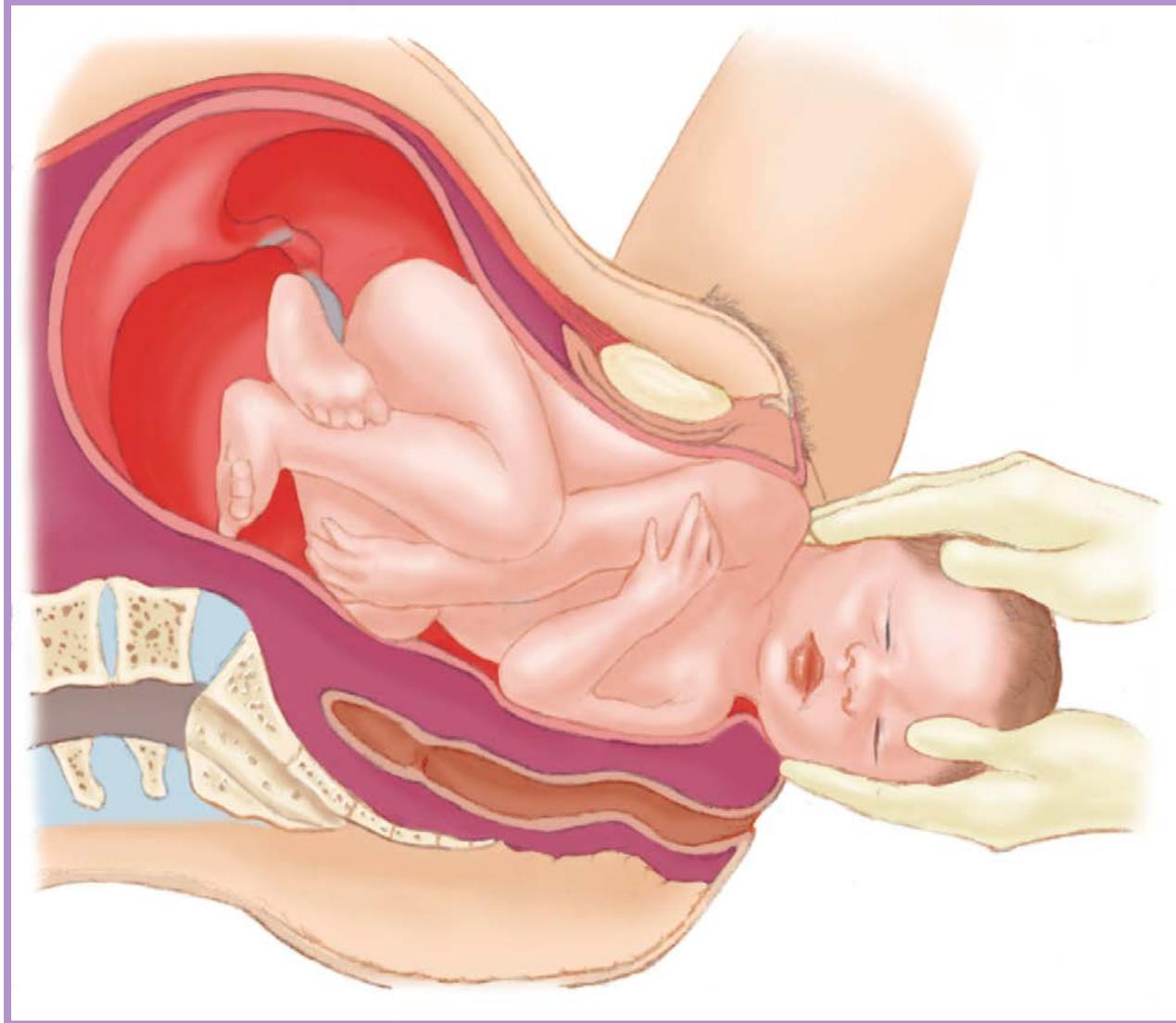
Delivery Procedures

- If amniotic sac has not broken, puncture sac and pull away from baby's face
- If umbilical cord is around baby's neck, clamp and cut cord

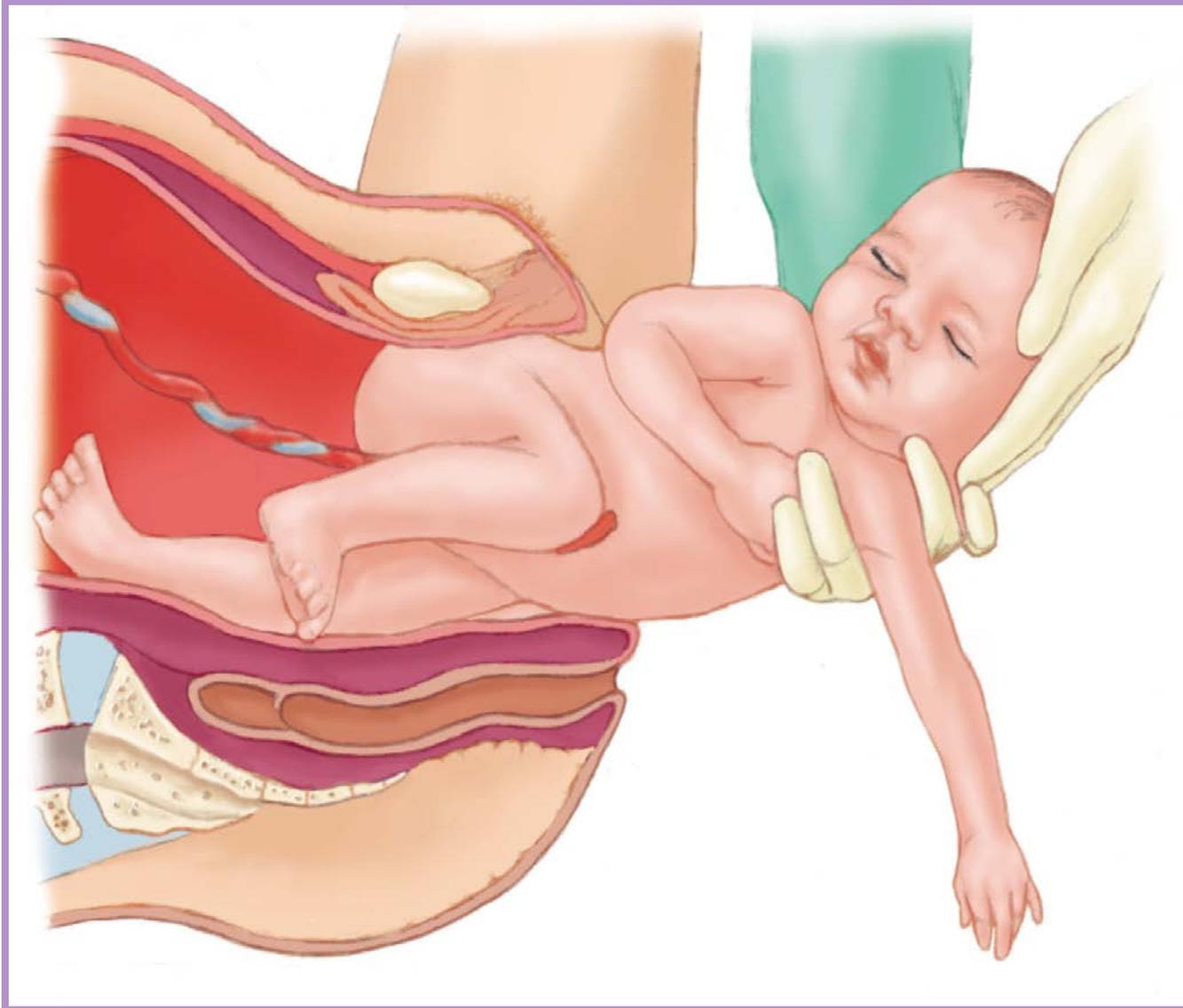
Suction mouth, then nose



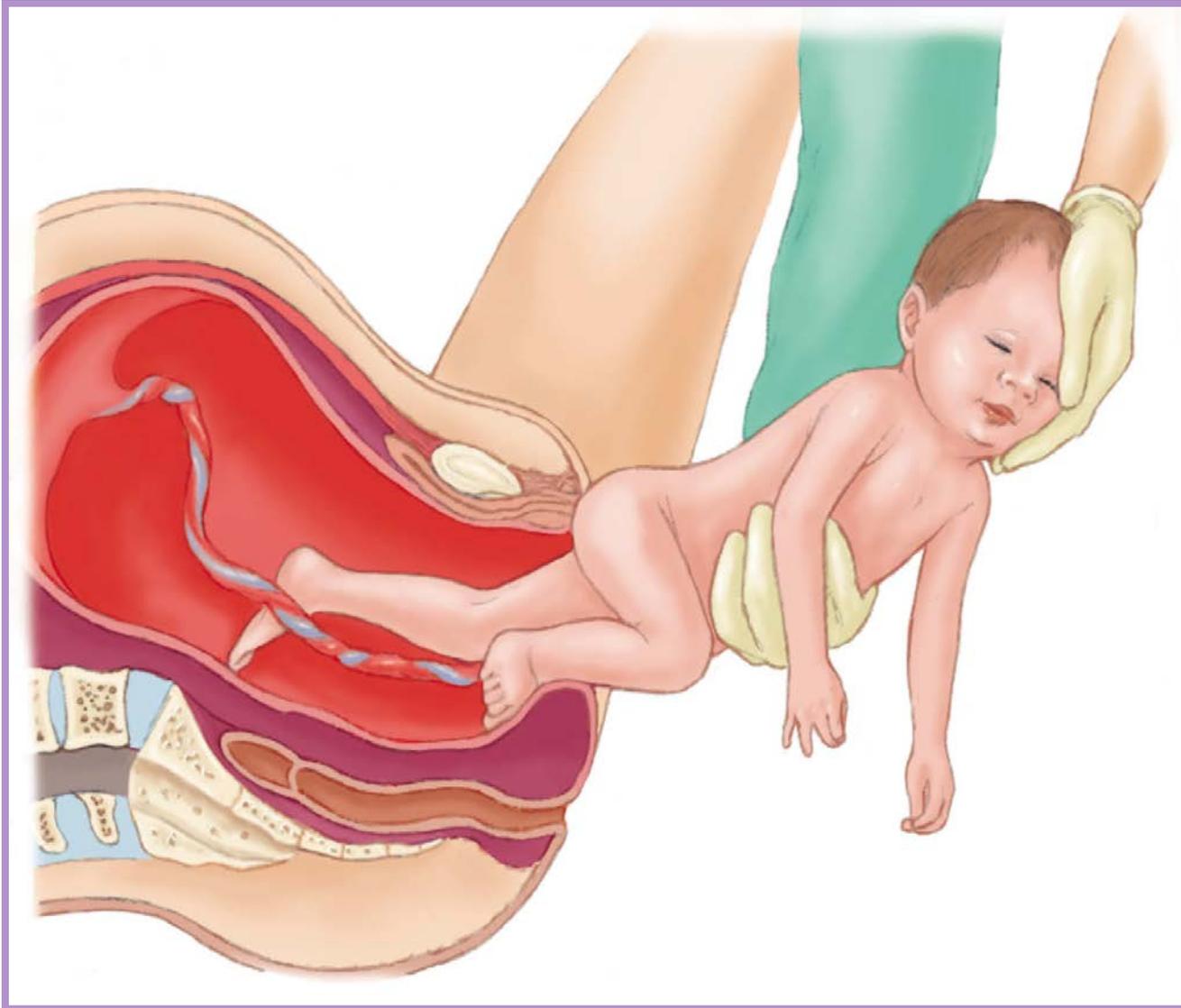
Aid in birth of upper shoulder



Support the trunk



Support the legs



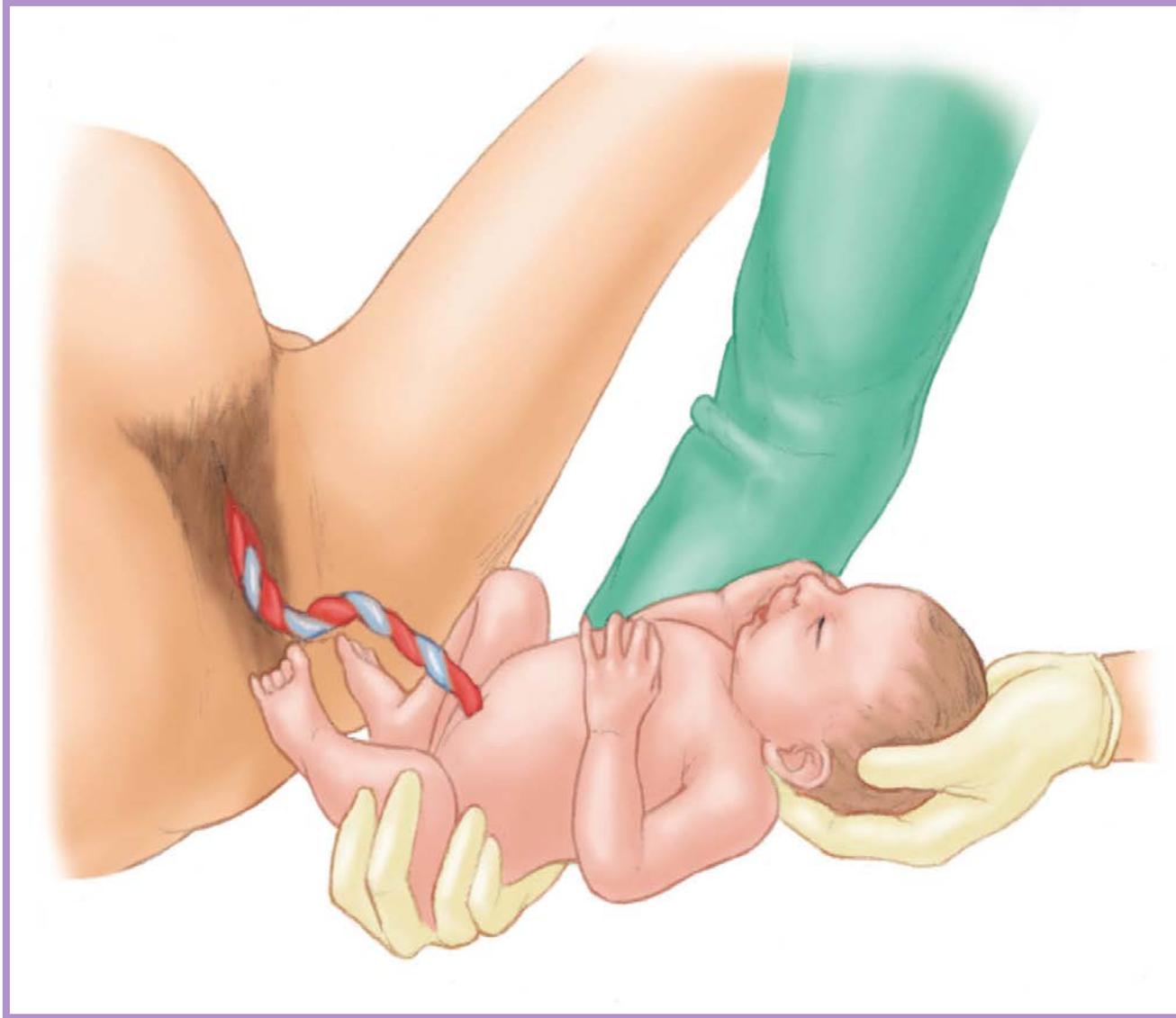
Delivery Procedures

- Wipe blood and mucus from nose and mouth
- Suction again
- Warmth is critical!
- Wrap baby in warm towel, head lower than trunk

Delivery Procedures

- Have partner provide initial care and monitoring
- Keep infant level with vagina until cord is cut

Clamp or tie cord; then cut



Delivery Procedures

- Observe for delivery of placenta
- When placenta delivers, place in plastic bag for transport to hospital

Delivering the Placenta



After-Delivery Procedures

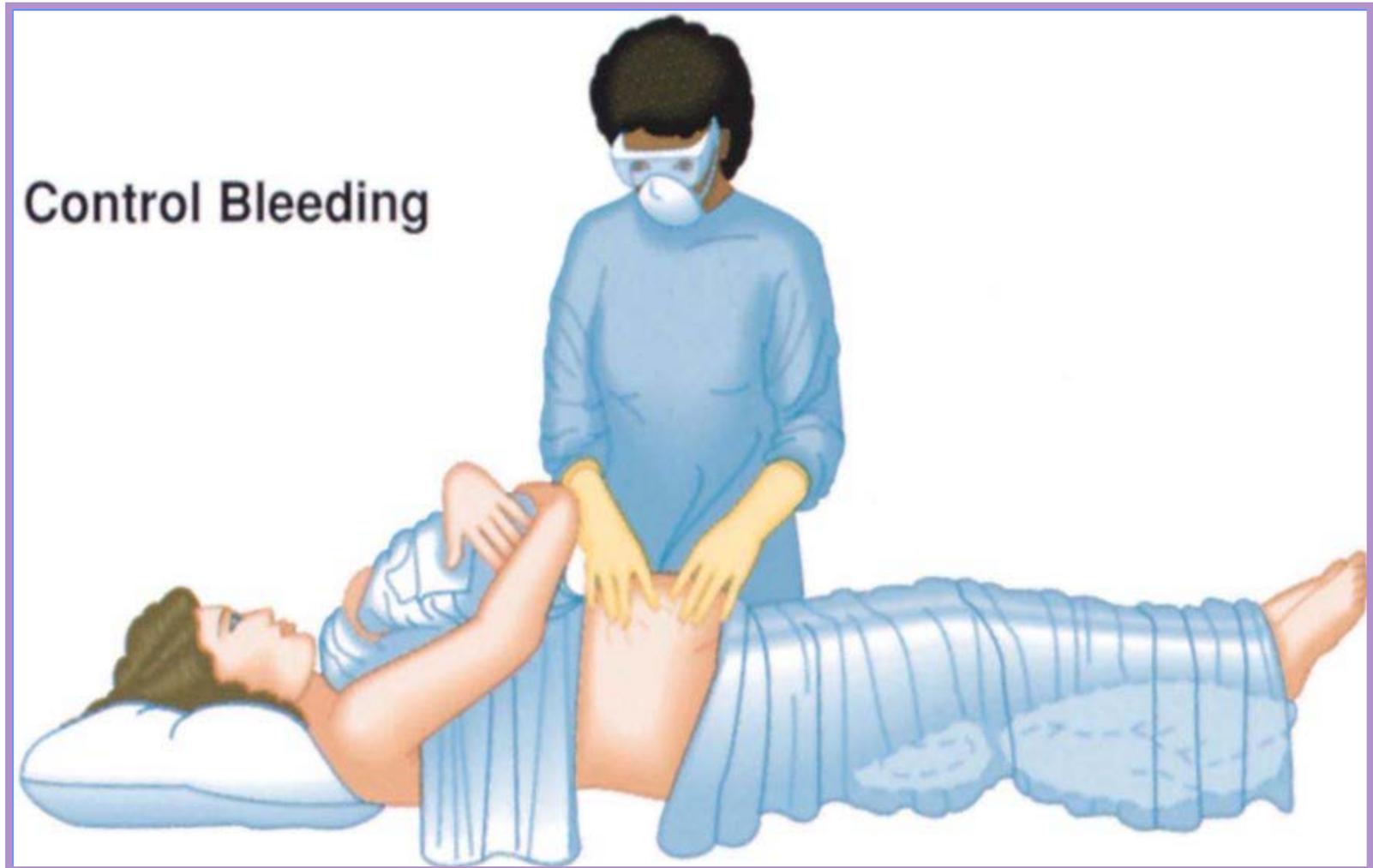
- Cover vaginal opening with sterile pad
- Lower mother's knees; help her to hold them together
- Record time of delivery

After-Delivery Procedures

Vaginal Bleeding

- A loss of 500 cc is well tolerated.
- If blood loss is excessive, massage the uterus.
- Treat for shock.

Massage uterus to control bleeding



Care of the Newly Born Child

Care of the Newly Born

- Position, dry, wipe, wrap.
- Repeat suctioning.
- Cover the head.

Suctioning the Newly Born



Normal Assessment Findings – Newly Born

A = Appearance Color: No central cyanosis

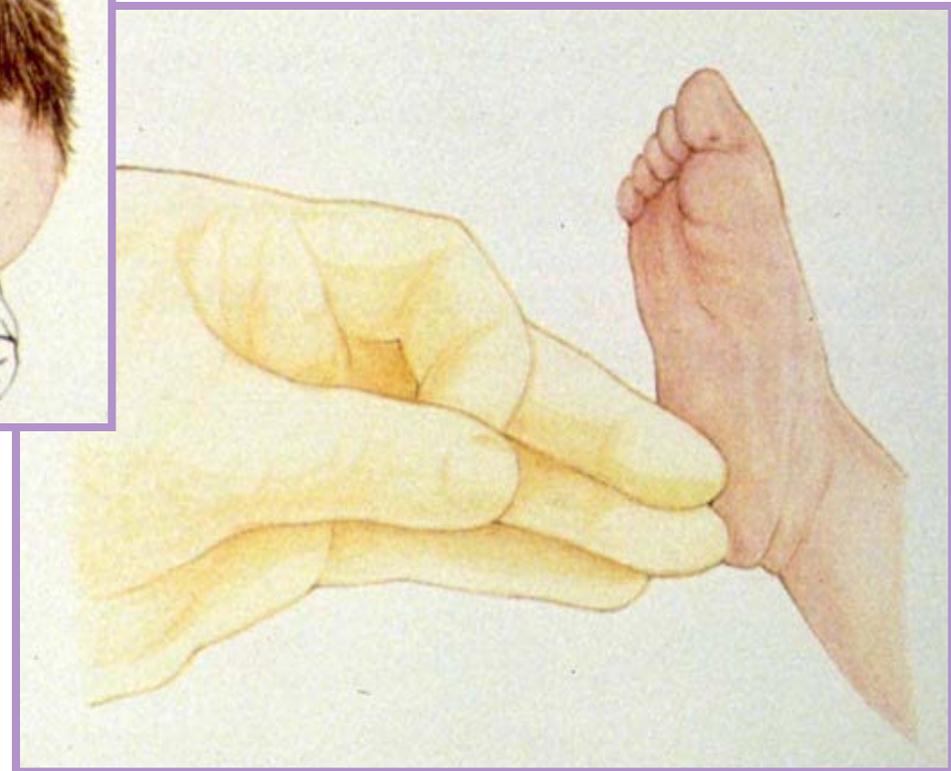
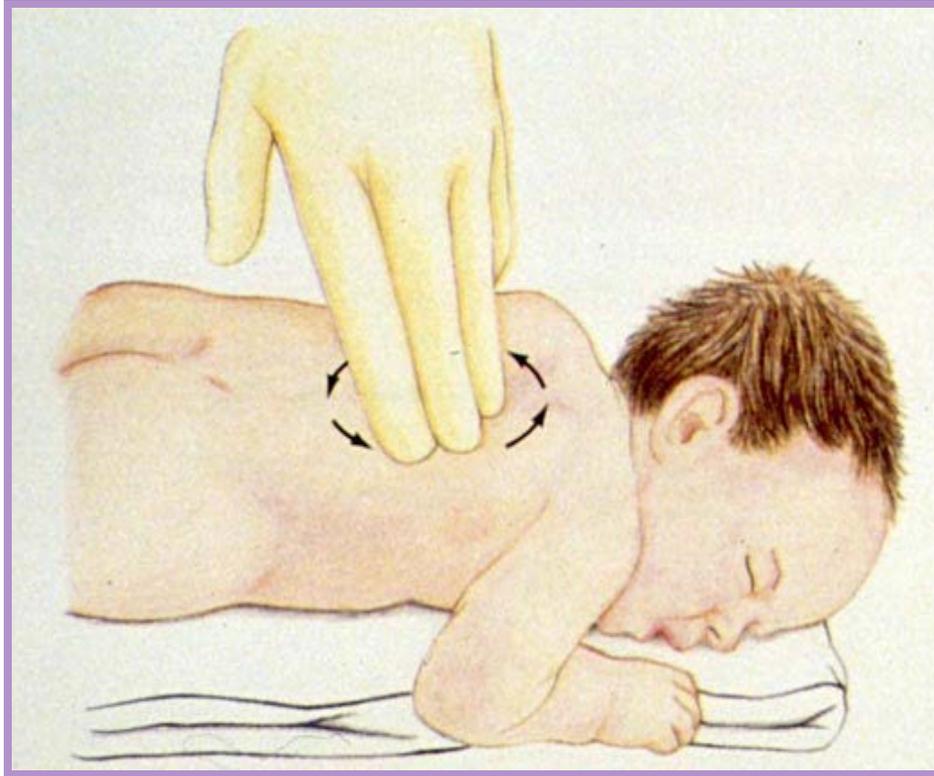
P = Pulse Greater than 100/min

G = Grimace Vigorous & crying

A = Activity Good extremity motion

**R = Respiratory Normal & crying
Effort**

Stimulating the Newly Born to Breathe



Abnormal Deliveries

Prolapsed Cord



Patient **ASSESSMENT**

- *Prolapsed Cord*
- *Signs and Symptoms*
 - *True obstetrical emergency!*
 - Umbilical cord presents first
 - Cord is squeezed between vaginal wall and the babies head...
 - ...reducing oxygen

Patient **CARE**

- Prolapsed Cord
- Emergency Care Steps
 - Complete patient assessment
 - Give high-concentration oxygen
 - Position mother with hips elevated or head down

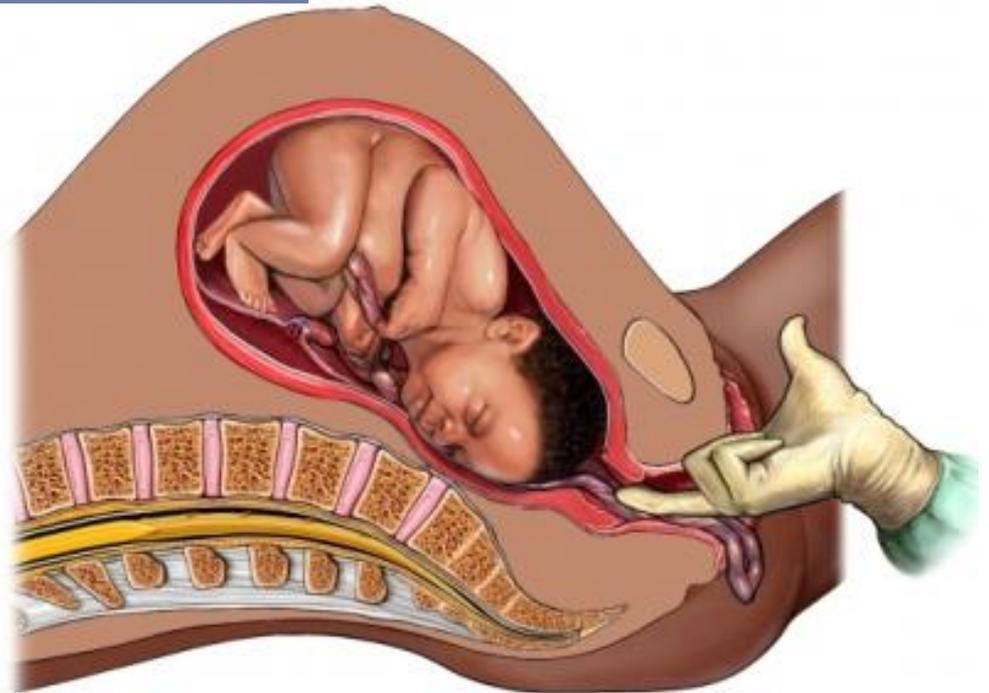
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Patient *CARE*

- Prolapsed Cord
- Emergency Care Steps
 - Insert sterile-gloved hand into vagina, pushing the fetus away from the pulsating cord
 - Transport rapidly

Care for Prolapsed Cord

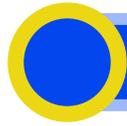
- Elevate hips, administer oxygen, and keep mother warm
- Keep baby's head away from cord
- Do not attempt to push cord back
- Wrap cord in sterile moist towel
- Transport mother to hospital, continuing pressure on baby's head





Patient **ASSESSMENT**

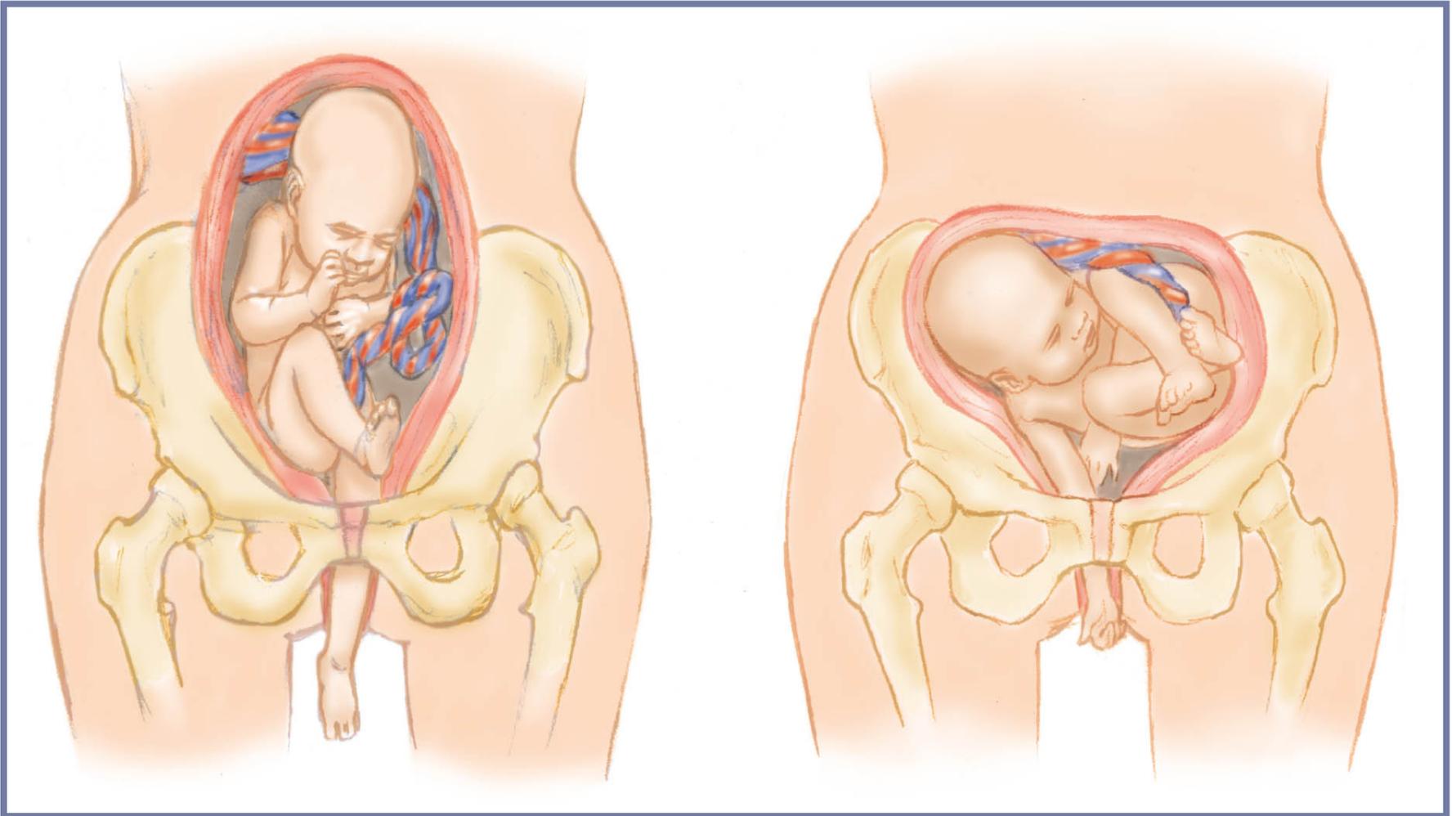
- Breech Presentation
- Signs and symptoms
 - Baby's buttocks or lower extremities presenting
 - Greater risk of trauma, prolapsed cord

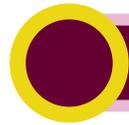


Patient *CARE*

- Breech Presentation
- Emergency Care Steps
 - Place mother on oxygen
 - Transport immediately
 - Place mother in head-down position with hips elevated

Limb Presentation





Patient ***ASSESSMENT***

- Limb Presentation
- Signs and Symptoms
 - Baby's limb protrudes from birth canal

Patient *CARE*

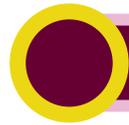
- Limb Presentation
- Emergency Care Steps
 - Transport immediately on recognition.
 - Place mother in head-down position with hips elevated.
 - Place mother on oxygen.

Multiple Births

- Delivery Procedure the same for each
- Prepare for multiple resuscitations
- Call for assistance

Premature Birth

- Always at risk of hypothermia.
- Usually requires resuscitation.
 - Should be performed unless physically impossible



Patient *ASSESSMENT*

- Meconium
- Signs and Symptom
 - Green or brown amniotic fluid indicates presence of fecal matter.
 - Suggests fetal distress during labor.

Patient *CARE*

- Meconium
- Emergency Care Steps
 - Do not stimulate before suctioning.
 - Suction.
 - Maintain airway.
 - Ventilate if necessary.
 - Transport as soon as possible.

General Comments

General Information

- Remember to treat the mom first
- If transporting lying down, put at a slight angle
- Pregnant woman may call 911 for issues NOT pregnancy related!

Things to Keep In Mind

- Delivery of a baby can easily be handled by a BLS provider
- While advising the mother to breathe, remember you should breathe too!

Any Questions?