OBSTETRICAL / GYNECOLOGIC EMERGENCIES

Obtaining a detailed history can be very important in treating the pregnant or potentially pregnant patient. The following questions should be asked to the obstetric patient:

- Length of gestation?
- Number of prior pregnancies (gravida)?
- Number of prior pregnancies carried to term (para)?
- Previous cesarean sections?
- History of gynecologic or obstetric complications?
- Is there pain or contractions?
- Does patient feel the urge to push or have a bowel movement?
- Is there vaginal bleeding or discharge?
- Prenatal care?
- Multiple births anticipated?

A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.

B. Transport pregnant patients on left side unless in active labor.

C. If vaginal bleeding is present, attempt to determine amount.

D. If patient is in late stages of pregnancy and shows signs of preeclampsia and/or eclampsia (toxemia) such as edema, hypertension, and hyper-reflexes:

1. Transport, as smoothly and quietly as possible, and monitor closely for signs of seizure activity.
2. If seizures occur, treat per **Seizure Protocol 4603.**

E. **Normal delivery:**

1. Determine timing and duration of contractions, and observe for crowning.
2. Transport on left side, if time permits.
3. If delivery is imminent, proceed with delivery:
   a. Prevent explosive delivery by supporting head and perineum.
   b. Suction baby's mouth, then nose as soon as head is delivered.
   c. If cord is around neck and is loose, slip over head out of way. If cord is tight, place two clamps and cut in between and unwind.

d. Hold and support infant during delivery. Refer to **Newborn Infant Care Protocol 4410.**

4. APGAR score at one (1) and five (5) minutes (see chart in “I”).

5. When cord ceases pulsating, clamp at 6 and 8 inches from navel, cut cord between clamps.

6. Resume transport and continue treatment en route.

7. Notify Medical Command and prepare to deliver placenta.

8. Massage the fundus after placenta is delivered.

F. **Breech Delivery:**

1. Expedite transport and notify **Medical Command**.

2. Allow spontaneous delivery with support of presenting part at the perineum.

3. If head is not delivered within four (4) minutes, insert a gloved hand into the vagina to form a “V” airway around infant’s nose and mouth.

G. **Prolapsed cord:**

1. Place mother in knee-chest position or on hands and knees with knees to chest.

2. Ask mother to pant during contractions and **Not** bear down.

3. Insert gloved hand into vagina to push presenting part of baby off the cord to ensure continued circulation through the cord. Continue until relieved at hospital.

4. Expedite transport and notify **Medical Command**.

H**.** **Limb presentation:**

1. Rapid transport.

2. Notify **Medical Command**.

I. APGAR Scoring Chart:

THE APGAR SCORE			
Element	0	1	2
Appearance (Skin color)	Body and extremities blue, pale	Body pink, extremities blue	Completely pink
Pulse rate	Absent	Below 100/minute	100/minute or above
Grimace (Irritability)	No response	Grimace	Cough, sneeze, cry
Activity (Muscle tone)	Limp	Some flexion of extremities	Active motion
Respiratory effort	Absent	Slow and irregular	Strong cry
			TOTAL SCORE =