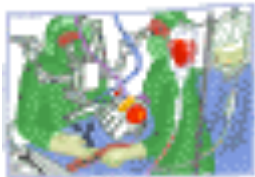




Obstetric Emergencies

A Pre-Hospital Trauma perspective.



FLYING OFFICER Hyder Gulam

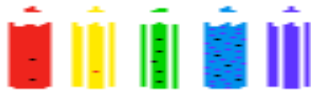


OBJECTIVES

- Overview-Obstetric Emergencies
- Complications of Pregnancy
- Emergency Delivery
- References



Overview-Obstetric Emergencies



- Although usually one of the most natural occurrences on earth, the imminent birth of a baby can frighten the best of us. The most important thing to remember is to keep calm and organised.



Definitions:

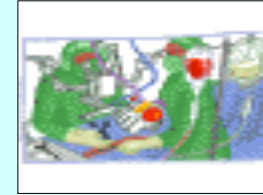
- Labor: The process by which the foetus, placenta and membranes are expelled from the uterus. This usually occurs 40 weeks after conception.
- Gravida: The number of pregnancies, including the present.
- Para: The number of pregnancies that have gone to at least 20 weeks of gestation, regardless of whether the infant was dead or alive at birth.
- Primigravida: Pregnant for the first time
- Multipara: Woman who has carried more than pregnancy to viability.

Complications of Pregnancy

- Bleeding in Pregnancy
- Abruptio Placentae
- Pregnancy-Induced Hypertension (PIH)
- Eclampsia
- Ectopic Pregnancy
- Ruptured Ovarian Cyst

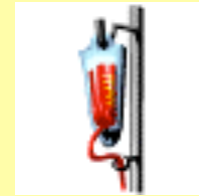


Bleeding in Pregnancy:



- Placenta Previa - accounts for 85% of cases of haemorrhage in the last trimester.
- **Signs & Symptoms:**
- Sudden painless bleeding, Bright red blood from vagina, Shock
- **Interventions:**
- Place in shock recovery position, place vaginal pad insitu, IV therapy.

Abruptio Placenta



- **Signs & Symptoms:**
- Uterine pain/tenderness, uterine rigidity, bleeding may be frank, bright red vaginal, concealed or not apparent, Shock
- **Interventions:**
- Administer O₂ - 8L/min via mask, place in shock recovery position, IV therapy, do not perform vaginal examination, mark level of uterus on the abdomen, rest and reassure patient.

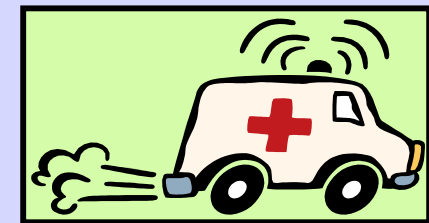
Pregnancy-Induced Hypertension (PIH)

- **Signs & Symptoms:**
- Elevated BP, Albuminuria, Oedema of face, hands and sacrum, headache, nausea, epigastric pain, oliguria, facial puffiness, increased weight gain
- **Intervention:**
- Supportive care, transfer to obstetrical care, have Magnesium Sulfate as ordered.

Eclampsia



- **Signs and Symptoms:**
- Seizures, similar S & S's as preeclampsia, oedema of face, hands and sacrum, vision changes, headaches, nausea.
- **Intervention:**
- Maintain airway, administer O₂ - 8L/min via mask, supportive care, transfer to obstetrical care, assess for pulmonary oedema.



Ectopic Pregnancy

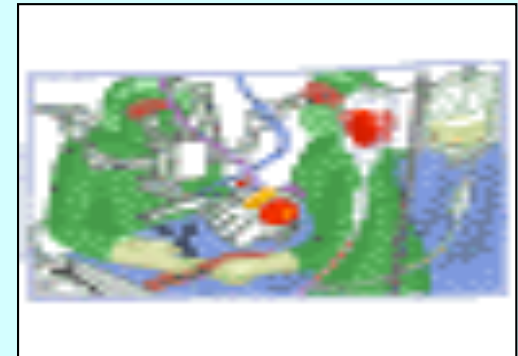


- **Signs & Symptoms:**
- Abnormal uterine bleeding, sudden & severe pelvic pain, abdominal tenderness and guarding, suspected pregnancy, shoulder pain, syncope
- IF RUPTURED: ↑BP, ↓ HR, ↓ LOC, Shock
- **Intervention:**
- Administer O₂ - 8L/min via mask, IV therapy.

Ruptured Ovarian Cyst

- **Signs & Symptoms:**

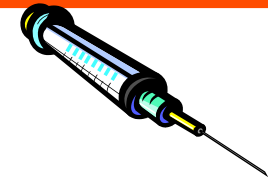
- Lower abdominal pain-sudden, sharp, unilateral, N & V, peritoneal irritation, irregular menstrual cycle, low grade temperature, hemoperitoneum



- **Intervention:**

- Administer O2 - 8L/min via mask, IV therapy, administer IVAB, place in shock recovery position.

Emergency Delivery :



- **Signs and Symptoms of Impending Delivery:**

- Heavy, bloody show, frequent contractions, bulging membranes from the vulva, crowning of the foetal head.



- **Equipment:** Basin/plastic bag, scissors/scalpel (sterile) to cut cord, 2 cord clamps, 1 x bulb syringe, sterile gloves, warm blankets

Procedure:



- Be calm
- Place mother in prone/side lying position (upper leg must be supported in this position - easier delivery of the anterior shoulder)
- Take vital signs, if time permits. Offer verbal support, and explain what is going on.
- Put on sterile gloves and place fluid absorbent pad under mother
- Place gentle pressure on the foetal head when it crowns to avoid rapid expulsion of the foetus. Support the perineum with a towel.
- Support the head with both hands, but allow it to rotate naturally
- Check for cord around infant's head.

Procedure (cont)

- Suction the infant - mouth then nose.
- Note the time of birth
- If the membranes are still intact, quickly snip it at the back of the neck and peel away from face
- Clamp the cord and cut between the clamps using sterile scissors.
- Dry the baby immediately and thoroughly. Assess for respiration.
- Determine APGAR score at 1 and 5 minute.
- Keep the baby warmly wrapping in blanket - have mother hold infant.

Childbirth Sequence

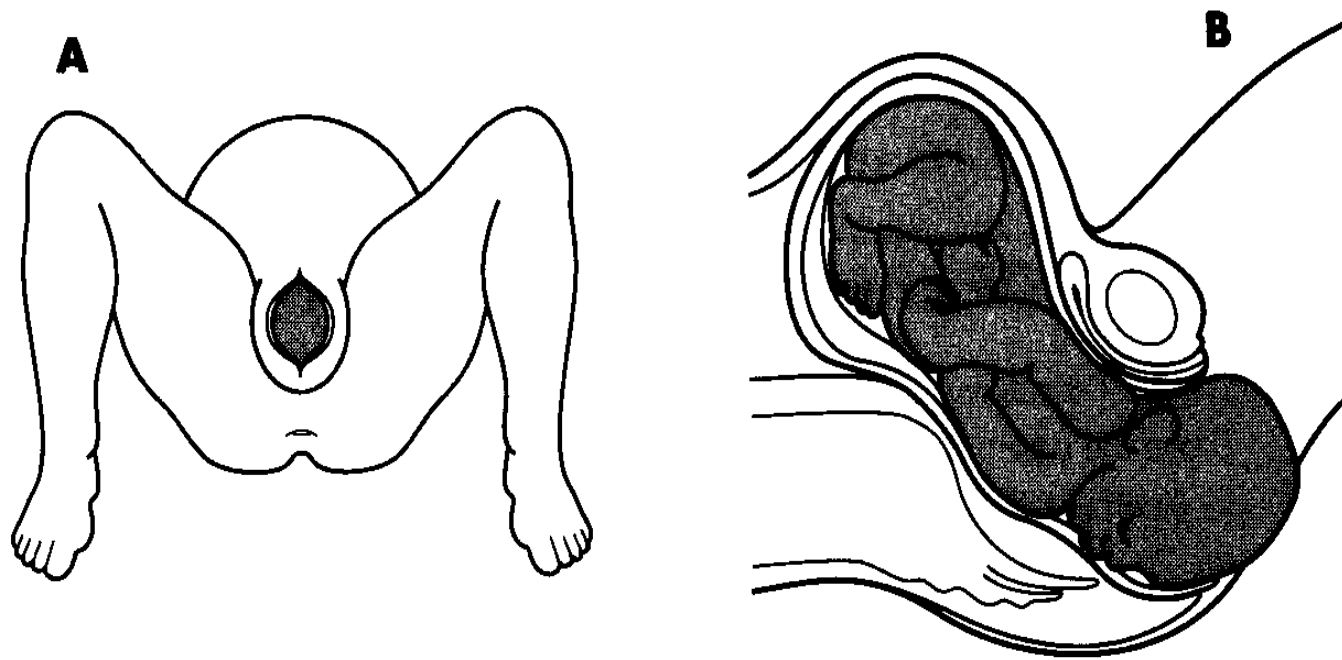


FIGURE 29-1. Childbirth sequence. **A**, Crowning. **B**, Cross-section view of crowning.

Childbirth Sequence

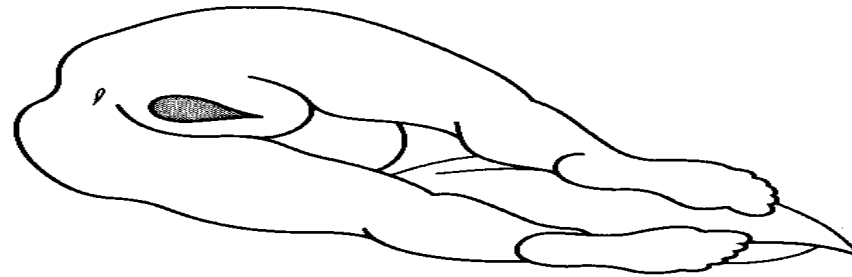


FIGURE 29-2. Side lying position.

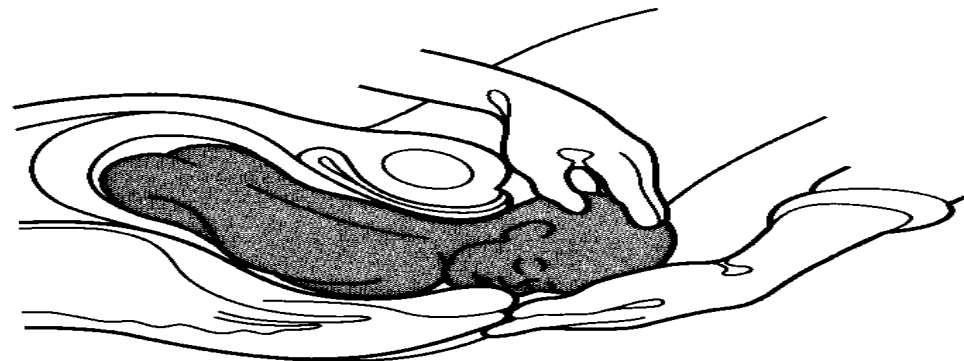


FIGURE 29-3. Perineal support.

Birth & Rotation:

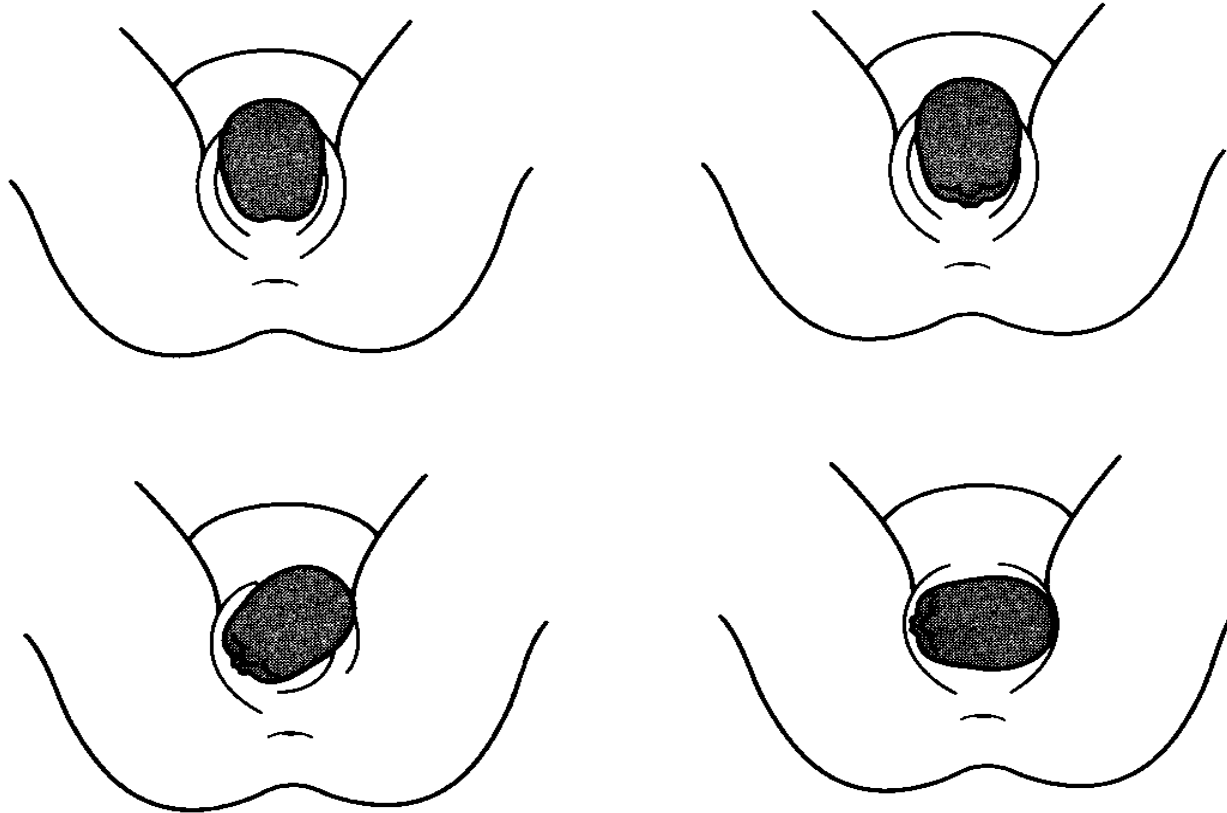


FIGURE 29-4. Birth and rotation.

Delivery of Head:

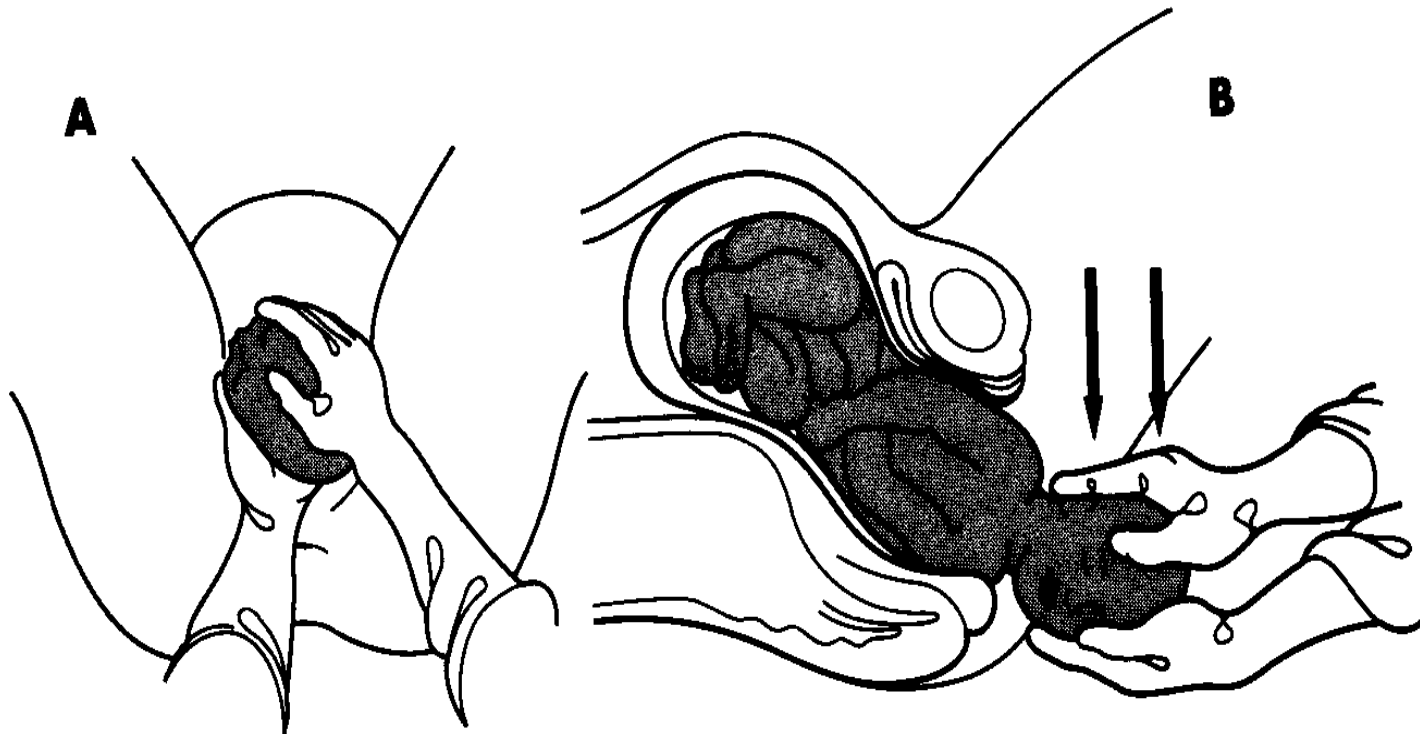


FIGURE 29-5. **A**, Delivery of head. **B**, Cross-section view of delivery of head.

Delivery (cont) & APGAR Score

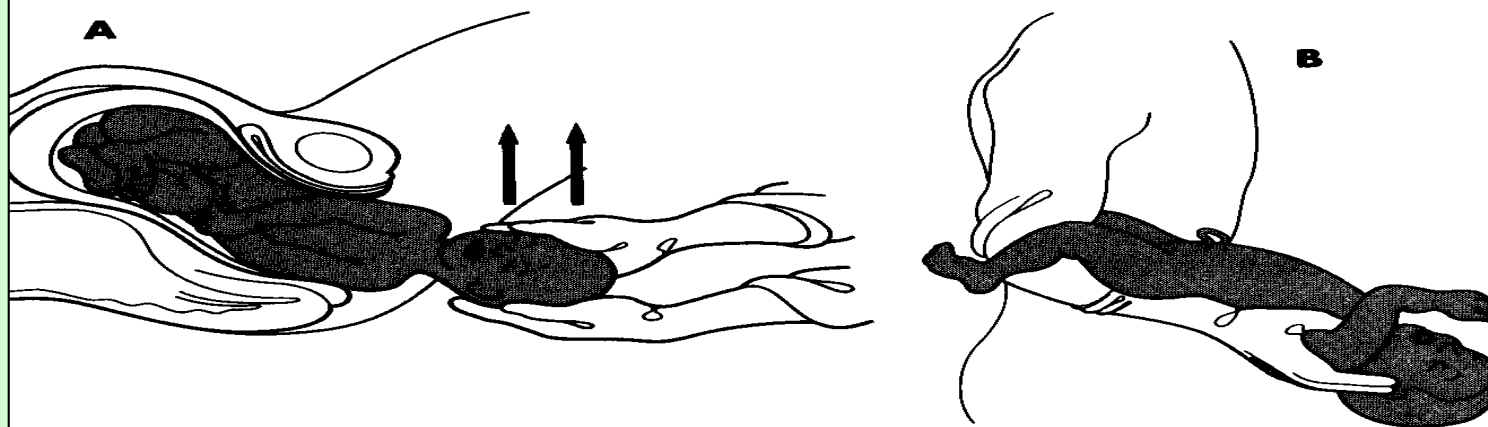


FIGURE 29-6. **A**, Delivery of the rest of body. **B**, Holding the baby, head dependent.

TABLE 29-1 Apgar Score Chart

	0	1	2
Heart rate	0	Less than 100	More than 100
Muscle tone	Limp	Some flexion	Well flexed
Reflexes (catheter in nose)	No response	Grimace	Cough or sneeze
Color	Blue, pale	Pink body, blue extremities	Pink

Objectives:

- Overview-Obstetric Emergencies
- Complications of Pregnancy
- Emergency Delivery
- References:
- Sheehy, S.D and Lombardi, J.E (1995), *Manual of Emergency Care (4th edn)*, Mosby, St Louis
- Bledsoe, B.E., Porter, R.S. and Shade, B.R. (1991), *Brady Paramedic Emergency Care*, Prentice Hal, New Jersey

QUESTIONS?

