

SECTION: OB-1

PROTOCOL TITLE: GENERAL OB Care

REVISED: October 27, 2010

GENERAL COMMENTS: This is a general protocol for non-specific OB emergencies, including contractions of non-specific etiology and vaginal bleeding (other than post partum). When possible this protocol should supplement other, more specific protocols based on clinical assessments and judgment.

BLS SPECIFIC CARE:

- Basic BLS care and assessments and V/S every 15 minutes unless unstable, then reassess and V/S every 5 minutes
- Coordinate resources to insure prompt arrival of ALS care to the patient. Update responding ALS as needed
- O2 administration titrated for SAO2 < 95%. Use NRB and high flow O2 for signs of significant distress, significant bleeding, or significant MOI, regardless of SAO2. Assist ventilations as needed
- Patients with a respiratory complaint should receive supplemental oxygen, regardless of oxygen saturation
- Any pregnant patient with direct blunt trauma to the abdomen should be encouraged to seek medical evaluation
- In case of vaginal bleeding (second or third trimester) assess for imminent delivery of fetus or other tissue
- Rapid transport to an *appropriate* facility
- All patients in second and third trimester who are transported in the supine position should be placed in the left lateral recumbent position at approximately 30°
- If amniotic sac has ruptured, determine time of rupture and try to ascertain if meconium was present in the fluid (determine color, odor and consistency)
- **Delivery:**
 - Throughout the delivery, continually assess and provide care for the mother
 - Assess and examine for fetal movement
 - Time regular uterine contractions
 - Time from the beginning of one contraction to the beginning of the next
 - During contractions examine the perineum for evidence of: bleeding, prolapsed cord, crowning and/or any other obvious conditions
 - Remember to determine APGAR scores at 1 and 5 mins. (see Page 4 of OB-1)
 - Don gloves, mask, gown and eye protection
 - Create a clean field around the vaginal opening with clean towels or paper barriers. Have extra sheets or towels

Protocol OB-1

GENERAL O.B. CARE

available to cover feces if the mother defecates prior to, or during, delivery

- Prepare for delivery
 - Have the mother lie in a modified semi-Fowler's or Trendelenburg position (knees drawn up and spread apart)
 - Elevate buttocks – with blankets or pillows.
 - The floor is actually recommended over bed for delivery
 - If an alternate position is preferred, then attempt to accommodate the mother
- When the infant's head appears during crowning, exert gentle palmer pressure to prevent explosive delivery.
- If amniotic sac does not break, or has not broken, puncture the sac and push it away from the infant's head and mouth as they appear
 - Evaluate for the presence of meconium in the amniotic fluid
- After the infant's head is delivered, support the head and *suction the mouth and then the nostrils*. Use caution to avoid contact with the back of the mouth
- If the umbilical cord is wrapped around the neonate's head or neck, (nuchal cord) gently slip it back over the head.
- If the cord cannot be removed from the neonate's head, tie/clamp the cord in places approximately 2 inches apart, if possible, and cut in between them
- Gently guide the neonate's head downward to allow delivery of the upper (anterior) shoulder
- Following delivery of the upper (anterior) shoulder, gently guide the neonate's body upward and deliver the lower (posterior) shoulder
- Following delivery of the head and shoulders, gently support the neonate's body as the rest of it delivers
 - Keep the neonate's body at the level of the vagina to prevent over/under transfusion of blood from the placenta
- Immediately following delivery, tie/clamp the umbilical cord approximately 6 inches from the newborn. Apply a second tie/clamp approximately 2 inches distally from the first and cut in between the two
- Vigorously dry the neonate with clean, dry towels immediately
- Simultaneously perform neonatal assessment

- Wrap neonate in dry and warm (if possible) blankets.
- It is extremely important to provide for and maintain the warmth of the neonate
- Allow baby to suckle at mother's breast if possible
- Record the time of delivery
- **Maternal post-partum care:**
 - Allow baby to suckle at mother's breast if possible.
 - Expect blood loss of up to 500 ml with normal deliveries
 - If the uterus has not contracted following delivery, provide firm but gentle uterine massage
 - Place one hand directly above pubis symphysis and the other at the fundus (top) of the uterus
 - Cup the uterus between the two hands and massage until complete contraction occurs.
 - Complete contraction has occurred when the uterus has assumed a woody hardness and has compressed to the size of a grapefruit
 - Do not pull on the umbilical cord to facilitate delivery of the placenta
 - Do not delay transport awaiting the delivery of the placenta.
 - Following its delivery, place in a plastic bag and transport with mother
 - Apply direct pressure via pressure dressings to tears of the perineum

ILS SPECIFIC CARE:

- IV access (to a max of three attempts) only if needed due to severity of underlying injury or illness, otherwise defer until arrival of ALS providers
 - IV: Crystalloid solution at a TKO rate. May administer 200-500 cc boluses and repeat as needed for suspected hypovolemia
 - Consider large bore IV and 2 IV lines as appropriate

ALS SPECIFIC CARE:

- Assess and identify causes of complaints, treat as needed
- Maintain patent airway as necessary to include endotracheal intubation when appropriate
- Apply cardiac monitor and multi-function electrode (MFE) pads if necessary
- Treat unstable dysrhythmias and vital signs as necessary and as per specific protocols
 - To include repeating fluid boluses as needed

Protocol OB-1

Key Considerations:

APGAR Scoring:

Sign	0	1	2
Activity	Limp	Some Flexion	Active Motion
Pulse	Absent	<100	>100
Grimace	None	Grimace	Cough or sneeze Pulls away
Appearance	Central Cyanosis Blue/Pale	Central Pink Peripheral Blue	Completely Pink
Respiration	Absent	Slow, ineffective, irregular	Good and Crying

Assess APGAR scores at 1 minute following delivery and at 5 minutes following delivery

GENERAL O.B. CARE

PHYSICIAN PEARLS:

Manual exams of the vagina are not done in the field. Do not delay transport with high risk deliveries. Remember that maternal blood volume increases up to 45% with a relative anemia developing by the increase in circulating plasma. Therefore a pregnant patient may lose up to 35% circulating volume prior to showing severe S/S shock. If the pregnant patient is showing s/s of shock, in severe respiratory distress, altered in her mental status, or otherwise in extremis, transport to a facility with immediate emergency surgical capability.

General considerations:

- Blood pressure usually decreases by 10-15 mm Hg by end of first trimester
- Heart rate increases 10-15 beats per minute
- Signs and symptoms of shock are delayed in these patients
- Transport all second or third trimester patients on left side or with backboard tilted 20-30 degrees to the left
- Manually displace the uterus of third trimester patients to left side during CPR
- Angioedema and swelling may reduce the size of the airway, be prepared to use a smaller size ET Tube. (AHA 2010 recommendations)
- If CPR is required, do so while another responder manually pulls (externally) the uterus to the left. **Remove any fetal monitors prior to defibrillation**

Key history:

- | | |
|--------------------------------------|---|
| - Possible spontaneous abortion | - Pre-natal/para-partum drug/alcohol use |
| - Post abortion bleeding | - Recent trauma |
| - Ruptured ectopic pregnancy | - Last fetal movement felt |
| - Expected due date | - Other identified problems |
| - How many pregnancies (gravida) | - OB/primary physician & hospital choice |
| - How many live births (para) | - Gestational age |
| - How many abortions or miscarriages | - Amount and type of bleeding/discharge (if applicable) |
| - Pre-natal care | |
| - Number of fetuses | |

High risk findings:

- | | |
|---------------------|--|
| - No pre-natal care | - Drug use/abuse/withdraw (especially hyperdynamics) |
| - Age <16, >35 | - Trauma |
| - Diabetes | - Psychological emergencies |
| - Heart disease | - Pre-existing renal or cardiac disease |
| - Hypertension | |
| - Sz disorders | |

* Do not delay transport in active labor situations to obtain history.

Protocol

OB-1

GENERAL O.B. CARE