OBSTETRICAL EMERGENCIES: ABNORMAL BIRTH EMERGENCIES

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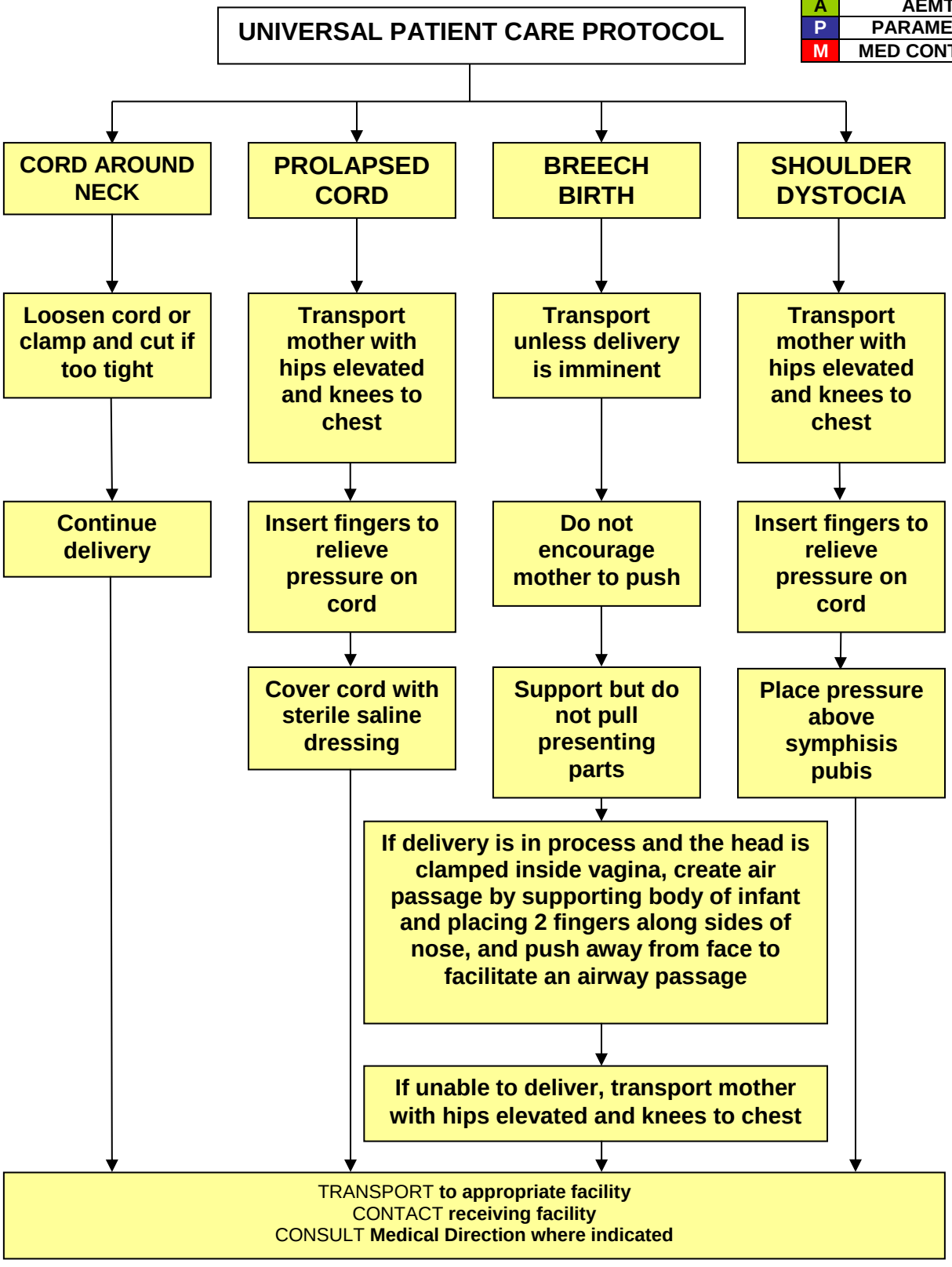

OBSTETRICAL EMERGENCIES: ABNORMAL BIRTH EMERGENCIES-Cont.

PEARLS and KEY POINTS

CONTACT RECEIVING HOSPITAL IMMEDIATLEY WHEN ANY ABNORMAL BIRTH PRESENTATION IS DISCOVERED

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Past medical history • Hypertension meds • Prenatal care • Prior pregnancies / births • Gravida / para • Ultrasound findings in prenatal care	• Frank breech (buttocks presents first) • Footling breech (one foot or both feet presenting) • Transverse lie (fetus is on his / her side with possible arm or leg presenting) • Face first presentation • Prolapsed cord (umbilical cord presents first)	• Miscarriage • Stillbirth

General Information

- DO NOT pull on any presenting body parts.
- These patients will most likely require a c-section, so immediate transport is needed.
- Prolonged, non-progressive labor distresses the fetus and mother. Be sure to reassess mother's vital signs continuously.
- Transport to an appropriate OB facility if the patient is pregnant.

Cord Around Baby's Neck:

- As baby's head passes out the vaginal opening, feel for the cord. Initially try to slip cord over baby's head; if too tight, clamp cord in two places and cut between clamps.

Breech Delivery:

- Footling breech, which is one or both feet delivered first
- Frank breech, which is the buttocks first presentation
  - When the feet or buttocks first become visible, there is normally time to transport patient to nearest facility.
  - If upper thighs or the buttock have come out of the vagina, delivery is imminent.
  - If the child's body has delivered and the head appears caught in the vagina, the EMT must support the child's body and insert two fingers into the vagina along the child's neck until the chin is located. At this point, the two fingers should be placed between the chin and the vaginal canal and then advanced past the mouth and nose.
  - After achieving this position a passage for air must be created by pushing the vaginal canal away from the child's face. This air passage must be maintained until the child is completely delivered.

Excessive Bleeding Pre-Delivery:

- If bleeding is excessive during this time and delivery is imminent, in addition to normal delivery procedures, the EMT should use the HYPOVOLEMIC SHOCK PROTOCOL.
- If delivery is not imminent, patient should be transported on her left side and shock protocol followed.

Excessive Bleeding Post-Delivery:

- If bleeding appears to be excessive, start IV of saline.
- If placenta has been delivered, massage uterus and put baby to mother's breast.
- Follow HYPOVOLEMIC SHOCK PROTOCOL.

Prolapsed Cord:

- When the umbilical cord passes through the vagina and is exposed, the EMT should check cord for a pulse.
- The patient should be transported with hips elevated or in the knee chest position and a moist dressing around cord.
- If umbilical cord is seen or felt in the vagina, insert two fingers to elevate presenting part away from cord, distribute pressure evenly when occiput presents.
- DO NOT attempt to push the cord back. High flow oxygen and transport IMMEDIATELY.

Shoulder Dystocia:

- Following delivery of the head the shoulder(s) become "stuck" behind the symphisis pubis or sacrum of the mother. Occurs in approximately 1% of births.

Maternal Cardiac Arrest: Left uterine displacement positioning