Childbirth/Labor

Three stages of labor:
First Stage: Onset of contractions with progressive changes in cervix.
Second Stage: Labor begins and fully dilated. Ends with birth.
Third Stage: Separation and delivery of placenta.

Adult Routine Transport Orders

Have mother lie in preferred birthing position.

How far along in the pregnancy is the patient? Time contractions. Was there prenatal care? Has the patient's water broken? Is there any blood? Has crowning began yet? Is there any other presentation of the fetus?
Note: Up to 500 ml blood loss during delivery is normal and well tolerated by the mother.

General

Abnormal vaginal bleeding?

Yes → **Obstetric Emergencies- Vaginal Bleeding**

No

MIDWIVES have no medical authority over patient handling or care due to the fact that there is no certification or minimum level of training in the State of Ohio to become a midwife.

EMT

Yes → Inspect perineum (No digital vaginal exam)

AEMT

No crowning

Monitor and reassess
Document frequency and duration of contractions

Crowning

Adult IV/IO

Childbirth Procedure

Priority symptoms
Crowning, patient needs to push.
See: **Abnormal Deliveries**

Rapid Transport

Paramedic

Vaginal Bleeding after Delivery

If brisk bleeding continues, massage "knead" the uterus over the lower abdomen above the pubis with firm pressure.

Oxygen should be administered to maintain SpO2 >94%

If bleeding continues, evaluate massage technique, position for shock.

Cardiac Monitor
if hemodynamically unstable

PREGNANT PEDIATRIC PATIENTS
All pediatric patients that are obviously pregnant, or, who have verified their pregnancy will be transported to the nearest hospital with an Obstetrical Unit. If traumatic injuries are involved, then transport to a Trauma Center is indicated. Nationwide Children's Hospital[SM] is not equipped to deliver babies.

Abnormal Deliveries

MIDWIVES have no medical authority over patient handling or care due to the fact that there is no certification or minimum level of training in the State of Ohio to become a midwife.

Adult Routine Transport Orders

Oxygen
10 - 15 LPM NRB Mask

Childbirth Procedure

Prolapsed Cord:
An umbilical cord that comes out of the uterus ahead of the fetus.
Breech Delivery:
A delivery presenting the feet or the buttocks.
Multiple Births: More than one fetus.
Meconium Delivery: The first fetal stools in the amniotic fluid.

General

EMT

AEMT

Paramedic

Prolapsed Cord

Breech Delivery

Call for ALS upon recognition.
Place mother in head down position with hips elevated

Immediate and rapid transport, notify receiving facility ASAP

Adult IV/IO

If delivery progressing, support legs and buttocks, then assist with delivery of the head

If head does not deliver in 4-6 minutes, insert gloved hand into vagina and create an airway for the infant

Position mother with head down and buttocks elevated.

Insert one gloved hand into the vagina, following the cord as far as possible and gently push baby's head off of the cord. Make sure to explain this procedure to patient.

Transport while maintaining this position.

Adult IV/IO

Meconium Delivery

****Amniotic fluid any color other than clear may indicate fetal distress****

Call for ALS upon recognition

Do not stimulate before suctioning mouth.
Suction mouth then nose with bulb syringe.
Maintain airway, Transport as soon as possible.
If thick meconium present, intubate and suction below cords with meconium aspirator until clear. If not clear on third pass, leave tube in position and ventilate.

Signs/Notes:
Thick = pea soup
Common in late birth deliveries
More common in low birth weight deliveries

Multiple Births:
Make sure you have adequate manpower available.
Be prepared for more than one (1) resuscitation.
Consideration of one (1) ALS unit per infant.
Follow appropriate delivery algorithm, based upon scenario.

Obstetric Emergencies-Eclampsia

Eclampsia: New onset of grand Mal seizure or unexplained coma during pregnancy.

Adult Routine Transport Orders

↓

Adult IV/IO

↓

Cardiac Monitor

↓

Vaginal bleeding / Abdominal pain?

Seizure (Eclampsia/Toxemia)

↓

Assessment and history of pregnancy

↓

Protect patient from seizure activity

↓

Suction secretions as needed, transport in left lateral decubitus position

↓

Adult Airway Protocol

↓

Midazolam (Versed) 2 mg IVP, IO
5 mg IN

→ This dose may be repeated in 5 minutes, if hypotension does not occur

and

↓

Magnesium Sulfate 4 gm in 100 ml IV Infusion
0.9% NS, Infuse over 20 - 30 minutes (200 ml/hr)

Stop infusion if hypotension develops, difficulty breathing, decreased deep tendon reflexes or paralysis.

→ MAG SULFATE TOXICITY SEE "CALCIUM GLUCONATE"

ECLAMPSIA/TOXEMIA
Definition:
Toxemia: is the presence of any combination of the following after the 20th week of pregnancy. Can occur for up to 2 weeks post delivery.
A. Total body edema
B. Hypertension: BP systolic > 140 mmHg, BP diastolic > 90 mmHg or a change in the diastolic pressure > 15 mmHg from antenatal pressure.
C. Seizures after the 6th month of pregnancy

Eclampsia: is the presence of toxemia plus seizures.

→ HYPERTENSIVE CRISIS (SYSTOLIC >150MMHG) SEE "LABETELOL"

General

EMT

AEMT

Paramedic

Obstetric Emergencies-Vaginal Bleeding

Pregnancy complications can occur for several reasons, including; trauma, and pre-existing health problems, ex. diabetes, hypertension, and heart disease to name a few.

Adult Routine Transport Orders

Adult IV/IO
Large bore IV Titrate to keep BP > 90 systolic

Cardiac Monitor
if hemodynamically unstable

Oxygen
10 - 15 LPM via NRB Mask

Obtain history of pregnancy and estimate amount of bleeding
Consider performing orthostatic vital signs

Vaginal Bleeding during Pregnancy:
< 20 Weeks (Miscarriage) Miscarriage – Termination of pregnancy before fetus is viable.
> 20 Weeks (abruption or Placenta Previa) Abruption- Premature separation of the placenta from the wall of the uterus
Placenta Previa- Attachment of the placenta very low in the uterus that completely or part covers the internal cervical opening.

Miscarriage < 20 weeks

- Apply external vaginal pads
- Bring any fetal tissues to hospital.
- Do not remove anything from the vaginal area.
- Transport to appropriate facility, on left side.
- Consider second **IV** enroute if patient unstable

Abruption or Placenta Previa > 20 weeks

- Control bleeding
  Do not insert packing into vagina
- Elevate hips of patient
- Transport immediately to OB hospital

General
EMT
AEMT
Paramedic

Sexual Assault

Sexual assault is sexual contact without the consent of the person assaulted.

The victim of a sexual assault may display many different emotions. Approach the victim calmly.

General

Unless victim has life threatening injuries, verbally obtain permission to treat before you begin.

EMT

Adult Routine Transport Orders

ALL alleged or suspected sexual assaults must be reported to police.

AEMT

ABC's, assess and treat injuries as usual

Protect crime scene. Remove only clothing necessary to assess and treat injuries; then give to law enforcement.

Paramedic

Examine genitalia only if profusely bleeding

Discourage patient from bathing, douching, changing clothes, voiding, combing hair or cleaning nails. Clean only wounds that are necessary.

Transport to a hospital designated as a Rape Crisis Center if possible.