

Detroit SonoWAR 2023

#7 Parturition Station

After an exciting weekend volunteering at Detroit's Rouge Park with the [Detroit Inspiring Connections Outdoors](https://www.sierraclub.org/michigan/detroit-ico) youth camping initiative (<https://www.sierraclub.org/michigan/detroit-ico>), you stop in to local eatery Leo's Coney Island for breakfast and hear screaming coming from the bathroom. Someone yells "she's giving birth right now!" and asks if there's a doctor in the restaurant.



<https://www.metrotimes.com/arts/detroits-only-campground-to-reopen-after-more-than-a-decade-9538088>



<https://www.newsweek.com/waitress-didnt-know-pregnant-gave-birth-work-1478028>

Precipitous delivery is an uncommon but terrifying aspect of emergency medicine. Numerous case reports describe the challenges of precipitous delivery, including shoulder dystocia, multiple gestation, psychiatric delusions of pregnancy, nuchal cords, trauma, and even cases requiring out-of-hospital resuscitative hysterotomy (perimortem c-section).



In the setting of precipitous delivery, lack of information about the gestation is a major barrier. Point of care ultrasound will help. One method is "if you're not certain, put a probe on the belly"¹. Another is the "LABUR protocol"². Accurate information can make all the difference!

References to let gestate en route to this station:

1. Press, Greg. *Resuscitative Hysterotomy in the Emergency Department*. Emergency Medicine Updates, 2013. <https://emupdates.com/pmcs/>
2. Bernardoni, B. *The LABUR Protocol: Ultrasound of the Month*. Taming of the SRU, 2019. <https://www.tamingthesru.com/blog/ultrasound/case-of-the-month-march-19>
3. Borhart J and Voss K. *Precipitous Labor and Emergency Department Delivery*. Emergency Medicine Clinics of North America Journal, 2019.
4. Brun, P et al. Ultrasound to perimortem caesarian delivery in prehospital settings. *Injury*, 2012.

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- 1 Point Navigate to this location
- 1 Point Your patient is in active labor. What are the components of the LABUR protocol that you can employ to quickly evaluate both mother and fetus in preparation for precipitous delivery? (must identify at least 4 things)
- 1 Point You identify the fetal head is superiorly located in the uterus and contractions have begun. How is a breech presentation managed differently than a normal delivery?
- 1 Point What is the role of traction on the fetus during a breech delivery?
- 1 Point Name three maneuvers that can be performed for shoulder dystocia.
- 1 Point 
- 1 Point When should an emergency physician consider clamping+cutting a nuchal cord?
- 1 Point Identify on the phantom if there is a singleton or multiple gestational pregnancy. Only get one point for the exact correct number.
- 1 Point Your patient begins to code. EMS arrives and reports “patient is 7 months along” but you are not sure if that’s reliable. How can you tell via palpation if they are far enough along to warrant attempting resuscitative hysterotomy (formerly known as perimortem c-section)? If you can’t tell due to habitus, how can a one-second POCUS scan help?
- 1 Point 

*Bonus Point: Tweet a photo of your team and team name for this station (and an action shot) with **#SonoWAR** to have a bonus point added on the back end!*