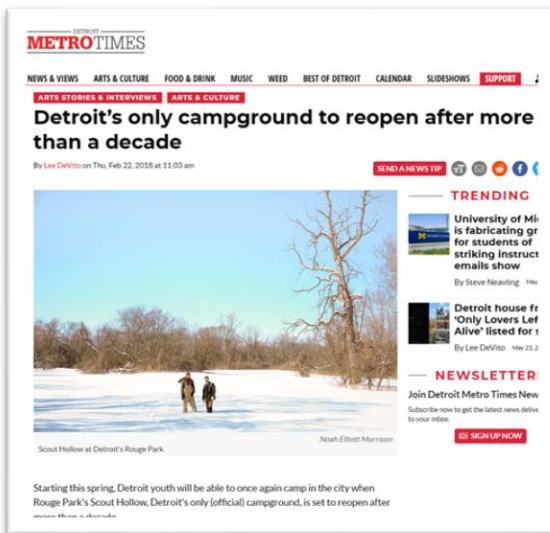




You are hungry after an exciting weekend volunteering at Detroit’s Rouge Park with the Detroit Inspiring Connections Outdoors youth camping initiative (*if you want to get involved more information here <https://www.sierraclub.org/michigan/detroit-ico>*), so you stop in to local eatery Leo’s Coney Island for breakfast.

True story: You 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 can help! One method is “if you’re not certain, put a probe on the belly”<sup>1</sup>. Another is the “LABUR protocol”<sup>2</sup>. 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.

## Station 9: Parturition Station



- 1 Point      Navigate to this location and complete within 10 minutes
- 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      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      Utilize the LABUR protocol to identify on the phantom if there is a singleton or multiple gestational pregnancy. You only get the point for the exact correct number.
- 1 Point
- 1 Point      A new reportedly pregnant patient arrives and begins to code! EMS 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, how can a *one-second POCUS* scan help?
- 1 Point      Pick a teammate and, as a team, guess how long an incision in cm you would have to make on them to adequately perform a resuscitative hysterotomy. (Must be within 3cm of measured distance to get a point)  
  
                    Estimated incision length: \_\_\_\_\_ cm  
                    Measured incision length: \_\_\_\_\_ cm