

Detroit SonoWAR 2024

#5 Parturition Station

You are hungry 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 (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. 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"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 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 Utilize the LABUR protocol to identify on our lovely and generous volunteer (Mrs. McGuire) if the fetal head is currently located in a breech position or not
- 1 Point 
- 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