5.01 Gynecological and Obstetrical Emergencies

Vaginal Bleeding (Not Related to Labor)

BLS Treatment
• Position of comfort. • NPO • Assess circulation, airway, breathing, and responsiveness. • **Oxygen** as indicated. • Place pad or large dressing over vaginal opening.
ALS Treatment
• IV / IO of **Normal Saline** TKO. • If SBP < 90, **Normal Saline** fluid bolus.
Comments
• DO NOT pack the vagina with any material to stop bleeding. A bulky dressing or pad may be used externally to absorb blood flow. • Consider ruptured ectopic pregnancy in a woman of childbearing age with signs of shock.

Spontaneous Abortion (Miscarriage)

BLS Treatment
• Position of comfort. • NPO • Assess circulation, airway, breathing, and responsiveness. • **Oxygen** as indicated. • Place pad or large dressing over vaginal opening. • Assess if fetus < 20 weeks gestation.
ALS Treatment
• IV / IO of **Normal Saline** TKO. • If SBP < 90, **Normal Saline** fluid bolus. • Save and transport all tissue or fetal remains passed.
Base Hospital Contact
• Spontaneous abortion of a fetus > 20 weeks gestational age should be considered a neonatal resuscitation until Base Hospital contact is made. See **Protocol 8.05 Neonatal Resuscitation**.

CHILDBIRTH: NORMAL DELIVERY

BLS Treatment
IF BABY IS **NOT** CROWNING: Assist mother into position of comfort and transport. IF BABY IS CROWNING: • For mother: If hypoxic, **Oxygen** via nasal cannula at 2-6 L/min or via non-rebreather mask at 10-15 L/min as tolerated. • Assist mother into position of comfort. • Prepare area for delivery to prevent baby from hitting hard surface. Have blanket/chux ready to catch baby. • Support the baby's head. Apply gentle pressure to perineum to prevent tearing. Do NOT pull on baby's head. If necessary, ask mother to push again to deliver the rest of the baby. • Dry and cover newborn for warmth (especially the head). If possible, place skin to skin with the mother on abdomen or to breast for shared body heat. Wrap mother and baby together. • If baby delivers and cord is tight, unwind cord from neck or shoulder. • Check APGAR score at 1 and 5 minutes post-delivery (see below). • Assess VS of mother and baby post-delivery and after placenta delivers. If signs of shock, see below under ALS Treatment. • Allow the cord to pulse for *at least* one minute OR until pulsing stops OR until transfer to receiving hospital. To cut the cord, clamp cord with 2 clamps and cut cord between clamps. If the cord interferes with newborn resuscitation, cut the cord immediately. • Cover visible portion of cord with sterile gauze moistened with **Normal Saline** (to prevent spasm and premature delivery). Warm **Normal Saline** is preferred. • Allow spontaneous birth of placenta and save all available parts for inspection at hospital. Do not delay transport for delivery of placenta. Allow parents to transport bagged placenta if desired. • If bleeding persists after delivery of placenta, rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage). As uterus contracts, it should feel like a firm grapefruit and bleeding should slow.
ALS Treatment
See below for specific ALS treatment of delivery complications.
Comments
• Suction only if airway is obstructed. Routine suctioning only delays the onset of spontaneous breathing and cause laryngeal spasm and vagal bradycardia. • Delayed cord clamping allows oxygenated blood to continue to flow to infant.
Base Hospital Contact Criteria

5.01 Gynecological and Obstetrical Emergencies

If there are concerns about need for resuscitation based on fetus' gestational age and viability.

CHILDBIRTH: COMPLICATIONS

Uncontrolled Hemorrhage Before or During Labor

ALS Treatment

- High flow **Oxygen** 10-15 L/min via non-rebreather mask.
- Trendelenberg position for transport.
- Reassess blood loss and VS every 3-5 min.
- IV / IO of **Normal Saline** bolus if SBP < 90. Repeat **Normal Saline** bolus of 500 mL until SBP > 90 mm Hg and improvement of perfusion.
- Second IV with **Normal Saline** bolus if no improvement. Begin pressure infusions with both IVs. Continue infusions as long as hemorrhage persists. Additional boluses PRN.

Premature Births (<36 Weeks Gestational Age)

BLS Treatment

- **If greater than 20 weeks gestational age**: Attempt to resuscitate and transport to **Pediatric Critical Care Center**. See **Protocol 8.05 Newborn/Neonatal Resuscitation**.
- **If less than or equal to 20 weeks gestational age:** Wrap baby in blanket. Allow mother to hold baby if desired and offer emotional/grief support as appropriate. Place all other uterine contents that are expelled during delivery in a biohazard bag to Receiving Hospital.

Breech Delivery

BLS Treatment

If baby is delivering (not head):

- Allow newborn to deliver. If unable to deliver, left lateral Trendelenburg position and rapid transport.
- If head does not deliver, place gloved hand in vagina, and position fingers on either side of the neonate's nose and mouth to make a "V" until the head delivers.

ALS Treatment

- IV / IO with **Normal Saline** at TKO.

5.01 Gynecological and Obstetrical Emergencies

Prolapsed Cord

BLS Treatment
• Left lateral Trendelenburg position. • If the cord is visible, gently displace presenting part of baby off cord and maintain displacement. DO NOT pull or over-handle cord in order to prevent cord compression and spasm. • Cover visible portion of cord with sterile gauze moistened with warm **Normal Saline** (to prevent cord spasm and premature delivery).
ALS Treatment
• IV/IO with **Normal Saline** TKO.

Pre-Eclampsia / Eclampsia

BLS Treatment
• Assess for significant signs and symptoms of Pre-Eclampsia: hypertension (SBP > 160, DBP > 90), AMS, blurred vision, "spots" before the eyes, or headache. • Assess for signs of Eclampsia: Altered mental status, coma or seizure. • Maintain quiet, dim environment (see Comments below). • Monitor VS every 5 minutes if significant signs and symptoms.
ALS Treatment (for Eclampsia only)
• IV/IO with **Normal Saline** TKO. • **Magnesium Sulfate**

Comments
• First priority in childbirth is assisting the mother with delivery of the child. The mother's physical and emotional comfort will affect outcome. Dim lights, quiet, reducing number of providers and keeping mother's companions nearby may be helpful. • Signs of imminent birth include a sensation of bearing down with or without grunting. • Newborn hypothermia can occur within minutes. Keep the baby on the mother's belly skin to skin until the cord is clamped. If continued access to the infant is necessary (e.g. for positive pressure ventilation) keep the baby warm including the use of warmed blankets or radiant warmer if available). • Never pull on the cord. • If possible, encourage mother to breastfeed infant to decrease vaginal bleeding.

5.01 Gynecological and Obstetrical Emergencies

- For cardiac arrest of mother, see **Protocol 2.04 Cardiac Arrest**.
- For cardiac arrest of newborn, see **Protocol 8.05 Neonatal Resuscitation**.

Base Hospital Contact Criteria

- Concerns about need for resuscitation based on fetus' gestational age and viability.
- Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.

APGAR SCORE:

Appearance (skin color)	0=Body and extremities blue, pale	1=Body pink, extremities blue	2=Completely pink
Pulse	0=Absent	1=Less than 100/min	2=100/min and above
Grimace (Irritability)	0=No response	1=Grimace	2=Cough, sneeze, cry
Activity (Muscle tone)	0=Limp	1=Some flexion of the extremities	2=Active motion
Respirations	0=Absent	1=Slow and irregular	2=Strong cry