OBSTETRICAL EMERGENCIES
UPDATED 4/2025
ALL PROVIDERS

- ❑ Focused history and physical exam
  - Do not perform pelvic exam
- ❑ Cardiac monitor, ETCO2, and pulse oximetry monitoring.
- ❑ **Treatment Plan**
  - Imminent Deliveries: normal delivery procedures
    - Attempt to prevent explosive delivery.
    - As delivery occurs, do not suction nose and mouth. Wipe nose and mouth to clear excess secretions.
      - Suction only if meconium fluid is present
    - Place one umbilical cord clamp 2 inches away from baby, place second clamp 2 inches further; cut cord between the clamps.
    - Keep newborn warm and dry with vigorous stimulation.
    - Allow infant to nurse (unless multiple births then babies should not be allowed to nurse until all have been delivered)
    - **Obtain APGAR (Appearance, Pulse, Grimace, Activity, Respiration) score at 1 minute and 5 minutes.**
      - **Infants with a score of 7 or less, continue every 5 minutes until hospital arrival.**
  - Special Situations – **TRANSPORT TO THE CLOSEST HOSPITAL**
    - **Excessive hemorrhage:** following delivery or delayed placenta delivery.
      - Begin fundal massage immediately after placental delivery
      - Allow infant to nurse
      - Apply high flow O2
      - After placental delivery, begin oxytocin and/or Tranexamic Acid (TXA)
    - **Nuchal cord**: cord is wrapped around the infant's neck
      - Attempt to slip cord over the head.
      - If the cord is too tight to remove, immediately clamp in two places and cut between clamps.
    - **Prolapsed cord or limb presentation**: cord or limb out of the vagina before the baby
      - DO NOT ATTEMPT DELIVERY
      - Maintaining a pulsatile cord is the objective
      - Insert two fingers of gloved hand into vagina to raise presenting portion of newborn off the cord.
      - If possible, place mother in Trendelenburg position. Otherwise, use knee-chest position.
      - Keep cord moistened with sterile saline.
      - Continue to keep pressure off cord throughout transport.
    - **Breech presentation:** any portion of the newborns' body besides the head
      - Position mother with her buttocks at edge of bed, legs flexed.
      - Support baby's body as it delivers.
      - As the head passes the pubis, apply gentile upward pressure until the mouth appears over the perineum. Immediately wipe the mouth then the nose.
        - Suction only if meconium fluid is present
      - If the head does not deliver, but the newborn is attempting to breath, place gloved hand into the vagina, palm toward newborn's face, forming a "V" with the index and middle finger on either side of the nose. Push the vaginal wall from the face. Maintain position throughout transport.
    - **Shoulder Dystocia**: head is out but shoulder will not pass
      - Position mother with buttocks off the edge of the bed and thighs flexed upward as much as possible.
      - Apply firm, open hand pressure above the symphysis pubis.
      - If delivery does not occur, maintain airway patency as best as possible, immediately transport.
    - **Stillborn/Abortion**
      - All products of conception should be carefully collected and transported with the mother to the hospital. Anything other than transport should be coordinated with on-line medical consultation and/or law enforcement.

❑ **Key Considerations**
- Attempt to create a sanitary environment
- Transport in left lateral recumbent position

ADULT	PEDIATRIC Pediatric weight based dosing should not exceed Adult dosing.
AEMT	**AEMT**
❑ Vascular access and fluid therapy ❑ Treat seizures as per ***Seizure Guideline***	❑ Vascular access and fluid therapy ❑ Treat seizures as per ***Seizure Guideline***
PARAMEDIC	**PARAMEDIC**
❑ **Oxytocin 10 units IM** for post-partum hemorrhage after placental delivery • **Oxytocin infusion if bleeding continues after IM dose:** • **IM additional 10 units followed by IV/IO infusion of 10-40 units in 500ml NS/LR** titrate to decrease bleeding and patient comfort ❑ **Tranexamic Acid (TXA) - 1 gram in 100ml NS/LR** IV/IO infusion within 3 hours of delivery ✆ In the event of uterine inversion, cover uterus with moistened sterile gauze. Contact OLMC for further instructions	❑ Refer to the ***Newborn Resuscitation Guideline***

✆ **High-risk preterm labor when delivery is imminent:** (1) Rapidly infuse 1 liter of NS or LR, (2) Albuterol 2.5 mg via nebulization, (3) Magnesium Sulfate 1gram IV and titrate per OLMC.