# D3. Obstetrical Emergencies

## Goals:
- Recognize imminent birth
- Recognize childbirth complications
- Apply appropriate techniques when complications arise

## Signs/Symptoms
- Crowning
- Contractions
- Urge to push or bowel movement
- Membrane Rupture or bloody show

## Documentation Key Points:
- All times including: delivery, contraction timing, contraction strength, and contraction length.
- APGARs at one and five minutes

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## Follow Initial Protocol for All Patients

### Abnormal Delivery

*Most deliveries proceed without complications.*

**Shoulder Dystocia** - If delivery fails to progress after head delivers, quickly attempt the following:

1. Hyperflex mother's hips to severe supine knee-chest position.
2. Apply firm suprapubic pressure to attempt to dislodge shoulder.
3. Apply high flow **H40. OXYGEN** to mother.
4. Contact medical control for assistance and to alert hospital of complication.

**Prolapsed Umbilical Cord** - Umbilical cord delivers first and becomes trapped against infant's body.

1. Place gloved hand into vagina and gently lift head/body off of cord.
   1. Assess for pulsations in cord.
   2. Maintain until relieved by hospital staff.
2. Consider placing mother in prone knee-chest position or extreme trendelenburg.
3. Apply high flow **H40. OXYGEN** to mother.
4. Transport as soon as possible.
5. Contact medical control for assistance and to alert hospital of complication.

**Breech Birth** - Buttocks Presentation

1. Place mother supine, allow the buttocks and trunk to deliver spontaneously, then support the whole body while the head is delivered.
2. If head fails to deliver, place gloved hand into vagina with fingers between infant's face and uterine wall to create open airway.
3. Apply high flow **H40. OXYGEN** to mother.
4. Contact medical control for assistance and to alert hospital of complication.
5. The presentation of an arm or leg through the vagina is an indication for immediate transport to the hospital.
6. Assess for presence of prolapsed cord and treat as above.

**Excessive Bleeding** - During active labor may occur with placenta previa - Cervical opening is closed by the placenta

1. Obtain history from patient
2. Placenta previa may prevent delivery of infant vaginally.
3. Treat following hypoperfusion guideline.
4. Transport immediately, may require C-Section.

**Maternal Cardiac Arrest**

1. Apply manual pressure to displace uterus from right to left.
2. Treat per cardiac arrest (Ventricular Fibrillation/Tachycardia, Asystole, PEA Guideline)
   1. Dosing and defibrillation should be the same as a non-pregnant patient.
3. Transport as soon as possible if infant is suspected or known to be over 24 weeks gestation.
4. Contact medical control for assistance and to alert hospital of complication.

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## Special Considerations

- Supine hypotension syndrome - Keep patient in left lateral recumbent position to displace gravid uterus to the left or manually displace
- Do not routinely suction the infant's airway (Even with bulb syringe) during delivery
- Do not pull on umbilical cord after delivery
- If twins present, consider transport between deliveries

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