



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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OBSTETRICAL EMERGENCIES

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Obstetrical emergencies (field delivery) with or without complications.

II. BLS INTERVENTIONS

UNCOMPLICATED DELIVERY

- Administer oxygen as clinically indicated.
- Prepare for delivery.
- Massage fundus if placenta delivered.

COMPLICATED DELIVERY

- Excessive vaginal bleeding prior to delivery:
 - Attempt to control bleeding. Do not place anything into vagina.
 - Place in trendelenburg position.
- Prolapsed Cord:
 - Elevate hips.
 - Gently push presenting part of head away from cord.
 - Consider knee/chest position for mother.
- Postpartum Hemorrhage:
 - Massage fundus to control bleeding.
 - Encourage immediate breast feeding.
 - Place in trendelenburg position.
- Cord around infant's neck:
 - Attempt to slip cord over the head.
 - If unable to slip cord over the head, deliver the baby through the cord.
 - If unable to deliver the baby through the cord, double clamp cord, then cut cord between clamps.
- Breech presentation and head not delivered within three (3) to four (4) minutes:
 - Administer oxygen.

- Place in trendelenburg position.
- Transport Code 3 to closest appropriate facility.
- Pregnancy Induced Hypertension and/or Eclampsia:
 - Initiate and maintain seizure precautions.
 - Attempt to reduce stimuli.
 - Limit fluid intake.
 - Monitor and document blood pressure.
 - Consider left lateral position.

III. LIMITED ALS (LALS) INTERVENTIONS

COMPLICATED DELIVERY

- Obtain IV access, and maintain IV rate as appropriate.
 - Excessive vaginal bleeding or post-partum hemorrhage:
 - Administer fluid challenge of 500 ml, if signs of inadequate tissue perfusion persist may repeat fluid bolus.
 - Maintain IV rate at 150 ml per hour.
- Establish second large bore IV en route.
- Pregnancy Induced Hypertension and/or Eclampsia:
 - IV TKO, limit fluid intake.
 - Obtain O₂ saturation on room air, if possible.
 - Place in left lateral position, and obtain blood pressure after five (5) minutes.
 - Consider immediate notification of base hospital physician.

IV. ALS INTERVENTIONS

COMPLICATED DELIVERY

- Obtain IV access, and maintain IV rate as appropriate.
- Excessive vaginal bleeding or post-partum hemorrhage:
 - Administer fluid challenge of 500 ml. If signs of inadequate tissue perfusion persist may repeat fluid bolus.
 - Maintain IV rate at 150 ml per hour.
 - Establish second large bore IV en route.

- Blood transfusion for hemorrhagic shock due to severe postpartum hemorrhage meeting the following criteria: **[LOSOP for Approved Providers Only]**
 - SBP <70 or unable to obtain **or**
 - SBP < 90 AND HR ≥ 110 (SI >1.2)
 - Administer LTO+WB or pRBCs per ICEMA Reference #11010 - Medication - Standard Orders.
- Pregnancy induced hypertension:
 - Administer IV TKO. Limit fluid intake.
 - Obtain O₂ saturation on room air, if possible.
 - Place in left lateral position, and obtain blood pressure after five (5) minutes.
 - Obtain rhythm strip with copy to receiving hospital.
- Eclampsia (Seizure/Tonic/Clonic Activity):
 - Administer Magnesium Sulfate per ICEMA Reference #11010 - Medication - Standard Orders.
 - Administer Midazolam per ICEMA Reference #11010 - Medication - Standard Orders.
- Consider immediate notification of base hospital physician.

POSTPARTUM HEMMORHAGE (base hospital order only)

- Tranexamic Acid (TXA) administration:
 - Must be within three (3) hours of onset and must have either:
 - Signs and symptoms of hemorrhagic shock with SBP less than 90 mm
 - Significant hemorrhage with heart rate greater than or equal to 120.

V. REFERENCE

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
14010	Respiratory Emergencies - Adult