

OB/GYN EMERGENCIES

- Routine Medical Care
- Level of distress:
 - ➔ Estimate blood loss (if any)
 - ➔ Is the patient in shock? If yes, Go to **page 49** “Shock” protocol
- Consider immediate transport or prepare for delivery
- Determine stage (trimester) of pregnancy

1. VAGINAL BLEEDING (Abnormal bleeding between menses, during pregnancy, postpartum or post operative)
 - 1.1 If postpartum, gently massage the fundus to decrease bleeding
 - 1.2 Monitor vital signs frequently
2. SPONTANEOUS ABORTION
 - 2.1 If fetus is > 20 weeks or 500 grams, see neonatal resuscitation protocol (**page 59**). If non-viable, save and transport any tissue or fetal remains
 - 2.2 Have patient place a sanitary napkin or bulky dressing material over vaginal opening - Do not pack the vagina **with anything**
3. SEVERE PRE-ECLAMPSIA/ECLAMPSIA
 - 3.1 Attempt to maintain a quiet environment
 - 3.2 Monitor vital signs frequently
 - 3.3 Observe for seizures, hypertension or coma. If seizures occur, go to the appropriate seizure policy
4. BREECH DELIVERY
 - 4.1 Allow delivery to proceed passively until the baby's waist appears. Gently rotate the baby to a face down position and continue with the delivery
 - 4.2 If the head does not readily deliver insert a gloved hand into the vagina to relieve pressure on the cord and create an air passage for the infant. Transport. Monitor vital signs and infant condition frequently
5. PROLAPSED CORD
 - 5.1 Place the mother supine position with head lower than hips
 - 5.2 Insert a gloved hand into the vagina and gently push the presenting part (e.g.: the neonate's head or shoulder off the cord. DO NOT TUG ON THE CORD
 - 5.3 Place fingers on each side of the neonate's nose and mouth, split fingers into a “V” to create an opening. Do not attempt to re-position the cord. Do not remove your hand. Cover the exposed cord with saline soaked gauze
6. LIMB PRESENTATION
 - 6.1 Defined as the presentation of a single limb - arm or leg
 - 6.2 It is unlikely that the baby will deliver and immediate transport should be initiated
 - 6.3 Place the mother supine position with head lower than hips