

OB/GYN EMERGENCIES (#7005)**Routine Medical Care**

- Level of distress:
 - ✓ Estimate blood loss (if any).
 - ✓ Is the patient in shock? if yes, Go to Policy #7215 "Shock" protocol.
- Consider immediate transport or prepare for delivery
- Determine stage (trimester) of pregnancy

1. **VAGINAL BLEEDING** (Abnormal bleeding between menses, during pregnancy, post-partum or post operative)
 - 1.1 If post partum, 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 neo-natal resuscitation protocol (policy # 7313). 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