

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

OBSTETRICAL EMERGENCIES

I. Assessment Information

A. History

1. Past Medical History: previous births, previous complications
2. Current History: duration of gestation (weeks), whether single or multiple births are expected.
3. Assess contractions for strength and frequency.

FIRST RESPONDER

I. Management

- A. Evaluate and maintain airway, provide oxygen and support ventilation as needed.
- B. Obtain vital signs (blood pressure, pulse and respiratory rate).
- C. Arrange for ALS intercept, if not already accomplished by MedCom.
- D. Management of Normal Delivery
 1. Have oxygen and suction readily available for care of the newborn.
 2. If signs of newborn delivery are imminent, prepare for delivery.¹
 3. As baby's head begins to emerge from vagina, support it gently with hand and towel to prevent an explosive delivery.
 4. If practical, mouth and nose should be suctioned.
 5. After head is delivered, look and feel to see if cord is wrapped around baby's neck.
 - a. **If the cord is around neck and loose**, slide it gently- over the head –**DO NOT TUG.**
 - b. **If the cord is around neck and snug**, clamp the cord with 2 clamps and cut between the clamps.
 6. As the shoulders deliver, carefully hold and support the head and shoulders as the body delivers, usually very suddenly- and the baby is very slippery!
 - a. **Note the time of the delivery.**

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7. Place the baby on its side with head lower than the body and **gently** suction mouth and then nose making sure the airway is clear.
 - a. Note any evidence of meconium²
8. Prevent heat loss
 - a. Place baby in warm environment.
 - b. Dry baby off and remove all wet linen.
9. When infant is delivered and breathing normally, cord should be tied or clamped.
10. Score APGAR at one minute and five minutes after delivery.³
11. Following placental delivery, massage the uterus to aid in contraction of the uterus.
12. Place placenta in basin or plastic bag to transport with mother.

BASIC LIFE SUPPORT

- E. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- F. IV NORMAL SALINE @ TKO
- G. Abnormal Deliveries (Breech position, Prolapsed cord, etc.)

CONTACT MEDICAL CONTROL

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- H. Pre-eclampsia (hypertension, headaches); eclamptic seizure
1. If **seizure** occurs, administer **MIDAZOLAM** 0.05mg/kg, max of 5mg IVP, (If **IV unsuccessful**, administer **MIDAZOLAM** 0.1mg/kg, to max of 10mg IM.)
 2. For **persistent seizure**, consider:
 - a. **MAGNESIUM SULFATE** 2gms IVP over 1-2 mins with IV running wide open. Additional 2gms IVP may be repeated, if available.
 - b. **DIAZEPAM** 2-10mg IVP slowly.


¹ Signs of imminent delivery- a. An urge to strain or move bowels.
b. Crowning of the baby's head.
c. Flattening or bulging of the perineum.

² Meconium is dark-green material found in the intestine of the full-term neonate. It can be expelled from the intestine into the amniotic fluid during periods of fetal distress.

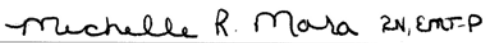
³ APGAR SCORE: @ 1min & 5 min

<u>CRITERIA</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>TOTAL</u>
Color	blue, pale	body pink extremities blue	all pink	Normal =8-10
Heart Rate	absent	<100	>100	
Respiration	absent	irregular, slow	good crying	
Reflex response to nose catheter	none	grimace	sneeze, cough	
Muscle Tone	limp	some flexion extremities	active	

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 Medical Director



 EMS Manager