Obstetrics/ Gyn Emergencies

Protocol

Douglas County KS EMS System **November 2022**

Referenced Procedures: None

Goals for Patient Care:

- Identify and begin to treat life-threatening OB/GYN conditions
- Recognition of and transport to appropriate level of care
- Improve patient comfort

Medications:

ADULT Medication: • **Oxytocin:** 10 units IM • **TXA:** 2g IV slow or IO given as soon as possible after injury but not after 3 hours • **Magnesium Sulfate:** 4 g IV/IO over 20 minutes (*50 gtts/min in 100cc NS w/10gtt set*) • **Midazolam:** 2-5 mg IVSP ○ 5mg IM/IN may repeat X1 • **Normal Saline:** 500mL, IV/IO for dehydration, hemodynamic instability	

Childbirth

- If imminent delivery, please refer to Childbirth protocol

Antepartum Hemorrhage

If history and/or physical exam indicate possible UTERINE RUPTURE, PLACENTA PREVIA, and PLACENTAL ABRUPTION OR ECTOPIC PREGNANCY:

- Do not perform digital vaginal exam
- Start large-bore IV
- Administer IV fluids, consider utilization of pressure infuser bag
- Monitor FHTs if possible (120-160BPM)
- Notify ED/LDR of patient condition and ETA
- Transport while monitoring vital signs frequently

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Postpartum Hemorrhage

Acute Blood loss in immediate recovery period and up to 4 weeks post-partum. If evidence of postpartum hemorrhage:

- Massage uterus until firm
- Start large-bore IV
- Notify ED/LDR or patient condition and ETA
- Administer Oxytocin
- Consider TXA administration if post-partum hemorrhage (PPH) is < 3 HOURS after birth
    - Administration of TXA should be considered as part of the standard PPH treatment package and be administered as soon as possible after onset of bleeding and within 3 hours of birth.
    - TXA should be used in all cases of PPH, regardless of whether the bleeding is due to genital tract trauma or other causes.
- Transport while monitoring vital signs frequently
- Treat pain as needed

Placenta delivery protocol is found in childbirth protocol

Premature Labor

Premature labor is defined as any delivery occurring between 20-37 weeks gestation, often subtle and difficult to diagnose. For transfer of a preterm labor patient to a tertiary facility, the following tocolytic (stop contractions) therapy may be initiated

- Start IV and administer fluid bolus

☎ Magnesium sulfate

- Position elevate 15 degrees on left side
- Transport while monitoring vital signs

Eclampsia/ Pre-Eclampsia

- Preeclampsia is a medical condition defined as proteinuria, hypertension (140/90) and peripheral edema in a pregnant patient over 20 weeks, more common > 28 weeks, particularly in the latter part of the third trimester.
- Eclampsia is a seizure in this patient (does <u>not</u> require a call to medical control)
- Preeclampsia is distinct from hypertension which preceded pregnancy
- EMS Treatment of both of these patient types includes magnesium as first line therapy
    - <u>Eclampsia pt's receive IV slow magnesium</u>
    - Seizures refractory to magnesium should be managed with midazolam
    - ☎ Call medical control for IV magnesium drip in patients with preeclampsia

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Considerations

Considerations for crews on scene prior to ambulance arrival

- Identify and begin to treat life threatening OB/GYN conditions.
- If imminent delivery, inform incoming medic unit with a radio transmission.
- Obtain appropriate medical history from patient (Vaginal bleeding / Obstetric History Abdominal Pain / Prenatal Care)
- Place patient in position of comfort
- Obtain vital signs if possible
- Oxygen therapy if necessary
- **REMEMBER THAT YOU MAY HAVE TWO PATIENTS**
- Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.