



Portage County EMS Patient Care Guidelines



Obstetrical Emergencies

Note:

- This protocol is intended to cover obstetrical emergencies up to the point of active delivery (bleeding, pre-eclampsia/ eclampsia, ectopic pregnancy, spontaneous abortion, etc.). For emergencies related to active labor, refer to the *Childbirth Guidelines*.
- Consider that any unexplained abdominal complaints in a woman of child bearing age may be an obstetrical emergency
- Eclampsia occurs in pregnant patients with “preeclampsia”. Preeclampsia is a syndrome that involves hypertension [2] and output of protein in the urine.
- Eclampsia occurs when seizures and/or coma develop between the 20th week of pregnancy and the 4th week after delivery
- There is a significant associated risk of death for the mother and the baby. Maternal complications of eclampsia include: placental abruption, hemorrhagic stroke, pulmonary edema, cardiac arrest, and postpartum hemorrhage.
- Hypertension during pregnancy is defined by a systolic pressure over 140 mmHg and a diastolic pressure over 90 mmHg. Pregnancy usually lowers the blood pressure. A rise in the blood pressure after the 20th week of gestation is worrisome for preeclampsia. Eclampsia sometimes occurs even in women with blood pressures below 140/90 mmHg.

Priorities	Assessment Findings
Chief Complaint	“Abdominal pain”, “Vaginal bleeding”, “Cramping”, “Swelling”, “Dizziness”, “Visual changes”, “Gush of fluid from vagina”
LOPQRST	Symptom onset; due date, time contractions started & how often, location of their OB/GYN physician
AS/PN	Headache, weakness, abdominal pain, vaginal bleeding/ discharge,
AMPL	Hypertension medications; number of prior pregnancies including this one (gravid) & number of deliveries (para); past delivery history (duration of labor, complications); pre-natal care; report of protein in the urine
Initial Exam	Check ABC's and correct any immediate life threats
Detailed Focused Exam	Vitals: BP, HR, RR, Temp, SpO ₂ General Appearance: Altered level of consciousness, pale, diaphoretic? Anxiety? Signs of trauma? Edema of hands and face? Seizing or postictal? Incontinent (bowel, bladder)? HEENT: PERRL? Pupils constricted or dilated? Visual changes? Lungs: Rales? Wheezes? Heart: Rate and rhythm? Signs of hypoperfusion or hypertension? Neuro: Altered level of consciousness? Seizures? Dizziness? Focal deficits? Vaginal Exam: Crowning, leaking fluids, bleeding
Data	Blood glucose, SpO ₂ , ETCO ₂
Goals of Therapy	Maintain ABC's; terminate seizures; DO NOT attempt to treat maternal hypertension in the field.
Monitoring	Cardiac monitoring, repeat vitals, capnography

**EMERGENCY MEDICAL RESPONDER/
EMERGENCY MEDICAL TECHNICIAN**

- Routine Medical Care

- If unconscious with a stable airway, pregnant patients should be placed in the recovery position on their left side
- Administer oxygen 2 – 4 LPM per nasal cannula if SpO₂ < 94%. Increase flow and consider non-rebreather mask to keep SpO₂ > 94%
- If vaginal bleeding, absorb bleeding with pads. Keep pads and any discharged tissue and transport to hospital with patient.

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMERGENCY MEDICAL TECHNICIAN

- IV normal saline @ KVO
- If SBP < 100 mmHg, initiate a fluid bolus of 500 ml normal saline
- Consider a second IV for continued hypotension

INTERMEDIATE

- Notify Medical Control as soon as possible so that the receiving hospital can prepare for an emergent delivery
- Cardiac monitoring
- Magnesium sulfate is the medication of choice for eclamptic seizures. Consider a paramedic intercept
- If the patient is actively seizing, give **midazolam**[1] intranasal(IN) via mucosal atomizer.
 - >50 kg: 10 mg IN
 - <50 kg: 0.2 mg/kg IN
- If IN administration is not possible, consider **midazolam** 1 – 5 mg IM
- Once an IV has been established, consider **midazolam** 1 – 5 mg IV/IO for continued seizures
- Titrate IV dose to effect. May repeat once in 5 minutes. Maximum total dose 10 mg

Contact Medical Control for the following:

- Additional medication and airway management orders for continued seizures

PARAMEDIC

- For pre-eclampsia/ eclampsia (seizure activity or SBP > 160) administer **magnesium sulfate** (MgSO₄) 4 grams IV/IO SLOW (over 10 min)
 - Monitor patient closely for hypotension, muscle weakness (including respiratory muscle paralysis), and heart rhythm disturbances

Contact Medical Control for the following:

- IM MgSO₄ orders if unable to establish IV/IO
- Additional medication and airway management orders for continued seizures

FOOTNOTES:

- [1] In the event of a midazolam medication shortage:
- a. Lorazepam 1 – 2 mg adults IM/IN/IV/IO or
 - b. Diazepam 1 – 5 mg adults IM/IV/IO.

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