

OhioHealth Emergency Medical Services Podcast Series
November 2020 Episode: Obstetrical Emergencies

Objectives:

1. Describe an approach to first trimester vaginal bleeding.
2. Describe an approach to second trimester vaginal bleeding.
3. Review approach to a normal delivery.
4. Discuss an approach to maternal resuscitation.
5. Review pre-eclampsia and eclampsia.
6. Review peri-partum cardiomyopathy and pulmonary embolism associated with pregnant.

Podcasters

- Dr. Drew Kalnow (Andrew.Kalnow@ohiohealth.com)
- Dr. Eric Cortez (Eric.Cortez@ohiohealth.com)
- Dr. Danni Schneider (Danni.Schneider@ohiohealth.com)

Session 1

- 23 YF Calls for Abdominal Pain and Vaginal Bleeding – 8 Weeks Pregnant
 - Basic Terminology
 - G: number of pregnancies
 - P: number of live births
 - Gestational Age – how far along in pregnancy?
 - Previous OB-GYN surgeries and medical problems
 - History
 - Ask about pertinent prenatal care questions
 - Ask about bleeding and pain
 - Physical Examination
 - Are there signs of hemorrhagic shock?
 - Ectopic Pregnancy vs. Miscarriage vs. Non-Pregnancy Etiology
 - Ectopic Pregnancy
 - Pregnancy in wrong location
 - Significant hemorrhage and morbidity is possible
 - Miscarriage
 - Failed pregnancy terminated by body spontaneously
 - Non-Pregnancy Etiology
 - Other gastrointestinal and genitourinary problems
- 30 YF Calls for Vaginal Bleeding – 28 Weeks Pregnant
 - Second Trimester Bleeding
 - Placental Abruption
 - Placenta disconnected
 - Painful vaginal bleeding

- Possible harm to mother and baby
 - Can happen with very mild trauma
 - Placenta Previa
 - Placenta is over cervix
 - Painless vaginal bleeding
 - Avoid invasive examination
 - Second Trimester Miscarriage
- Remember the 20 Week Mark
 - Uterus at level of umbilicus
 - Dichotomy of pregnancy problems
 - Pre and post 20 weeks
- 28 YF Calls for Labor Pains – 39 Weeks Pregnant with Contractions Every 2 Minutes
 - Determine need to stay on scene and deliver vs. emergent transport to hospital
 - Previous pregnancies
 - Current pregnancy-related complications or challenges
 - Consider performing a genital examination to identify presenting part
 - Normal Delivery
 - Protect yourself with appropriate PPE
 - Position mother with flexed knees and hips
 - Birth is a natural process
 - Stay calm and facilitate this process
 - Protect head and do not drop the baby
 - Do not rush to clamp the cord
 - Do not rush to deliver the placenta
 - Abnormal Delivery – these are rare but need to be prepared to handle
 - Nuchal Cord (cord around neck)
 - Remove cord around head or relieve pressure off cord
 - Prolapsed Cord (cord in vagina)
 - Relieve pressure off of cord
 - Breech Delivery (body part other than head as presenting part)
 - Reposition
 - Shoulder Dystocia (shoulder stuck in the pelvis)
 - Push above the pubic bone
 - Hyperflex the legs

Session 2

- 30 YF Vaginal Bleeding – 30 Weeks Pregnant – Hemodynamically Unstable
 - Maternal Resuscitation
 - Supine Hypotension Syndrome
 - Compressed IVC reduces cardiac preload
 - Wedge up right hip or perform left uterine displacement
 - Difficult Airway
 - Decreased lung reserve
 - Decreased safe apnea time
 - Several physiological changes of pregnant
 - Baseline is almost like a stage 1 shock
 - Resuscitation
 - IV fluid resuscitation
 - Blood products if hemorrhagic shock
 - Choosing the right facility is important
- Neonate Requiring Resuscitation
 - Stimulate the baby, Warm the baby, Suction the airway
 - Continued distress = Oxygen
 - Apnea or decreased heart rate (< 100 bpm) = BVM
 - Bradycardia (< 60 bpm) = compressions
 - Intubate, epinephrine, blood glucose level, IV fluid, naloxone
 - IO's are okay
- 27 YF Calls for Bilateral Leg Swelling – 32 Weeks Pregnant – 145/95 mm Hg
 - Pre-Eclampsia
 - Hypertension: > 140 mm Hg systolic or > 90 mm Hg diastolic
 - Systemic symptoms: abdominal pain, vision changes, swelling, urinary changes, difficulty breathing, headache
 - Eclampsia
 - Pre-Eclampsia + Seizure
 - Magnesium 4 -6 grams IV
 - Both can occur before and after delivery (6 weeks post-partum)
 - Areas of Risk
 - Don't overlook the blood pressure
 - Don't miss a post-partum patient
 - Treat like seizures too (blood glucose, benzodiazepines, airway).
- 34 YF Post-Partum 7 Days – Shortness of Breath – Abnormal Vital Signs
 - Peri-Partum Cardiomyopathy
 - Treat like heart failure
 - Pulmonary Embolism
 - Increased risk for developing clots
 - Others (acute MI, pneumonia, asthma, etc.)