Obstetric Complications

Routine Medical Care

- Give **high flow oxygen** (15 lpm) via NRB
- Obtain IV access & assess for shock – give IV/IO **Crystalloid fluid bolus** 500ml prn (max 2L) if signs of poor perfusion

Prolapsed Umbilical Cord

- Place mother in knee/chest position or in deep Trendelenburg, if possible
- Place gloved hand into vagina and lift presenting part to allow/increase fetal blood flow – you should feel pulsations
- Keep presenting part elevated until relieved by hospital staff
- Transport immediately to **closest ED with obstetric services**

Bleeding/Hemorrhaging[1]

- Place mother supine and keep warm
- Position mother on left side or manually displace uterus to the left
- Continue to treat shock as outlined above; reassess vital signs often
- Transport immediately to **closest ED with obstetric services unless bleeding is due to trauma**. If due to trauma, transport mother to a trauma center.

Shoulder Dystocia

- Identify "turtle sign" as an indication of this complication[2]
- Support – don't pull – baby's head
- Hyperflex mother's hip to severe supine knee-chest position
- Apply gently, open handed, suprapubic pressure directly over the infant's anterior shoulder
- Transport immediately to **closest ED with obstetric services**

Preeclampsia/Eclampsia[3]

Treat HTN only for prolonged transport – call **Medical Control** for consultation

Treat eclampsia immediately with **Magnesium Sulfate ($MgSO_4$)** 4g IV/IO over 10 min

- Give benzodiazepine as outlined in **Seizure** protocol if patient is still seizing after 5 min on $MgSO_4$ drip
- Monitor for magnesium toxicity (hypotension, somnolence)
- Restrict IV fluids to max 80 ml/hr – assess for pulmonary edema
- Transport immediately to **closest ED with obstetric services**

Breech Birth

- Allow buttocks & trunk to deliver spontaneously; do not attempt to pull an arm or leg through the vagina
- Support the body while the head delivers; let legs dangle if necessary
- If head fails to deliver within 30 seconds, place gloved hand into vagina and hold two fingers between infant's face and uterine wall to create an open airway
- Apply gentle abdominal pressure to uterine fundus
- Transport immediately to **closest ED with obstetric services**

[1] *Abruptio placentae* occurs when there is premature separtion of the placenta from the uterine wall - bleeding is usually painful. Bleeding may be minimal to none if blood is trapped behind the placenta and unable to exit the uterus. *Placenta previa* occurs when the placenta is completely or partially blocking the cervical os – bleeding is usually painless. Mothers with prenatal care are usually aware of this diagnosis – obtain a thorough history.

[2] Turtle Sign - infant's head will retract back into the vaginal canal after it has been delivered, like a turtle sticking its head out of its shell.

[3] Signs of Preeclampsia: Hypertension (SBP > 160 or DBP > 110), headache, confusion, visual changes, pulmonary edema, upper abdominal (RUQ or epigastric) pain. Eclampsia = preeclampsia + seizures. Either may occur from 20 weeks gestation up to six weeks post-partum.