



EMSA-Intermediate Treatment Protocol 5608

Obstetrical and Gynecologic Emergencies

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Obtaining a detailed history can be very important in treating the pregnant or potentially pregnant patient. The following questions should be asked of the obstetric patient:

- Length of gestation?
- Number of prior pregnancies (gravida)?
- Number of prior pregnancies carried to term (para)?
- Previous cesarean sections?
- History of gynecologic or obstetric complications?
- Is there pain or contractions?
- Does patient feel the urge to push or have a bowel movement?
- Is there vaginal bleeding or discharge?
- Prenatal care?
- Multiple births anticipated?

In this protocol, general treatment of the OB or GYN patient is followed by additional special considerations for specific situations.

- A. Perform **MAMP Protocol 5201**.
- B. Transport pregnant patients on left side unless in active labor.
- C. If vaginal bleeding is present, attempt to determine amount.
- D. If signs or symptoms of shock, treat per **Shock Protocol 5108**.
- E. If patient is in late stages of pregnancy and shows signs of preeclampsia and/or eclampsia (toxemia) such as edema, hypertension, and hyper-reflexes:
 1. Transport as smoothly and quietly as possible and monitor closely for signs of seizure activity.
 2. If seizures occur, treat per **Seizure Protocol 5603**.



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F. Normal delivery:

1. Determine timing and duration of contractions, and observe for crowning.
2. Transport on left side, if time permits.
3. If delivery is imminent, proceed with delivery:
 - a. Prevent explosive delivery by supporting head and perineum.
 - b. Suction baby's mouth, then nose as soon as head is delivered.
 - c. If cord is around neck and is loose, slip over head out of way. If cord is tight, place two clamps and cut in between and unwind.
 - d. Hold and support infant during delivery. Refer to **Newborn Infant Care Protocol 5410**.
4. APGAR score at 1 and 5 minutes (see chart in "J" below).
5. When cord ceases pulsating, clamp at 6 and 8 inches from navel, cut cord between clamps.
6. Expedite or resume transport and continue treatment enroute.
7. Notify Medical Command and prepare to deliver placenta.
8. Massage the fundus after placenta is delivered.

G. Breech Delivery:

1. Expedite transport and notify Medical Command.
2. Allow spontaneous delivery with support of presenting part at the perineum.
3. If head not delivered within 4 minutes, insert a gloved hand into the vagina to form a "V" airway around infant's nose and mouth.



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H. Prolapsed cord:

1. Place mother in knee-chest position.
2. Oxygen at 15 LPM by non-rebreather mask.
3. Insert gloved hand into vagina to push presenting part of baby off the cord to insure continued circulation through the cord. Continue until relieved at hospital.
4. Expedite transport and notify Medical Command.

I. Limb presentation:

1. Rapid transport.
2. Notify Medical Command.

J. APGAR Scoring Chart:

Sign	0	1	2
Heart rate	Absent	<100/min	>100/min
Resp. effort	Absent	Weak cry	Strong cry
Muscle tone	Limp	Some flexion	Good flexion
Reflex irritability (feet stimulated)	No response	Some motion	Cry
Color	Blue and pale	Body pink; ext. blue	Pink