



# Obstetric Emergencies

FIELD TREATMENT GUIDELINE M-14

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| INDICATION   | <ul style="list-style-type: none"> <li>Life-threatening medical conditions that occur in pregnancy or during or after labor and delivery.</li> </ul>  |
| BLS          | <ul style="list-style-type: none"> <li>Follow <a href="#">General Medical Care M-01</a>.</li> </ul> <p><b>Nuchal Cord</b></p> <ul style="list-style-type: none"> <li>Attempt to slip the cord over the baby's head.</li> <li>If unable, insert gloved finger between baby's neck and cord and rotate around neck in circular fashion in attempt to slide cord over the neck.</li> <li>As a last resort, consider double clamping the cord and cutting between clamps, expediting delivery ASAP.</li> </ul> <p><b>Prolapsed Cord</b></p> <ul style="list-style-type: none"> <li>Place the mother in the knee-chest position (patient facing the gurney, chest level to bed, knees tucked under chest, pelvis and buttocks elevated).</li> <li>Insert a gloved hand into the vagina and gently push the presenting part (e.g. the neonate's head or shoulder off the cord. Do not pull on the cord.</li> <li>Advise mother not to push.</li> </ul> <p><b>Breech Presentation</b></p> <ul style="list-style-type: none"> <li>Allow delivery to proceed passively until the baby's waist appears. Gently rotate the baby to a face down position and continue with the delivery.</li> <li>If head does not readily deliver, insert a gloved hand into the vagina to relieve pressure on the cord and create an air passage for the infant. Transport &amp; monitor vital signs and infant condition frequently.</li> </ul> <p><b>Limb Presentation</b></p> <ul style="list-style-type: none"> <li>Place the mother in the knee-chest position (patient facing the gurney, chest level to bed, knees tucked under chest, pelvis and buttocks elevated).</li> </ul> |
| ALS          | <ul style="list-style-type: none"> <li>If indicated, refer to <a href="#">Vaginal Hemorrhage M-15</a>.</li> <li>If indicated, refer to <a href="#">Seizures M-06</a>.</li> </ul>  |
| KEY CONCEPTS | <ul style="list-style-type: none"> <li>Severe abdominal pain may be an indication of uterine rupture, septic abortion, or ruptured ectopic.</li> <li>Rapid transport with early notification to receiving facility should be considered early in the management of obstetric emergencies.</li> <li>If inspection of perineum reveals abnormal presentation (i.e. feet, buttocks, hand or face), rapid transport is indicated.</li> <li>If there is any question on how to proceed, contact the base hospital for on-line medical control.</li> </ul>  |