

**Obstetric Emergencies****CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management.
3. Administer oxygen.
4. If the mother is having contractions, has the sensation of a bowel movement, or the urge to push – check for crowning. If there is crowning, prepare for imminent delivery.
5. Place the patient in a LEFT lateral recumbent position.
6. If the patient is lying on an extrication device, elevate the right side of the extrication device a few inches.
7. Assess for shock and treat, if appropriate (see the Shock / Sepsis (Adult) protocol).
8. If delivery has begun do not permit mother to go to the bathroom.
9. If delivery has begun, see the Emergency Childbirth protocol.

**● CFR STOP****EMT**

10. **Special Considerations:**
  - a. For any Special Considerations listed above, request ALS assistance.
  - b. If seizures occur, see the Seizures (Adult) protocol.
    - i. **Hypertension:**
      1. Keep the mother calm; avoid loud noises, and dim lighting.
    - ii. **Seizures:**
      1. If seizures occur, see the Seizures (Adult) protocol.
    - iii. **Imminent Delivery:**
      1. Do not permit mother to go to the bathroom.
      2. If delivery has begun, see the Emergency Childbirth protocol.
    - iv. **Post-Partum Hemorrhage:**
      1. Massage the mother's abdomen over the uterus.
      2. If available, place a sanitary napkin over the vaginal opening.
11. Transport.

**● EMT STOP****Paramedic**

*For patients with severe pre-eclampsia, eclampsia or post-partum hemorrhage:*

12. Intravascular access.

**● Paramedic STOP****Medical Control Options**

1. For severe pre-eclampsia:
  - a. Administer Magnesium Sulfate 2 gm, IV infusion diluted in 50 – 100 ml of Normal Saline (0.9% NS) over 10 – 20 minutes.
2. For eclampsia (seizure):
  - a. Administer Magnesium Sulfate 2-4 gm, IV infusion diluted in 50 - 100 ml of Normal Saline (0.9% NS), over 10 – 20 minutes. (Maximum total dose is 4 grams)

**Key Points / Considerations**

1. Consider Supine Hypotension Syndrome as a cause of shock.

2. Severe pre-eclampsia is characterized by any one of the following:
  - a. Systolic blood pressure of 160 mmHg or higher
  - b. Diastolic blood pressure of 110 mmHg or higher
  - c. Severe headaches
  - d. Visual disturbances
  - e. Acute pulmonary edema
  - f. Upper abdominal tenderness