

I. General Considerations

- A. It must be remembered that one is dealing with two lives (at least), not one.
 - B. The enlarged uterus, if allowed to rest on the inferior vena cava, will limit the return of blood to the mother's heart and thus compromise the baby. This can be prevented by positioning the mother on her left side if possible.
 - C. If presenting with potential for multiple births, consider summoning additional resources (vehicles, personnel, etc.).
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II. History

Perform a focused history and physical exam with particular attention to:

- A. How many pregnancies has the patient had, including any abortions or miscarriages?
 - B. When was the last normal menstrual period or what is the patient's due date?
 - C. Has the patient ever had an ectopic pregnancy or pelvic inflammatory disease?
 - D. Have there been any complications with this or prior pregnancies such as high blood pressure, seizures, eclampsia, diabetes, cesarean section, etc?
 - E. Is the patient experiencing any pain or contractions?
 - F. If the patient is having contractions, when did they begin, how frequent are they, and how long do they last?
 - G. Has there been any vaginal discharge or bleeding?
 - H. Has there been any trauma?
 - I. Has the patient felt the baby moving? When was the last time?
 - J. Obtain the past medical history, including problems of high blood pressure, diabetes, pulmonary problems, cardiovascular disease.
 - K. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
 - L. Does the patient have any known medication allergies?
 - M. What position was the baby in when last checked by a medical professional?
 - N. Is the patient experiencing headaches, nausea or vomiting?
 - O. Is there a possibility of multiple births? If so, are other transportation resources needed?
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III. Physical Exam

- A. Perform an initial assessment.
 - B. Perform a focused history and physical exam with particular attention to:
 - 1. Is there evidence of ankle or leg edema?
 - 2. Is there abdominal rigidity or tenderness to light touch?
 - 3. Assess the deep tendon reflexes if trained to do so.
 - C. Is there any evidence of vaginal bleeding, discharge or crowning?
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IV. Treatment

Basic

- A. Establish an airway, maintain as indicated, suction as needed.
 - B. Administer high concentration oxygen.
 - C. Place the patient on her left side.
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For expectant childbirth

Basic

- A. Check for crowning. If there are no signs of crowning, proceed with transport.
- B. If crowning is present, prepare for delivery.
- C. Place sterile drapes about the perineum.
- D. Prevent explosive delivery of the baby's head by placing your gloved hand on the baby's head.
- E. Once the head has emerged from the birth canal, suction the mouth, then the nostrils.
- F. Support the head. Check to be certain the umbilical cord is not wrapped about the neck. Unwrap it if necessary.
- G. Support delivery of the body. Hold the child lower than the mother if possible and dry the baby off.
- H. Assess the baby's ABCs and proceed as indicated.
- I. Place the umbilical clamps approximately 8 and 10 inches from the baby.
- J. Massage the mother's lower abdomen.
- K. Transport, maintaining baby's warmth.

Intermediate and Paramedic

- L. Secure IV access if time permits.
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For Abnormal Presentation

Basic

(Breech, footling, hand, prolapsed cord, placenta previa)

- A. *Contact medical direction for advice and prepare for immediate transport.*
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For Post Delivery Hemorrhage

Basic

- A. Cover vaginal area with sterile dressing.
- B. Massage mother's lower abdomen.

Intermediate and Paramedic

- C. *Secure IV access and administer IV fluids per medical direction.*
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For Vaginal Bleeding (Non-expectant childbirth)

Basic

- A. Cover the vaginal area with sterile dressing.
- B. Save any vaginal discharge or products of conception.

Intermediate and Paramedic

- C. *Secure IV access and administer IV fluids per medical direction.*
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**PREGNANCY RELATED
EMERGENCIES AND
VAGINAL BLEEDING**

PREGNANCY/VAGINAL BLEEDING 3 OF 3

For Seizures

Basic

- A. Follow seizure treatment protocol.

Intermediate

- B. Secure IV access.

Paramedic

- C. *In the presence of third trimester pregnancy, if ordered by medical direction, consider 4 gm magnesium sulfate slow IV push over 5 minutes.*
- D. *If ordered by medical direction, administer benzodiazepine.*