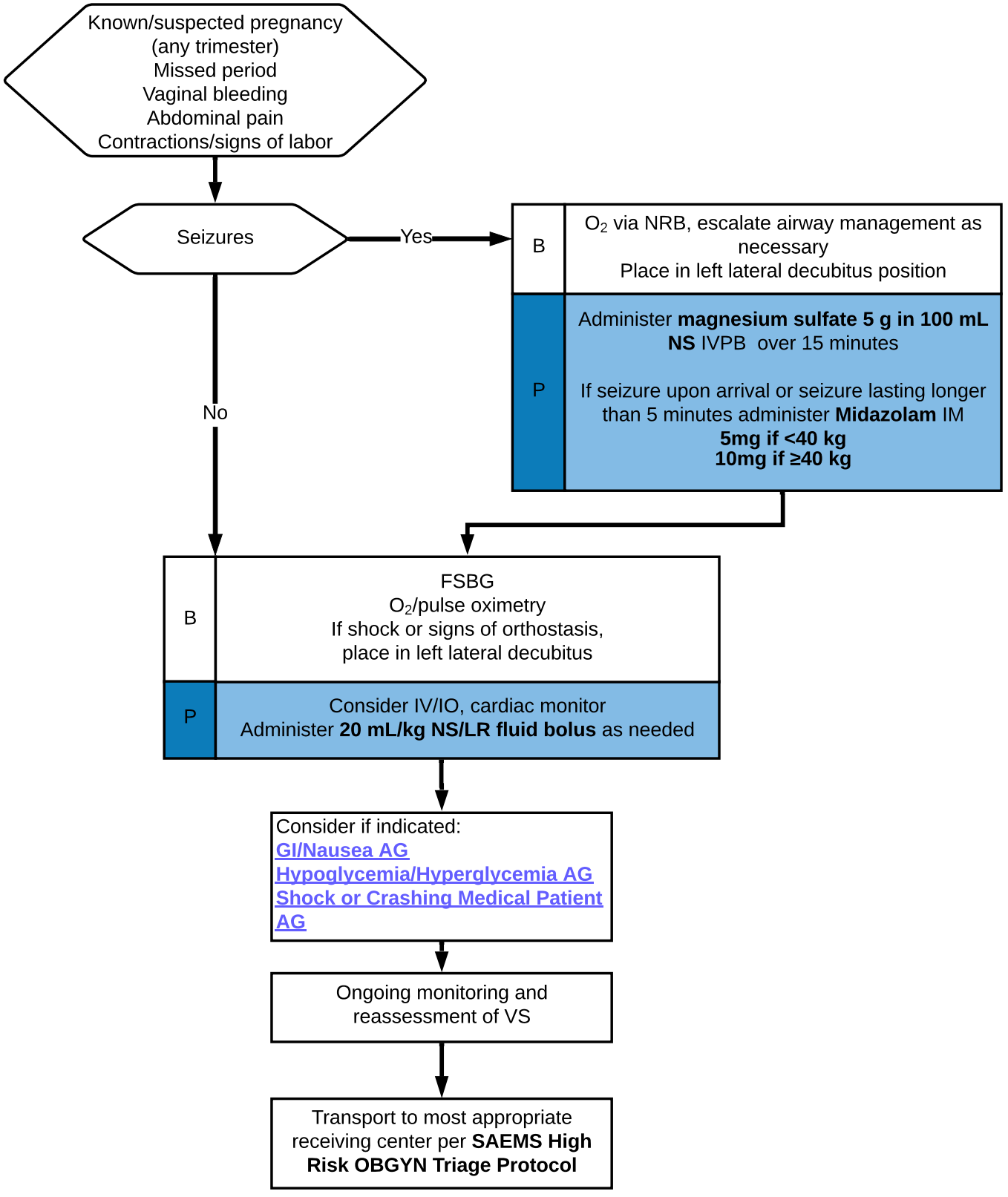
Obstetric Emergencies Administrative Guideline

History	Signs and symptoms	Differential
• Past medical history • History of hypertension • Prenatal care • Prior pregnancies/complications	• Vaginal bleeding • Abdominal pain • Seizures • Hypertension • Severe headache • Visual changes • Edema of hands and face	• Preeclampsia/eclampsia • Placenta previa • Placental abruption • Spontaneous abortion • Ectopic pregnancy



Education/Pearls

- **Ectopic Pregnancy:** the implantation of the fertilized egg outside of the uterus, which may cause rupture of organs, bleeding, and death. This often presents with abdominal pain and may mimic other abdominal pathology, like appendicitis.
  - Patients may or may not be aware they are pregnant (usually occurs within 5-10 weeks of implantation).
  - Maintain a high suspicion in women of childbearing age with severe abdominal pain, syncope, or shock.
  - May or may not present with vaginal bleeding.
- **Pre-eclampsia:** a disorder thought to be related to the placenta, pre-eclampsia may cause hypertension, swelling of hands and legs, abdominal pain, and in severe cases cerebral edema with vision changes.
  - Occurs in approximately 6% of pregnancies, up to 6 weeks postpartum
  - Some symptoms include: headache, RUQ pain, visual disturbances, leg/arm swelling, frothy urine
  - Management of hypertension associated with preeclampsia is typically not performed in the prehospital environment.
- **Eclampsia:** seizures or altered LOC in the context of pre-eclampsia.
  - Can occur up to 6 weeks post-partum
  - Treatment consists of magnesium sulfate administration and delivery of the fetus.
  - Magnesium IV is the mainstay of treatment until delivery can occur. Due to the serious consequences of seizures in the eclamptic patient, if the patient is actively seizing on your arrival or has a seizure lasting > 5 minutes, administer midazolam.
- **Placental Abruption:** a pathological detachment of the placenta, abruption presents as vaginal bleeding with or without abdominal pain.
  - Can occur after abdominal trauma
  - Treatment consists of delivery of the fetus.
  - May present with shock due to rapid internal blood loss.
- **Uterine Rupture:** rupture of the uterus, typically after abdominal trauma (such as an MVC).
  - May present with abdominal pain, palpable fetal parts on exam of the abdomen
  - May present with shock due to rapid internal blood loss.
- **Precipitous Delivery:** delivery of the fetus outside of an obstetric setting.
  - May occur more commonly in patients without prenatal care or who are multiparous (multiple prior deliveries).
  - Patient may express "needing to push"; examine externally for presenting fetal parts.
  - Utilize the OB kit; ensure support of the neonate's head during delivery, reduce any nuchal cord (cord wrapped around neonate's neck) present.
  - Follow the **Neonatal Resuscitation AG** for care of the neonate. Resuscitate the patient using the **Shock AG if indicated.**

Destination: Transport to facility based on gestational age - Per **SAEMS High Risk OB Triage**

- ≥20 weeks and <28 weeks - BUMC-T or TMC (NICU capable)
- ≥28 weeks - BUMC-T, TMC, SJH or NMC