Chapter 35

Obstetrics and Gynecology

Learning Objectives

- Review the anatomic structures and physiology of the female reproductive system
- Identify normal events of the menstrual cycle
- Describe how to assess the patient with a gynecological complaint

Learning Objectives (Cont'd)

- Explain how to recognize a gynecological emergency
- Describe the general care for any patient with a gynecological emergency
- Describe the pathophysiology, assessment, and management of specific gynecological emergencies
Learning Objectives (Cont'd)

- Identify normal events of pregnancy
- Describe how to assess an obstetric patient
- Describe procedures for handling complications of pregnancy
- Identify stages of labor and the paramedic’s role in each stage

Learning Objectives (Cont’d)

- Differentiate a normal and abnormal delivery
- State indications for imminent delivery
- Identify and describe complications associated with pregnancy and delivery
- Explain the use of contents of an obstetrics kit

Learning Objectives (Cont'd)

- Differentiate the management of a patient with predelivery emergencies from a patient with a normal delivery
- State the steps in the predelivery preparation of the mother
- Establish the relation between standard precautions and childbirth
Learning Objectives (Cont'd)

- State the steps to assist in the delivery of the newborn
- Describe the management of the mother after delivery
- Discuss the steps in the delivery of the placenta
- Describe how to care for the newborn

Learning Objectives (Cont'd)

- Describe how and when to cut the umbilical cord
- Summarize neonatal resuscitation procedures
- Describe the procedures for handling abnormal deliveries and maternal complications of labor

Learning Objectives (Cont'd)

- Describe special considerations of the premature baby
- Describe special considerations when meconium is present in the amniotic fluid or during delivery
Anatomy of the Female Genital Tract

- External female genitalia, uterus, vagina, fallopian tubes, ovaries, perineum
- Ovaries
  - Organ pair, release eggs/ova, reproductive hormones
  - Travels down fallopian tube to uterus

Anatomy of the Female Genital Tract (Cont’d)

- Uterus
  - Embryo/fertilized egg implants, grows
  - Upper convex portion, fundus
  - Uterine cavity
  - Uterine wall
- Cervix
  - Neck of uterus
  - Inserts into vagina
Anatomy of the Female Genital Tract (Cont’d)

- Birth canal
  - Lower uterus
  - Cervix
  - Vagina

Anatomy of the Female Genital Tract (Cont’d)

- External genitalia
  - Mons pubis
  - Labia majora
  - Labia minora
  - Urethral meatus
  - Vaginal orifice
  - Perineum/perineal body
Anatomy of the Female Genital Tract (Cont’d)

Anatomy of the External Female Genitalia

Menstrual Cycle

- Occurs approximately every 28 days
- Normal discharge of blood, mucus, cellular debris from uterine cavity
- Menarche
- Menopause

Menstrual Cycle (Cont’d)

- Menstrual cycle phases
  - Proliferative
  - Ovulation
  - Secretory
Gynecological Emergencies

- Assessment and management
  - Vaginal bleeding
  - Abdominal pain
  - Vomiting
  - Fever
  - Diaphoresis
  - Syncope
  - Stool pattern changes
  - Dyspareunia
  - Urinary symptoms

Gynecological Emergencies (Cont’d)

- Assessment and management
  - Signs
    - Tachycardia, hypotension, fever, abdominal tenderness, blood from vagina

Gynecological Emergencies (Cont’d)

- Assessment and management
  - History
  - Recording format
  - Assess, treat for shock, maintain ABCs, IV access, monitor vital signs, transport
Gynecological Emergencies (Cont'd)

- Specific gynecological emergencies
  - Nontraumatic abdominal pain
    - Pelvic inflammatory disease
    - Sexually transmitted infection
    - Chlamydia
    - Gonorrhea
    - Untreated, lead to abscess, sepsis, scarring of uterus and tubes, infertility

- Findings
  - Lower abdominal pain
  - Possible fever
  - Vaginal discharge
  - Dyspareunia
  - Patient doubled over walking
  - Abdominal guarding
  - Acute onset
  - Ill appearance

- Ovarian disorders
  - Follicle may not rupture, continue to grow, form ovarian cyst
  - May rupture spontaneously, after mild abdominal injury, intercourse, exercise
  - Symptoms
  - Ovarian torsion must be considered
Gynecological Emergencies (Cont'd)

- Specific gynecological emergencies
  - Nontraumatic abdominal pain
    - Bladder infection
      - Bacteria ascends from perineum through the genital tract into urethral opening
      - Isolated in bladder
      - Suprapubic pain, cloudy urine, urinary frequency, hematuria, dysuria
      - Untreated, leads to pyelonephritis/kidney infection
      - Antibiotics, pain relief

Gynecological Emergencies (Cont'd)

- Specific gynecological emergencies
  - Nontraumatic abdominal pain
    - Mittelschmerz
      - Pain with ovulation
      - Small amount of blood/fluid leaking from follicle into peritoneal cavity when ovum is released
      - Low grade fever

Gynecological Emergencies (Cont'd)

- Specific gynecological emergencies
  - Uterine disorders
    - Endometritis
    - Endometriosis
    - Uterine prolapse
Gynecological Emergencies (Cont'd)

Specific gynecological emergencies

- Nontraumatic abdominal pain
  - Vaginal disorders
    - Vaginitis
  - Vaginal bleeding
    - Treat for hemorrhagic shock
    - O₂
    - IV access
    - Monitor vital signs
    - Transport

- Traumatic abdominal pain
  - Vaginal bleeding
    - Vigorous intercourse
    - Straddle-type injury
    - Pelvic fracture
    - Direct blow to perineum
    - Blunt force to lower abdomen
    - Foreign body inserted into vagina
    - Abortion attempts
    - Treat for hemorrhagic shock
    - Oxygen, IV access, monitor vital signs, transport

- Sexual assault
  - Anxiety, withdrawal, silence, denial, anger, fear
  - Compassion, patience
  - Examine genitalia only if severe injury
  - Head injuries, abdominal trauma, strangulation injuries, chest trauma, extremity lacerations/fractures
  - Crime scene
Gynecological Emergencies (Cont'd)

- Specific gynecological emergencies
  - Traumatic abdominal pain
    - Intimate partner violence
    - Pregnant women increased risk
    - Blunt trauma to abdomen
    - Face, head, breasts
    - Paramedic safety priority

Obstetrics

- Prehospital delivery
  - Previous deliveries
  - Unsuspected complication, premature labor, bleeding
  - Psychosocial issues
    - Lack of access to medical care, drug/alcohol abuse, domestic violence

Obstetrics (Cont'd)

- Obstetric terms
  - Antepartum
  - Gestation
  - Grand multipara
  - Gravida
  - Multigravida
  - Multipara
  - Natal
  - Nullipara
Obstetrics (Cont’d)

- Obstetric terms
  - Para
  - Parity
  - Perinatal
  - Postnatal
  - Postpartum
  - Prenatal
  - Primigravida
  - Primipara
  - Term gestation

Anatomy and Physiology of Pregnancy

- Fetal development
  - Fertilization occurs in distal third of fallopian tube
  - Embryo, first 8 weeks of pregnancy, then fetus
  - Grows in amniotic sac
  - Fluid originates from fetal secretions, primarily urine

Anatomy and Physiology of Pregnancy (Cont’d)

- Fetal development
  - Umbilical cord
    - Nutrition
    - O₂
    - Waste elimination
    - Three vessels, two arteries and vein, connects fetus to placenta
Anatomy and Physiology of Pregnancy (Cont'd)

- Fetal development
  - Placental functions
    - Transfer of gases
    - Transport of nutrients
    - Excretion of wastes
    - Hormone production
    - Protection

Anatomy and Physiology of Pregnancy (Cont’d)

- Fetal development
  - Normal length of pregnancy
  - Trimesters, 3 months each
  - Gender determined by end of first trimester
  - Fetal heart tones detectable by stethoscope, 20 weeks
  - Fetal movement felt, 18-22 weeks
  - Term, week 37
  - Estimated date of confinement (EDC)/estimated due date

Anatomy of Pregnant Woman
Anatomy and Physiology of Pregnancy (Cont’d)

- Maternal physiology
  - First trimester, heart rate increases by 10-15 beats/min
  - Diaphragmatic displacement rotates heart, displaces upward, left

- Respiratory rate increases
  - Functional residual capacity reduced
  - Increase in tidal volume, minute volume

- BP decrease of 10-15 mm Hg by second trimester, normal by third trimester
  - Blood volume, 1.5x
  - Cardiac output increases by 30% by week 34
  - Supine hypotensive syndrome
Anatomy and Physiology of Pregnancy (Cont’d)

- Maternal metabolism and nutrition
  - Normal weight gain varies, usually 11-16 kg, most should occur during second half of pregnancy
  - Insulin resistance

Assessment of Pregnant Patient

- History
  - Primary complaint, relation to pregnancy
  - Vaginal bleeding, uterine contractions, abdominal pain
  - Gestational age
  - Gravidity
  - Parity

Assessment of Pregnant Patient (Cont’d)

- Physical examination
  - General appearance
  - Vital signs
  - Dehydration, shock
Assessment of Pregnant Patient (Cont’d)

- Physical examination
  - Gestational age >20 weeks, fetal heart tones
  - Feet, legs for edema
  - Abdominal examination, palpate urine fundus, note height relative to abdominal landmarks

Assessment of Pregnant Patient (Cont’d)

Uterine Growth during Pregnancy

General Management of Pregnant Patient

- Two patients
- Hypoxia, hypovolemia
- O₂ requirements increase
- Standard diagnostic, treatment modalities
General Management of Pregnant Patient (Cont’d)

- Respiratory distress, respiratory arrest, higher vomiting risk, aspiration
- Left lateral recumbent position

Complications of Early Pregnancy

- Abortion (miscarriage)
  - Preterm delivery, premature birth
  - Spontaneous abortion/miscarriage
  - Complete abortion
  - Incomplete abortion
  - Threatened abortion
  - Septic abortion
  - Therapeutic abortion

Complications of Early Pregnancy (Cont’d)

- Abortion (miscarriage)
  - Signs, symptoms
    - Abdominal cramping
    - Vaginal bleeding
    - Passage of tissue/fetus
    - Hemorrhagic shock
  - Assess ABCs, oxygen, treat for shock
  - Monitor vital signs
  - Passed tissue/fetus, place in clean plastic bag
  - Emotionally traumatic
Complications of Early Pregnancy (Cont’d)

- Abortion (miscarriage)
  - Assess ABCs
  - O2
  - Treat for shock
  - Monitor vital signs
  - Passed tissue/fetus, place in clean plastic bag
  - Emotionally traumatic

- Ectopic pregnancy
  - Pregnancy outside of uterus, usually fallopian tube
  - Scarring/inflammation in pelvis
  - Tube may rupture
  - Symptoms begin during week 5-10
  - Monitor for shock, IV, supine position

- Hyperemesis gravidarum
  - Severe form of morning sickness
  - Nausea, vomiting, weight loss, electrolyte imbalance, dehydration
Complications of Late Pregnancy

- Placental abruption
  - Separation of part of placenta from uterus
  - Abdominal trauma
  - High BP
  - Maternal cocaine/tobacco use
  - Poor nutrition
  - Advanced maternal age
  - Uterus/placental infection

Complications of Late Pregnancy (Cont'd)

- Placenta previa
  - Abnormal placement of placenta, covers cervical opening
  - Previous c-section, multiparity, increasing age, preterm births
  - 3rd trimester bleeding

Complications of Late Pregnancy (Cont'd)

- Preeclampsia, eclampsia
  - Pregnancy-induced hypertension
  - Life-threatening
Complications of Late Pregnancy (Cont'd)

- Preeclampsia, eclampsia
  - Risk factors
    - Primigravidity
    - Twin, multiple gestation
    - Prior pregnancies with different fathers
    - Hypertension
    - Excessive amniotic fluid
  - Diagnoses
    - Diabetes
    - Renal disease
    - Obesity
    - Maternal age >35 years
    - History of preeclampsia

- Symptoms
  - Headache
  - Severe swelling of hands, feet, face
  - Right upper quadrant, epigastric pain
  - Nausea, vomiting
  - Visual disturbances
  - Proteinuria present
  - With seizures, eclampsia

- Complications
  - Stroke, clotting, bleeding problems, kidney or liver failure, death
  - BP, 140/90 mm Hg, acute systolic rise >20 mm Hg

- Management
  - Manage airway
  - O2
  - IV access
  - Transport
Complications of Late Pregnancy (Cont'd)

- Infection
  - Some affect only the baby, only the mother, or both
  - Pyelonephritis
    - Fever, chills, flank pain, tenderness, frequency, urgency, hematuria, dysuria
    - Preterm labor signs, septic shock, respiratory distress
    - Treat for shock
    - Transport

Complications of Late Pregnancy (Cont'd)

- Infection
  - Chorioamnionitis
    - Amniotic sac infection
    - Risk factors
      - Young age
      - Low socioeconomic status
      - Nulliparity
      - Extended labor duration and ruptured membranes
      - Multiple vaginal examinations
      - Preexisting infections of lower genital tract

Complications of Late Pregnancy (Cont'd)

- Premature rupture of membranes
  - Amniotic sac rupture before labor
  - Fluid gushes from vagina with persistent leakage
  - Cord prolapsed, cesarean delivery, placental abruption
  - Antibiotics, steroids
Complications of Late Pregnancy (Cont’d)

- Diabetes
  - Poor fetal outcomes, stillbirth, fetal distress
  - Hypertensive diseases
  - Preterm labor
  - Spontaneous abortion
  - Pyelonephritis
  - Diabetic ketoacidosis
  - Cerebral hemorrhage, cardiac failure, renal failure
  - Large babies, shoulder dystocia

Normal Childbirth

- Labor
  - Onset of regular, coordinated contractions of uterus, combined with dilation of cervix
  - Braxton-Hicks contractions

Normal Childbirth (Cont’d)

- Labor
  - First stage
    - Onset of regular uterine contraction to complete cervical dilation
    - Dilation stage
    - Measure contraction time, interval
    - Bloody show
Normal Childbirth (Cont’d)

- Labor
  - Second stage
    - Full dilation of cervix to delivery of newborn
    - Expulsion stage
    - Moving into birth canal
    - Amniotic sac ruptures
    - Presenting part visible, usually head
    - Crowning

Normal Childbirth (Cont’d)

- Labor
  - Third stage
    - Immediately after delivery until expulsion of placenta
    - Placental stage
    - Do not delay transport for placental delivery
    - If placenta delivers, check for all parts, place in bag

Normal Childbirth (Cont’d)

- Delivery
  - Decision to transport versus delivery in field
    - Estimated transport time
    - Mother’s condition complicated by other life threats
    - If mother wants to bear down, inspect perineum
    - If crowning, prepare for delivery
Normal Childbirth (Cont’d)

- Delivery
  - Preparation for delivery
    - Private area
    - Standard precautions
    - Supplies

- Delivery
  - Position mother

- Delivery procedure
  - Allow head to deliver in controlled, gradual manner
  - Use bulb syringe to suction mouth, nose
  - Check around neck for umbilical cord
Normal Childbirth (Cont’d)

Normal Delivery

Delivery procedure
- Gently direct head downward to allow anterior shoulder to slip out from under the pubic bone
- Keep infant at vagina level to wipe remaining secretions around mouth, nose
- Dry infant to reduce body heat loss, stimulate breathing

Delivery
- Cut umbilical cord, place two clamps, cut between them
- Wrap infant in clean towels, blankets
- Note time of delivery
- Multiple births, prepare for next delivery
- Watch for placenta to deliver spontaneously
- Place in container, transport to hospital
Postdelivery Care of Mother

- Mother weak, tired
- Monitor BP, heart rate
- Keep mother warm, watch for shock
- Excessive blood loss, massage uterus

Postdelivery Care of Mother (Cont'd)

Uterine Massage

Postdelivery Care of Infant

- Airway
  - Suction immediately after head is delivered
  - Check again to ensure no mucus
  - Repeat bulb suctioning if necessary
Postdelivery Care of Infant (Cont'd)

- Breathing
  - Clearing airway, drying procedures usually stimulate breathing
  - Rub back, flick feet with fingers
  - Chin lift/jaw thrust to open airway
  - Respiratory rate at least 30 breaths/min
  - Bag mask device

Postdelivery Care of Infant (Cont'd)

- Circulation
  - Check for pulse in umbilical cord, brachial artery
  - No pulse, <60 beats/min, begin chest compressions

Postdelivery Care of Infant (Cont'd)

- Apgar scores
  - Appearance
  - Pulse
  - Grimace
  - Activity
  - Respiratory effort
Complications of Childbirth

- Preterm delivery
  - Between 20 and 37 weeks
  - Risk factors
    - Physiological abnormalities
    - Uterine/cervical abnormalities
    - PROM
    - Multiple gestations
    - Intrauterine infection

- Preterm delivery
  - Fluid leakage, amniotic sac broken
  - Rapid transport, rest, fluids, tocolytic administration
  - Baby may need aggressive resuscitation
  - Humidified blow-by O₂
  - Keep infant warm
  - 24 weeks, old enough to survive

Complications of Childbirth (Cont'd)

- Breech delivery
  - Baby’s buttocks, lower extremities first part to enter birth canal
  - Frank breech, complete breech, footling breech
  - As infant delivers, support legs, pelvis
Complications of Childbirth (Cont'd)

Breech Delivery

- Breech delivery
  - Do not grasp by abdomen, can damage internal organs
  - Grasp pelvic bone, do not pull on body
  - Rotate torso so shoulders oriented anteriorly to posteriorly
  - Guide body upward to allow posterior shoulder to deliver, then downward to deliver anterior shoulder

Complications of Childbirth (Cont'd)

- Breech delivery
  - Position mother
Complications of Childbirth (Cont'd)

Airway for Breech Delivery

- Shoulder dystocia
  - Head delivers, shoulder trapped under pelvic bone
  - "Turtle sign"
  - Knee chest position
  - Do not pull hard
  - Press downward with fingers on baby's shoulder through mother's abdominal wall just above pubic bone
  - Unsuccessful, rapid transport

Complications of Childbirth (Cont'd)

- Cephalopelvic disproportion
  - Baby's head too large for maternal pelvic opening
  - Cesarean section required
Complications of Childbirth (Cont'd)

- Prolapsed umbilical cord
  - Cord in front of presenting part, becomes compressed, cutting off blood supply, O₂ to baby

Complications of Childbirth (Cont'd)

- Compound presentation
  - Presentation of extremity alongside major presenting fetal part
  - Knee-chest position
  - O₂
  - Transport immediately

Complications of Childbirth (Cont'd)

- Multiple births
  - Markedly enlarged abdomen after delivery, consider multiple births
  - Procedures same as single birth
  - Higher risk, breathing difficulties, hypothermia
Complications of Childbirth (Cont’d)

- Vaginal bleeding
  - Massage abdomen
  - Breastfeed
  - Shock, hemorrhagic shock
  - O₂
  - Keep mother warm
  - IV access

- Meconium
  - Newborn’s first bowel movement
  - Baby in distress from lack of oxygen, infection
  - Aspirate into lungs with first breath

- Fetal death
  - CPR
  - Emotional support
Complications of Childbirth (Cont'd)

- Uterine inversion
  - Uterus turned inside out
  - One attempt at replacing uterus
  - Cover exposed tissue with moist sterile gauze
  - Transport
- Uterine rupture
  - Treat for shock
  - Rapid transport

Complications of Childbirth (Cont'd)

- Pulmonary embolism
  - Risk increases five times in perinatal, postpartum period
  - Clot in pelvic circulation
  - Dyspnea
  - Tachypnea
  - Cough
  - Pleuritic chest pain
  - Tachycardia
  - Hemoptysis
  - Diaphoresis

Trauma in Pregnancy

- Leading cause of death in pregnancy
- Syncopal episodes
- Best treatment for fetus is treatment to mother
Trauma in Pregnancy (Cont’d)

- ABCs, O₂
- Position on left side after week 24
- Cervical collar and backboard, tilt backboard 15° to left using pillows, linens under backboard

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Trauma in Pregnancy (Cont’d)

Tilted Backboard

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Trauma in Pregnancy (Cont’d)

- Seat belt use in pregnancy
  - Lap belt snugly, comfortably under abdomen and across thighs, shoulder belt between breasts
Chapter Summary

- Major female reproductive structures include uterus, ovaries, fallopian tubes, and vagina
- During the menstrual cycle, endometrium prepared by hormones estrogen, progesterone to receive the fertilized egg
  > If egg is not fertilized, lining is shed as menstruation

Chapter Summary (Cont’d)

- Assessment and management of gynecological emergency should include a history that focuses on the primary complaint and specifically addresses vaginal bleeding, abdominal pain, and the possibility of pregnancy
  > May be a sensitive issues for patient; maintain a caring, professional attitude at all times

Chapter Summary (Cont’d)

- Most gynecological problems are not life threatening; an ectopic pregnancy can kill otherwise healthy women
  > Any woman with vaginal bleeding and abdominal pain who might be pregnant should be monitored for shock and transported for further evaluation
Chapter Summary (Cont’d)

- Domestic violence and sexual assault are terrifying for the patient; the primary responsibility is to keep the patient and yourself safe from further violence
  - Try to cooperate with law enforcement authorities in collecting evidence whenever possible

Chapter Summary (Cont’d)

- Pregnancy is a normal event in the human life cycle
  - When egg is fertilized it travels down the fallopian tube, implants in lining of the uterus
  - Egg develops into embryo, attached by umbilical cord to placenta
    - Placenta is the organ that exchanges nutrition, toxins for embryo
    - After 8 weeks embryo is called a fetus
  - Normal duration of pregnancy is 38-40 weeks

Chapter Summary (Cont’d)

- Enlarging uterus causes physiological changes unique to pregnancy
  - Heart rate, respiratory rate increase slightly, blood pressure decreases slightly
  - Blood volume is significantly increased
  - Can compress major blood vessels in abdomen to cause supine hypotension syndrome
  - To avoid this, transport woman on her left side during the second half of pregnancy
Chapter Summary (Cont’d)

- Obstetric history should start with primary complaint and its relation to the pregnancy
  - Always ask about the presence of vaginal bleeding, contractions, and abdominal pain
  - Try to establish EDC, gravidity, and parity of patient
  - If mother is at least 20 weeks pregnant, listen for fetal heart tones on physical examination of the abdomen

Chapter Summary (Cont’d)

- Vaginal bleeding and abdominal pain in first trimester of pregnancy may be signs of miscarriage/ectopic pregnancy
  - Both conditions may cause life-threatening bleeding
  - Closely monitor these patients for shock and transport as soon as possible

Chapter Summary (Cont’d)

- Placental abruption and placenta previa are complications of late pregnancy; they may cause vaginal bleeding
  - Previa is often associated with painless, bright-red bleeding
  - Abruption is associated with abdominal pain, tender uterus
  - Significant vaginal bleeding is not normal before delivery; prompt careful monitoring for shock, rapid transport
• Preeclampsia, disorder of second half of pregnancy, may include signs such as hypertension, severe extremity swelling, vomiting, abdominal pain, and headaches
  ➢ Most serious complication of preeclampsia is seizures; assume any seizure in pregnancy is caused by preeclampsia; treat with careful airway management, supplemental oxygen, IV access, and prompt transport
  ➢ Drug for eclamptic seizures is magnesium sulfate

• Like pregnancy, childbirth is a normal event in the human life cycle; it usually progresses without difficulty no matter where it happens
  ➢ Most deliveries occur in hospitals/birthing centers with medical professionals in attendance
  ➢ Reassure the mother, prepare for delivery, assist with birth, monitor the mother and baby closely after delivery
  ➢ ABCs

• Labor divided into three stages
  ➢ First stage begins with onset of contractions, ends when cervix is fully dilated
  ➢ Second stage is the time from complete dilation of the cervix until delivery of the infant
  ➢ Third stage begins after the infant is delivered, ends with delivery of the placenta
Chapter Summary (Cont’d)

- Some indicators for imminent delivery include sensation of needing to push, rupture of membranes, and contractions that are longer than 1 minute and closer than 2-3 minutes apart
  - Examine mother for crowning, perineal bulging

Chapter Summary (Cont’d)

- If you must deliver the infant outside the hospital, try to find a private, protected place and use proper standard precautions, including wearing gown, gloves, mask, and protective eyewear
- Supplies for delivery include clean linens, bulb syringe, umbilical cord clamps, gauze, sponges, scissors, and container for placenta

Chapter Summary (Cont’d)

- Allow the head to deliver in a gradual, controlled manner and check for the umbilical cord wrapped around the baby’s neck
  - If present, pull cord over baby’s head
- Immediately suction infant’s nose and mouth before body delivers
  - If meconium is present, suction the mouth and nose thoroughly, provide oxygen, watch for breathing difficulties
Chapter Summary (Cont’d)

- After body delivers, dry the baby, clamp, cut the umbilical cord, assess baby’s ABCs, stimulate infant to breathe if necessary, and provide oxygen as needed
- If placenta delivers, place it in a clean container, transport it to hospital with mother and infant

- Easy to focus on only one of your patients after delivery; continue to reassess ABCs in both mother and baby and provide support as needed
- Up to 500 mL of blood loss after delivery is normal and should be expected
  - If mother continues to have brisk bleeding, massage the uterus through the abdominal wall, encourage her to breastfeed if possible to slow bleeding

- Preterm delivery, delivery before week 37 of pregnancy; infants may need more aggressive resuscitation than term infants; they are more prone to hypoxia, respiratory distress, and hypothermia
  - Keep infant warm and provide ventilatory assistance as needed
Chapter Summary (Cont’d)

- Abnormal presentations include breech presentation, shoulder dystocia, limb presentation, and cord prolapse
  - Placing mother in knee-chest position provides widest possible diameter of pelvis and may expedite delivery
  - In case of cord prolapse, it will help reduce pressure on cord

Chapter Summary (Cont’d)

- Fetal demise is a horrific event for the mother; a gentle, supportive demeanor should be maintained at all times
  - Err on the side of doing everything to aid in the infant’s survival
- Uterine complications of delivery can include inversion/rupture; both are life-threatening events that require prompt recognition and treatment for shock

Chapter Summary (Cont’d)

- Pregnant women are at increased risk of pulmonary embolism
  - Suspect if woman is short of breath, reports pleuritic chest pain, or coughs up blood
Chapter Summary (Cont’d)

- Trauma is the leading cause of death among pregnant women in the United States
  - Best care for the fetus is good care for the mother; treat aggressively, always position the pregnant woman in a left lateral recumbent position when possible
    - If she requires a backboard, tilt to the left to reduce the risk of supine hypotensive syndrome

Questions?