OBSTETRICS AND GYNECOLOGY

Objectives

5-8.1 Identify basic facts and terms about obstetrics and gynecology and step-by-step procedures for a field delivery, with at least 80% accuracy.

Objectives

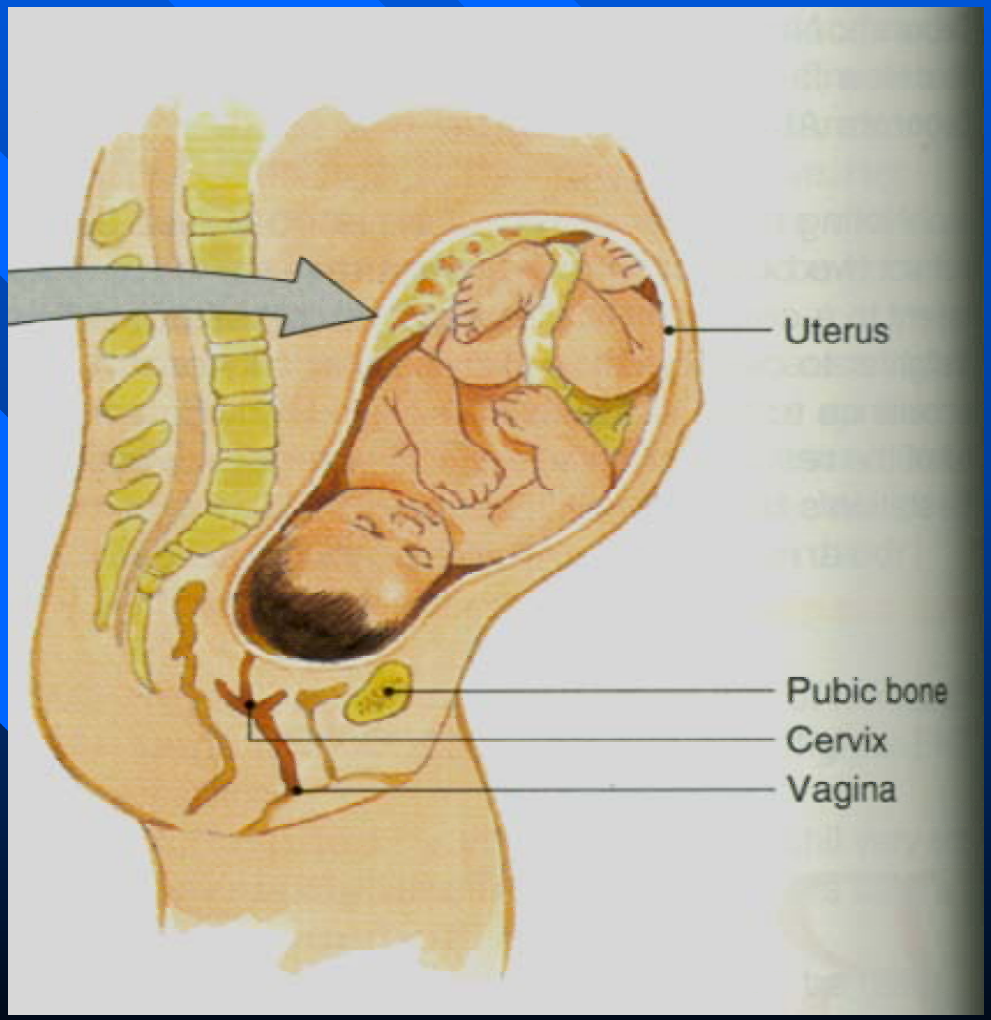
- Reproductive anatomy and physiology
- Contents of a childbirth delivery kit
- Emergency Medical Care – Predelivery Emergencies

Objectives

- Normal Childbirth
- Abnormal Deliveries
- Gynecological Emergencies

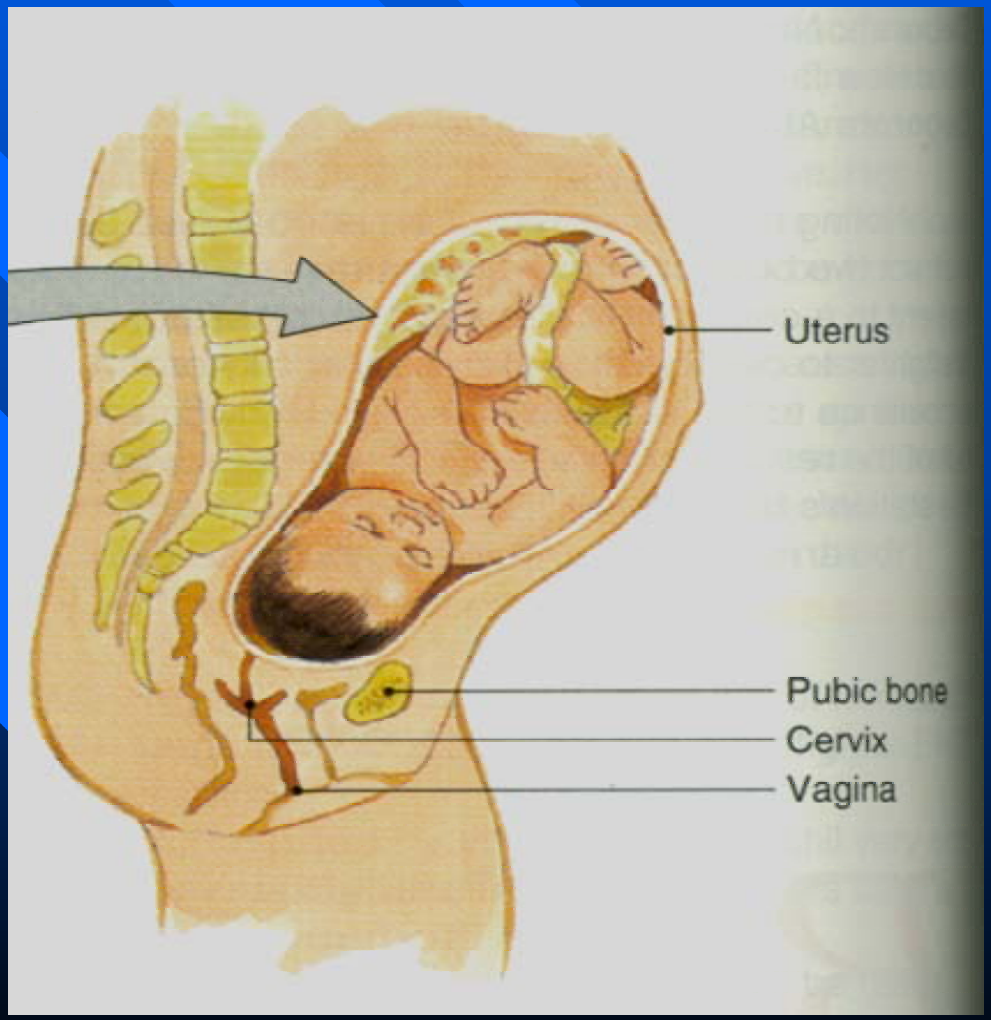
Reproductive A&P

- Anatomy
  - –Fetus
    - »Developing unborn baby



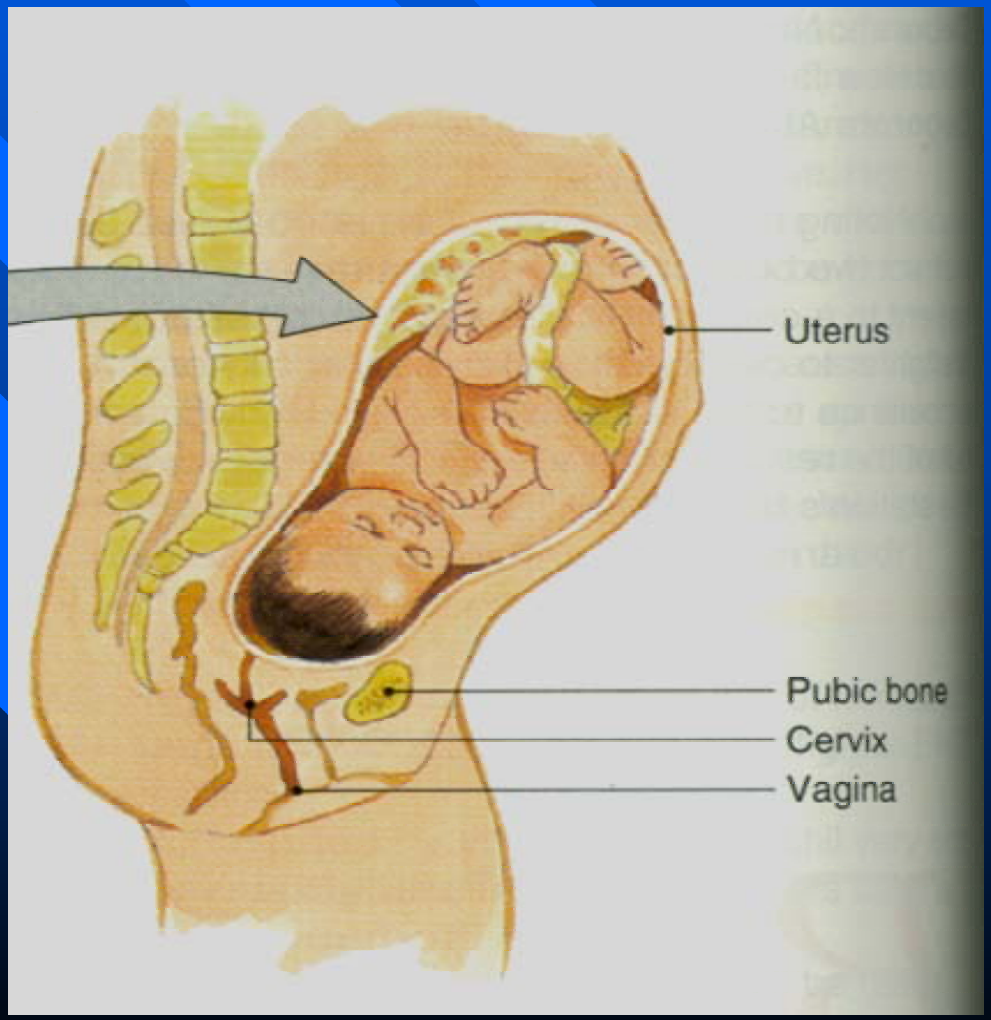
Reproductive A&P

- Anatomy
  - –Uterus
    - »Organ in which fetus grows



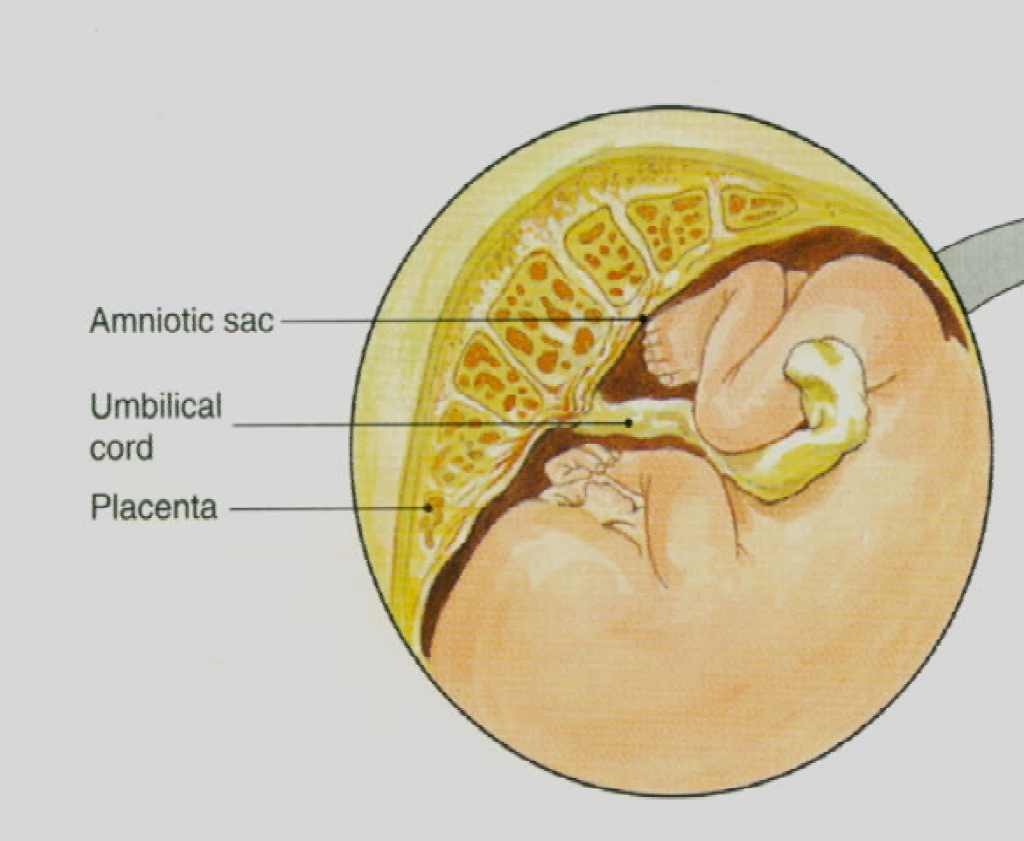
Reproductive A&P

- Anatomy
  - –Birth canal
    - »Vagina and lower part of the uterus



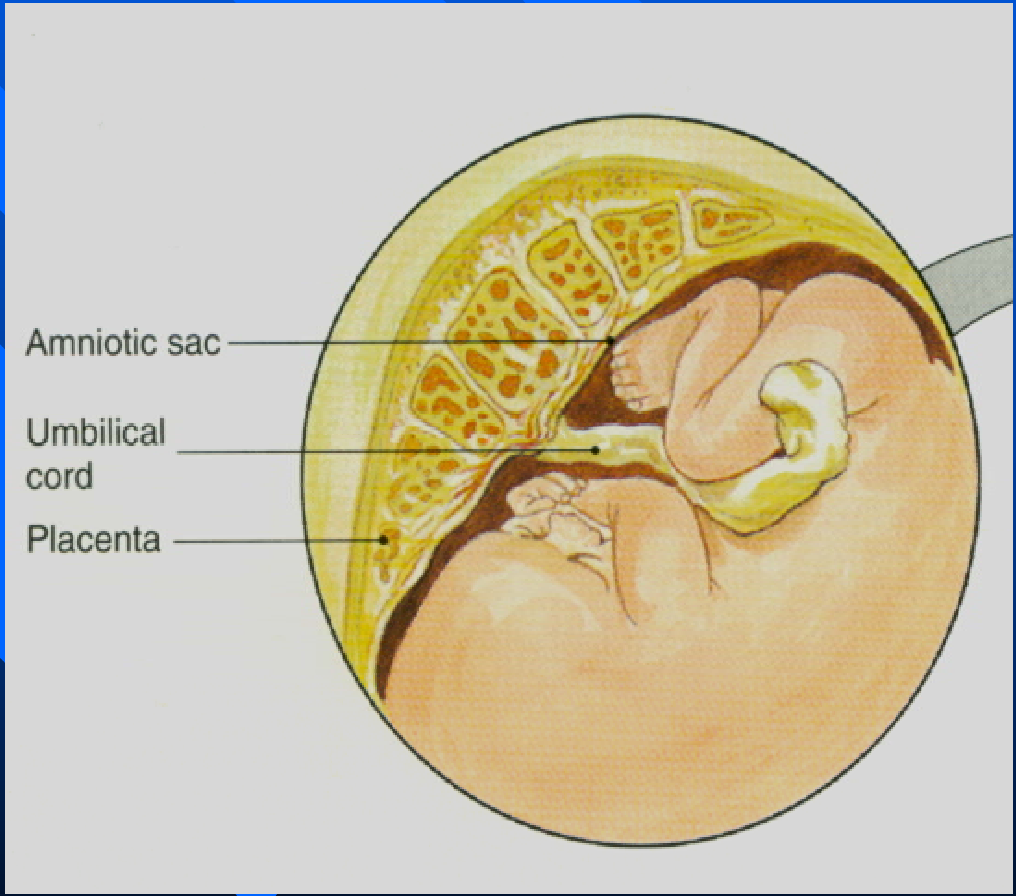
Reproductive A&P

- Placenta
  - »Fetal organ where the fetus exchanges nutrients and waste products



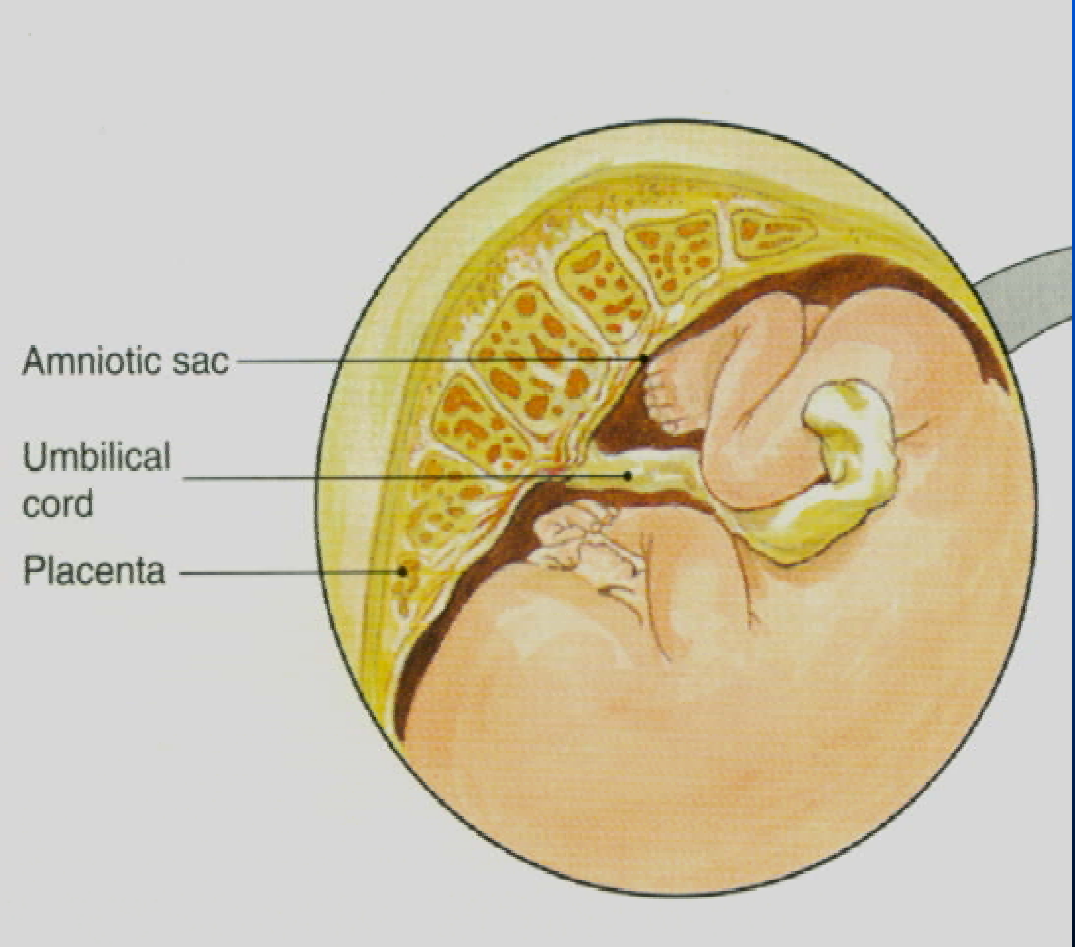
Reproductive A&P

- Umbilical cord
  - »Cord which is an extension of placenta



Reproductive A&P

- Amniotic Sac
  - »The sac that surrounds the fetus



Reproductive A&P

- Vagina
  - »Lower part of birth canal
- Perineum
  - »Skin area between vagina and anus

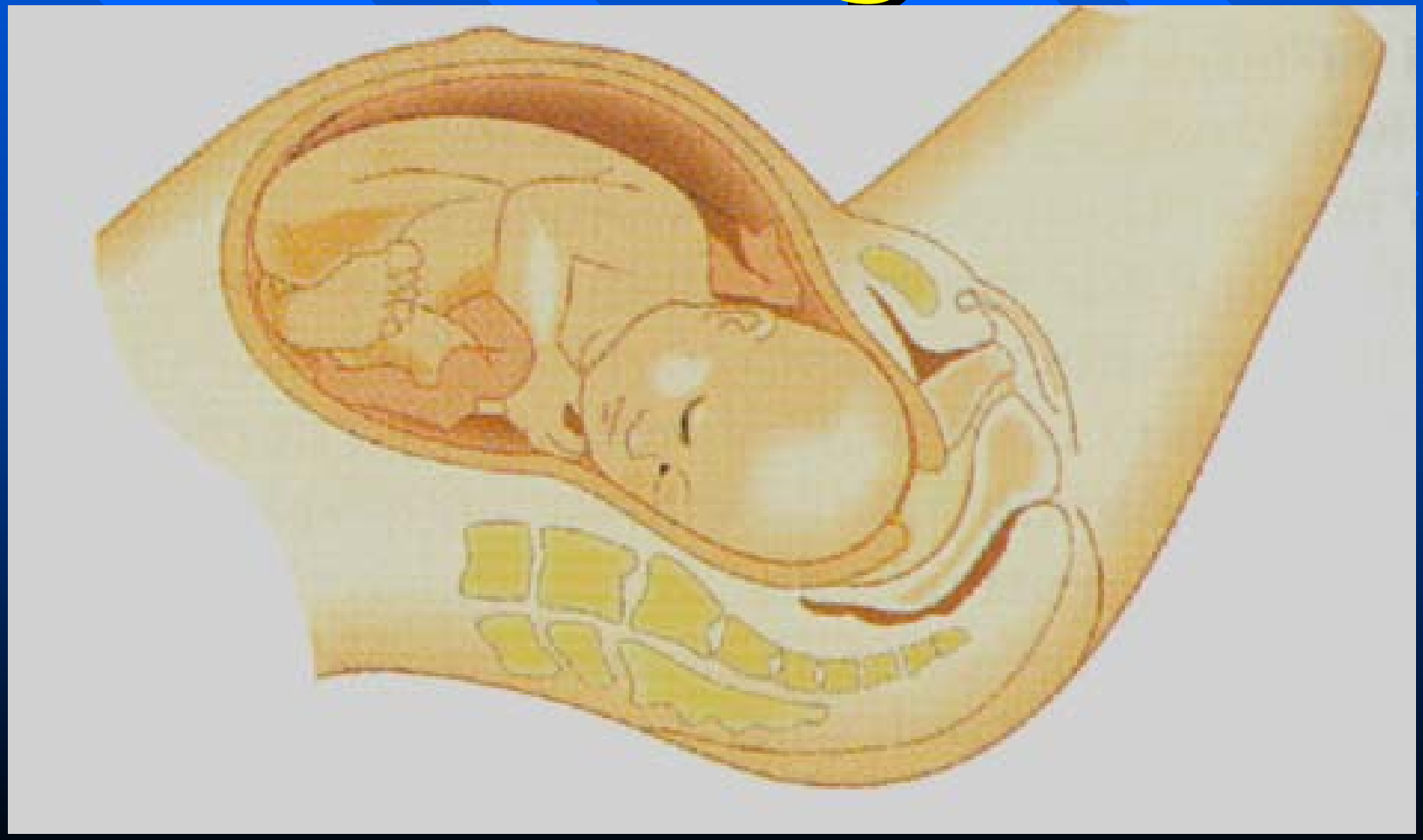
Reproductive A&P

- Crowning
  - »Bulging-out of the vagina by the presenting part of fetus
- Bloody show
  - »Mucus and blood that may come out as labor begins

Reproductive A&P

- Presenting part
  - »Part of the fetus that comes first
- Abortion/miscarriage
  - »Delivery of products of conception early in pregnancy

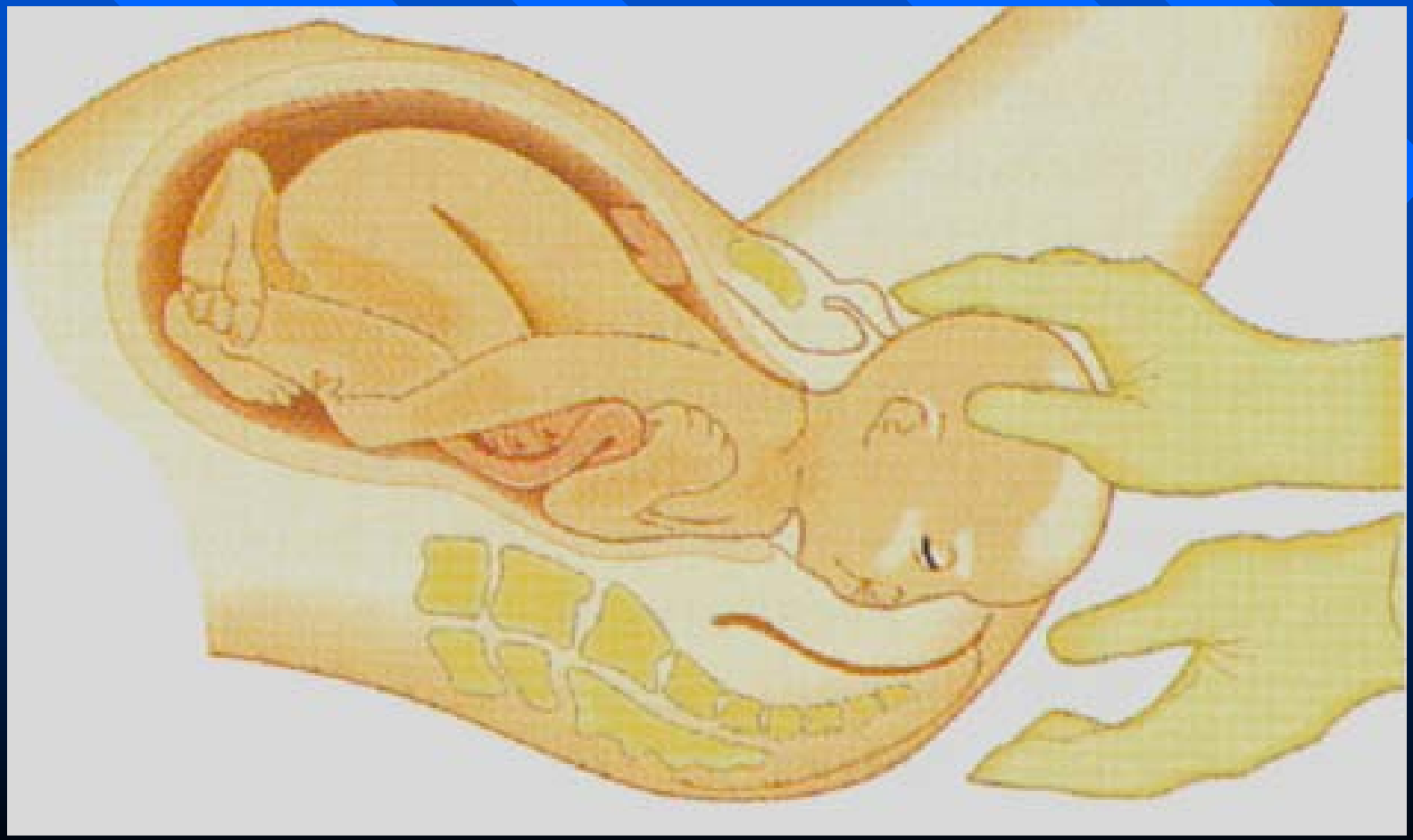
Labor
1st Stage



Labor

- 1st stage
  - »Begins with regular contractions
  - »Ends with cervix fully dilated

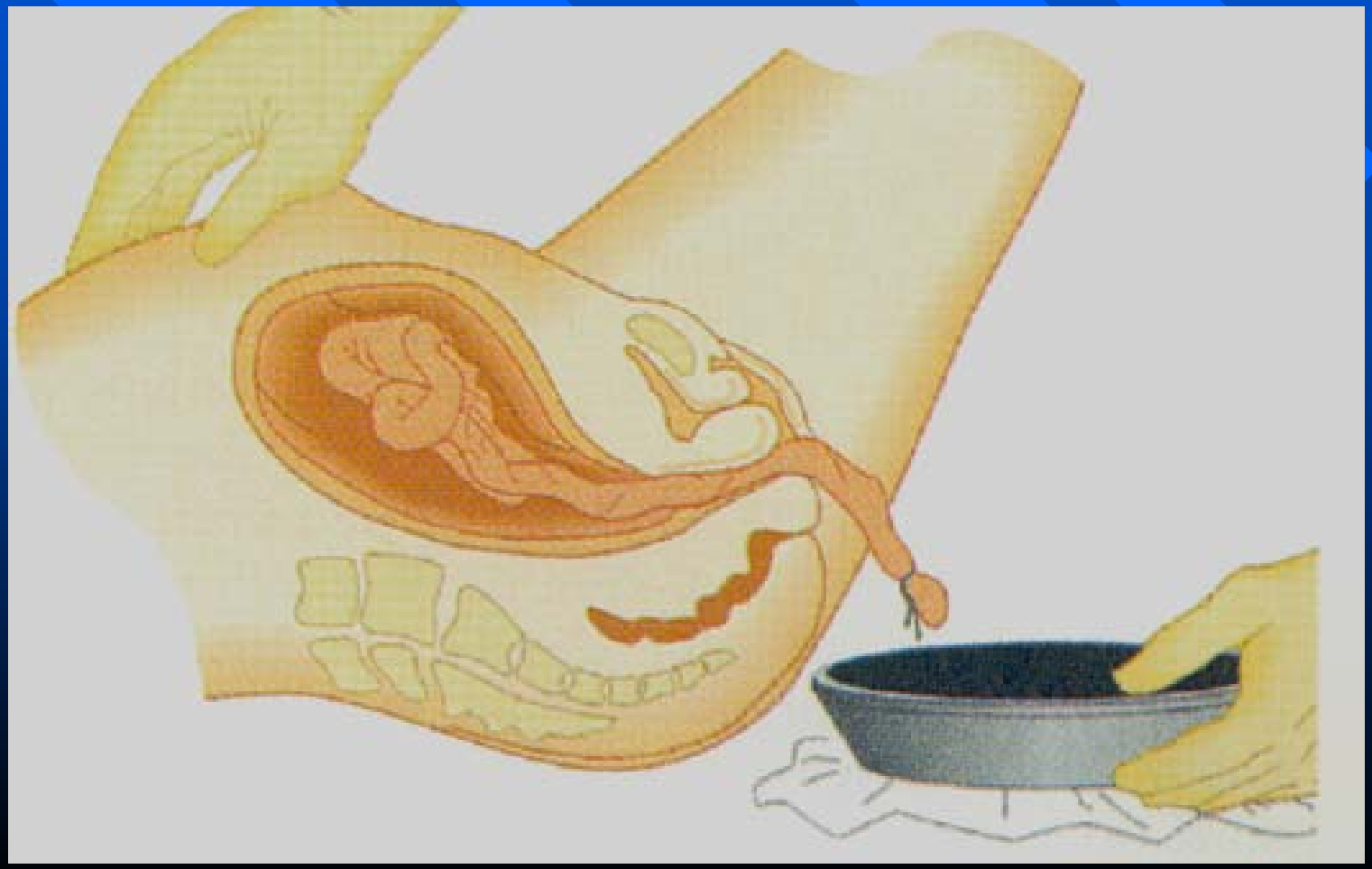
Labor
2nd Stage



Labor

- 2nd stage
  - Begins after full dilation of cervix
  - Ends with birth of fetus

Labor
3rd Stage



Labor

- 3rd stage
  - Begins when baby is born
  - Ends when afterbirth is delivered

Contents of a childbirth kit

- Surgical scissors
- Hemostats or cord clamps
- Umbilical tape
- Bulb syringe
- Towels

Contents of a childbirth kit

- Gauze sponges
- Sterile gloves
- Baby blanket
- Sanitary napkins
- Plastic bag

Predelivery Emergencies

- Miscarriage/Spontaneous abortion
  - Size up
  - Initial assessment
  - History and physical exam

Predelivery Emergencies

- Baseline vital signs
- Treatment based on signs and symptoms

Predelivery Emergencies

- Apply external pads
  - »Do not pack vagina
- Take fetal tissue and blood soaked pads
- Support mother

Predelivery Emergencies

- Seizure during pregnancy
  - Size up
  - Initial assessment
  - History and physical exam

Predelivery Emergencies

- Seizure during pregnancy
  - Baseline vital signs
  - Treatment based on signs and symptoms
  - Transport on left side

Predelivery Emergencies

- Vaginal Bleeding
  - Late pregnancy bleeding with or without pain
  - Size up

Predelivery Emergencies

- Vaginal Bleeding
  - Initial assessment
  - History and physical exam
  - Baseline vital signs

Predelivery Emergencies

- Vaginal Bleeding
  - Treatment based on signs and symptoms
  - Apply external vaginal pads
  - Transport

Predelivery Emergencies

- Trauma
  - Same as other trauma patients
  - Size up
  - Initial assessment

Predelivery Emergencies

- Trauma
  - History and physical exam
  - Baseline vital signs
  - Treatment based on signs and symptoms
  - Transport on left side

Normal Childbirth

- Evaluation/Predelivery considerations
  - It is best to transport an expected mother unless delivery is imminent

Assessment Questions

- Are you pregnant?
- How long have you been pregnant?
- Any contractions/pain?

Assessment Questions

- Any bleeding/discharge?
- Is crowning occurring with contractions?
- Frequency/Duration of contractions?

Assessment Questions

- Bowel movement?
- Need to push?
- Rock hard abdomen?

Normal Childbirth

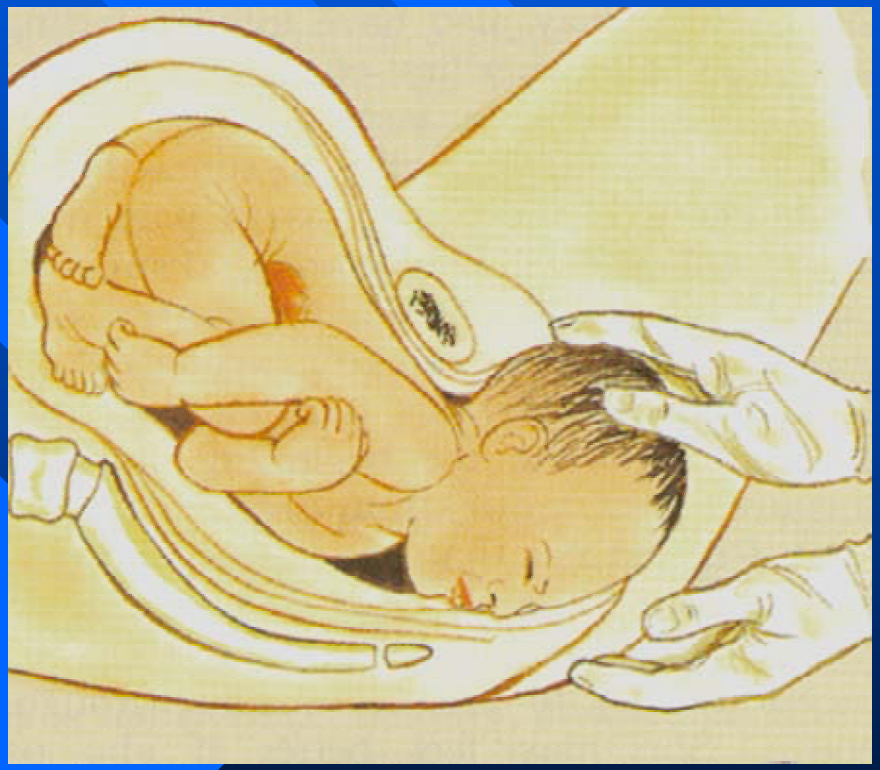
- Precautions
  - BSI
  - Don't touch vaginal area except during delivery
  - Do not let mother go to the bathroom

Normal Childbirth

- Precautions
  - Do not hold mothers legs together
  - Recognize your limitations
  - If delivery is imminent with crowning call Medical Direction

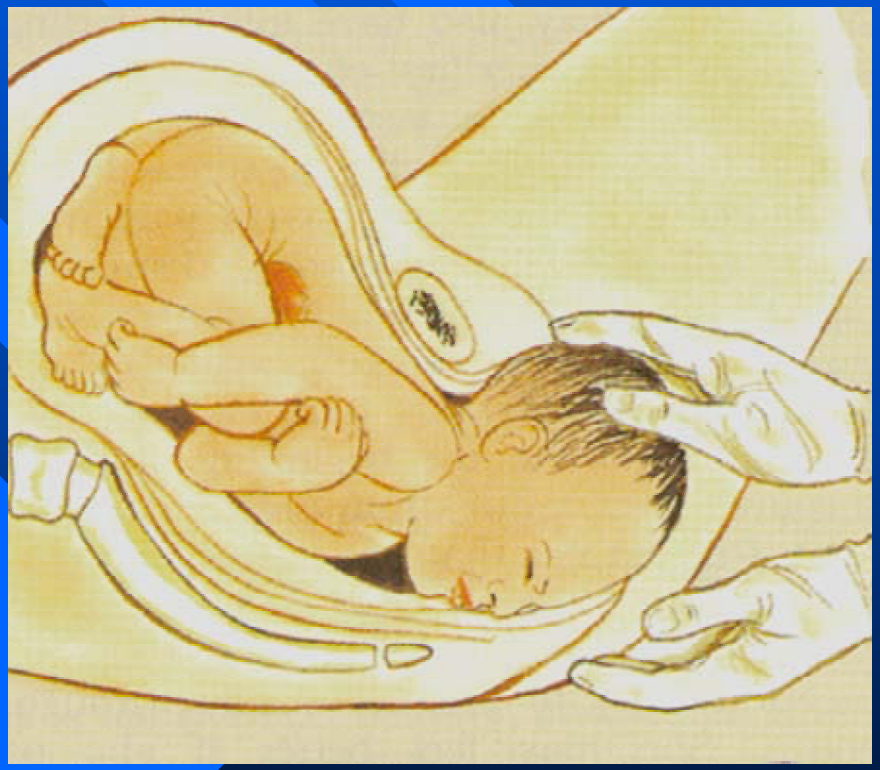
Delivery Procedures

- BSI
- Position mom
- Elevate buttocks
- Create sterile field



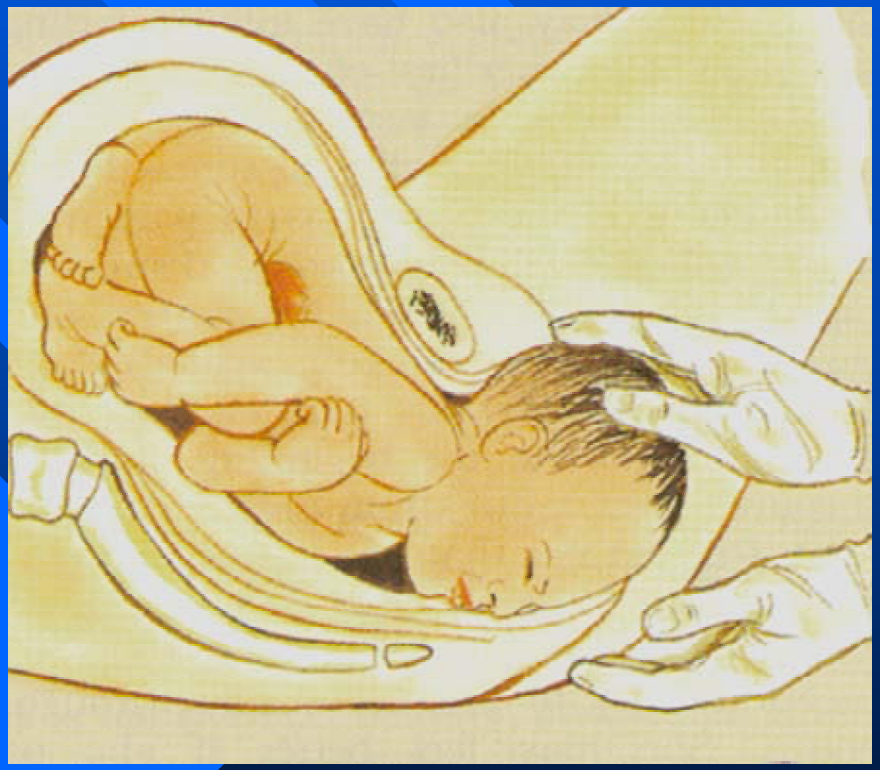
Delivery Procedures

- When infants head appears apply gentle pressure



Delivery Procedures

- Break amniotic sac



Delivery Procedures

- As head appears, determine if umbilical cord is around the neck

Delivery Procedures

- Support head, suction mouth, then nose

Delivery Procedures

- Aid in birth of upper shoulders

Delivery Procedures

- As feet appear, grasp feet

Delivery Procedures

- Wipe blood and mucus from mouth and nose

Delivery Procedures

- Wrap infant in warm blanket

Delivery Procedures

- Keep infant level with vagina

Delivery Procedures

- Assign partner to monitor infant

Delivery Procedures

- Clamp/Tie/Cut umbilical cord
- Observe for delivery of placenta

Delivery Procedures

- Once delivered, wrap placenta in towel and place in plastic bag

Delivery Procedures

- Place sterile pad over vaginal opening
- Record time of delivery and transport

Vaginal Bleeding

- 500cc blood loss is tolerated well by mom

Vaginal Bleeding

- With excessive blood, massage uterus
  - Hands with fingers fully extended
  - Place on lower abdomen over pubis
  - Massage over area

Vaginal Bleeding

- If bleeding continues
  - Check massage technique and transport immediately
- Regardless of estimated blood loss
  - If mother appears in shock, treat as shock

Initial Care of Newborn

- Position, dry, wipe, and wrap newborn in blanket
  - Cover head
- Repeat suctioning

Initial Care of Newborn

- Assessment of infant need to accomplished at 1 and 5 minutes using APGAR scoring system

APGAR Score

- Appearance
  - Color
- Pulse
  - Greater than 100/min

APGAR Score

- Grimace
  - Vigorous and crying
- Activity
  - Good motion in extremities
- Respirations
  - Breathing

APGAR Score

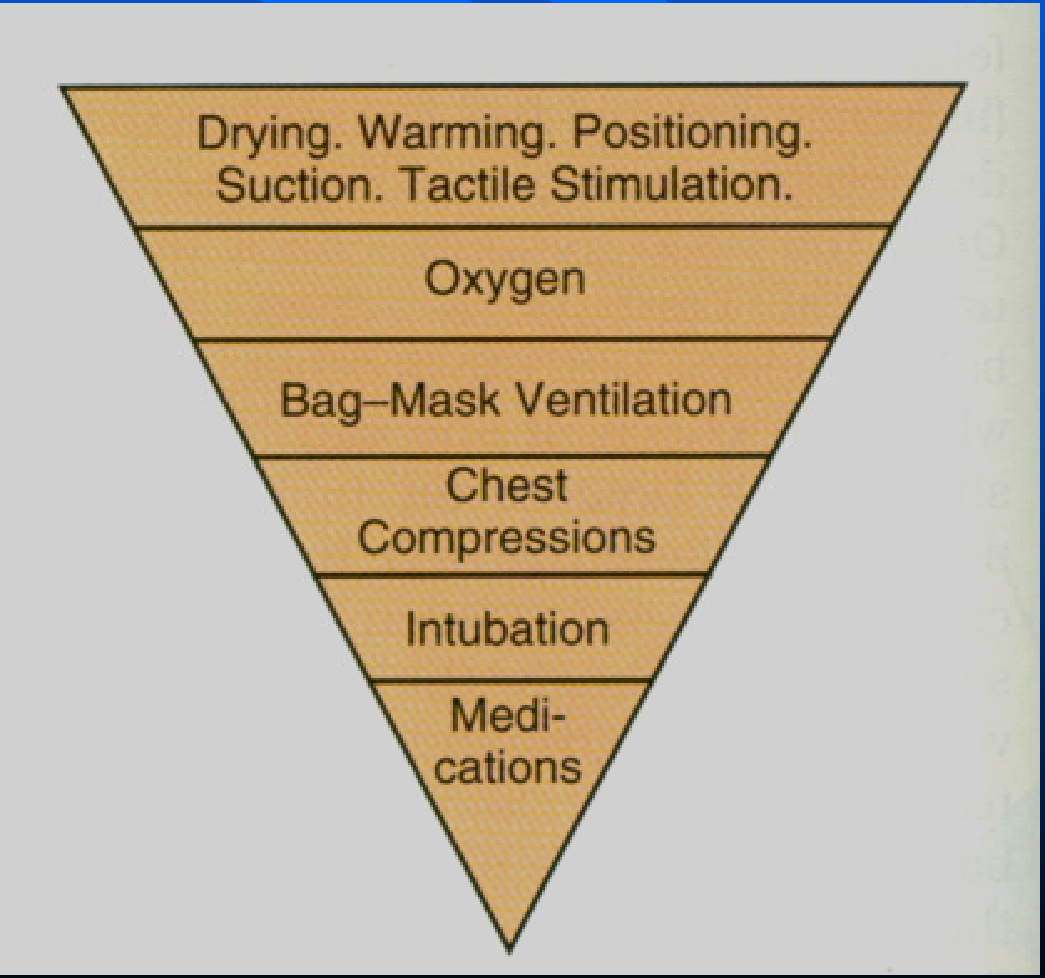
- Each characteristic is assigned a value of either 0, 1, or 2
- The score of each characteristic is added to together

APGAR Score

- 7 – 10 indicates little or no distress
- 4 – 6 indicates mild or moderate distress
- 0 – 3 indicates severe distress

Resuscitation of Newborn

- Follows the inverted pyramid



Resuscitation

- Breathing effort
  - –Shallow, slow, absent
    - »Ventilations 60/min
    - »Reassess after 30 seconds
    - »If no improvement, continue artificial ventilations and reassessments

Resuscitation

- Heart rate less than 100/min
  - Ventilations 60/min
- Heart rate less than 80/min
  - Start chest compressions

Resuscitation

- Heart rate less than 60/min
  - Start compressions and ventilations

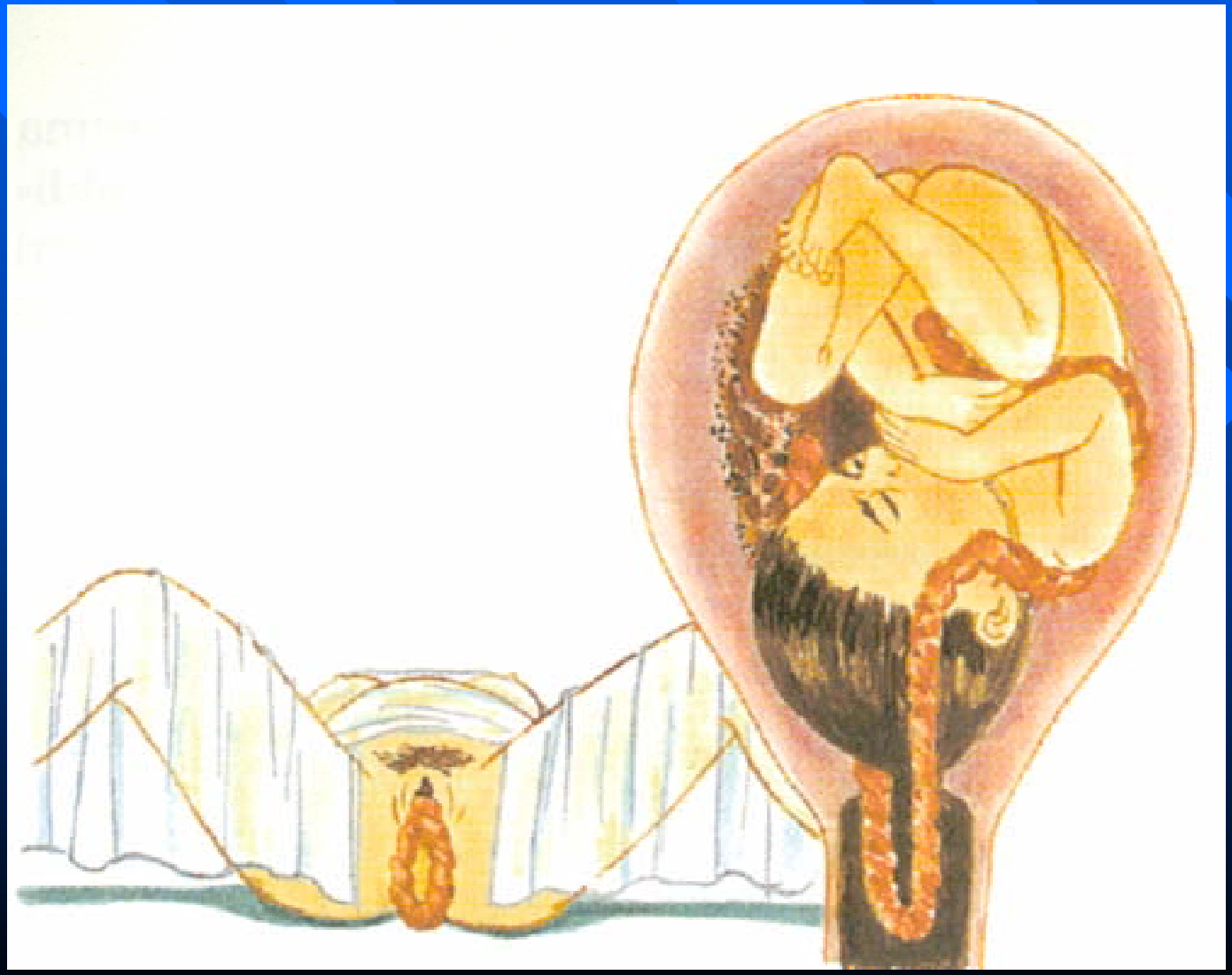
Resuscitation

- Color
  - If central cyanosis is present with spontaneous breathing and an adequate heart rate
    - »Blow by oxygen

Abnormal Deliveries

- Prolapsed umbilical cord
  - Condition where cord presents itself in the birth canal before delivery of head

Prolapsed Cord



Prolapsed Cord

- Give mother high flow oxygen
- Position mother head down, buttocks elevated

Prolapsed Cord

- Push the presenting part away from the pulsating cord
- Rapidly transport

Abnormal Deliveries

- Breech birth
  - Buttocks or lower extremities are first part to deliver
  - If head is not delivered
    - »Push vaginal wall away from baby's face

Breech Delivery

- Oxygen to mom
- Place mom head down position with pelvis elevated

Abnormal Deliveries

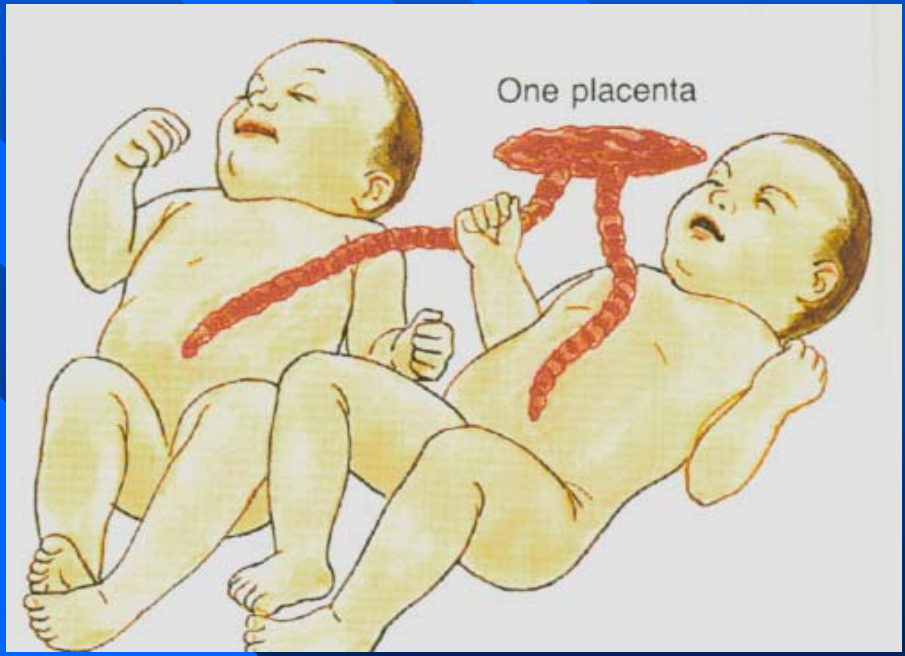
- Limb presentation
  - Occurs when a limb of the infant protrudes from the birth canal
  - Immediate rapid transport

Limb Presentation

- –Oxygen
- –Place mom head down position with pelvis elevated

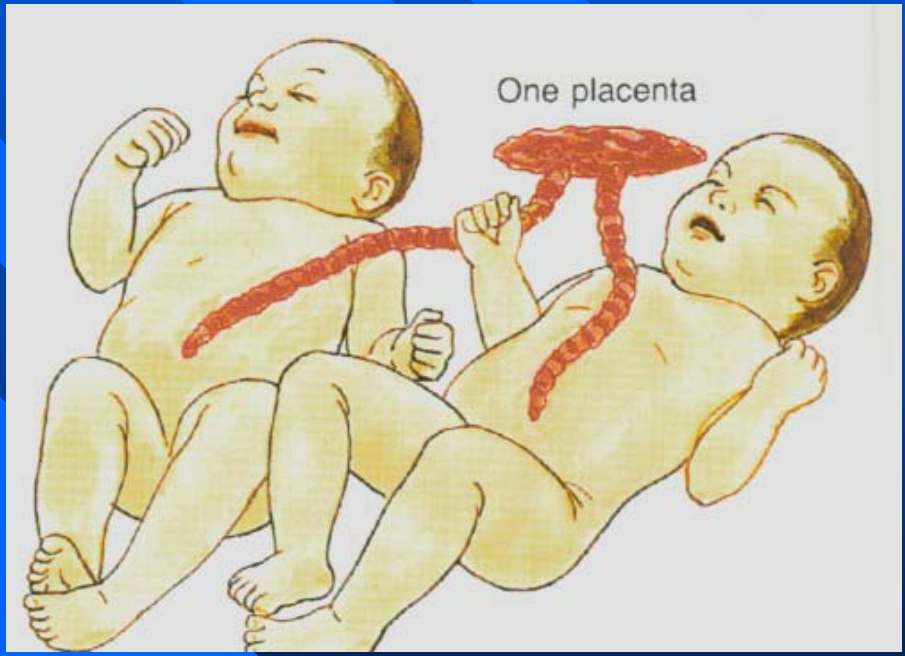
Abnormal Deliveries

- Multiple birth
  - Twins are more likely to deliver prematurely



Abnormal Deliveries

- Multiple birth
  - Be prepared for more than one resuscitation



Abnormal Deliveries

- Meconium
  - Amniotic fluid that is greenish or brownish yellow rather than clear
  - An indication of possible fetal distress during labor
  - Do not stimulate before suctioning

Abnormal Deliveries

- Meconium
  - Suction
  - Maintain airway
  - Transport as soon as possible

Abnormal Deliveries

- Premature birth
  - Infant always at risk for hypothermia
  - Usually requires resuscitation
    - »Should be done unless physically impossible

Gynecological Emergencies

- Vaginal bleeding
  - Body substance isolation
  - Airway

Gynecological Emergencies

- Trauma to external genitalia
  - Treat as other soft tissue injuries
  - Never pack vagina

Gynecological Emergencies

- Trauma to external genitalia
  - Provide oxygen and on-going assessment

Gynecological Emergencies

- Alleged sexual assault
  - Criminal assault situations require initial and ongoing assessment and psychological care

Alleged Sexual Assault

- Emergency Medical Care
  - BSI
  - Airway
  - Non-judgmental attitude
  - Crime scene protection

Alleged Sexual Assault

- Examine genitalia only if profuse bleeding is present
- Use same sex EMT-Basic for care when possible

Alleged Sexual Assault

- Discourage the patient from bathing, voiding, or cleansing wounds
- Document and report per local protocol

Review

5-8.1 Identify basic facts and terms about obstetrics and gynecology and step-by-step procedures for a field delivery, with at least 80% accuracy.

Review

- Reproductive anatomy and physiology
- Contents of a childbirth delivery kit
- Emergency Medical Care – Predelivery Emergencies

Review

- Normal Childbirth
- Abnormal Deliveries
- Gynecological Emergencies