Reproductive system

emergency childbirth & obstetrical problems
Anatomy

Look up in text.
Definitions

- ovum
- embryo
- fetus
- uterus (cervix, body, fundus)
- birth canal
- perineum
- placenta
- umbilical cord
- amniotic sac
Definitions

- trimester
- full term
- crowning
- fertilization - where occurs?
Predelivery Emergencies

- Pregnancy Induced Hypertension (PIH)
  - Preeclampsia (aka. Toxemia)
- Eclampsia
- Supine hypotensive syndrome
  - Low blood pressure from lying supine
Preeclampsia (toxemia)

- 2 & 3 trimester of pregnancy
- headache
- hypertension
- edema & sudden weight gain
- visual problems
- anxiety
Eclampsia

• symptoms of preeclampsia +
• seizures
• coma
Treatment

- high flow O2
- quiet, code 2 transport (unless seizing or coma)
- left lateral position
Hemorrhage

- Vaginal bleeding
- If present in early pregnancy,
  - spontaneous abortion
  - ectopic pregnancy
- Later in pregnancy
  - Placenta problems
Spontaneous Abortion (Miscarriage)

- Before the 20th week
- Infection and bleeding - complications
- Treat for shock
- Transport
- Bring any tissue (POC) that has passed
Ectopic Pregnancy

- Pregnancy outside of the uterus
- Any woman of childbearing age with abdominal pain and missed period
- History of PID, tubal ligation, or previous ectopic pregnancy
Placenta Problems

- Placenta abruptio
  - Premature separation of the placenta

- Placenta previa
  - Development of placenta over the cervix
Placenta Previa and Placenta Abruptio TX

- high flow o2
- rapid transport
- left lateral position
Focused History

- “What baby is this for you”?
- PARA - GRAVIDA - ABORTIONS
- Contractions?
- How long ago did labor start?
- Due date
- Prenatal care & problems?
- Prior births & problems?
- Urge to push?
- Has water broken?
Labor

- ouch
Labor duration

- **Primipara** - first time for mom
  - Usually 18-24 hours!

- **Multipara** - mom with more than 1 live births
  - Usually 7 to 10 hrs
When to Consider Field Delivery

- Delivery is imminent
- It is impossible to reach a hospital
- No transportation is available
Signs of imminent delivery

- **Crowning**
- Urge to bear down or go to the bathroom
- “it’s coming”
- contractions of increased frequency & intensity
Three Stages of Labor

● 1st stage
  – Onset of labor to full dilation of the cervix
● 2nd stage
  – Full dilation to delivery of infant
● 3rd stage
  – Delivery of infant to delivery of placenta
Preparing for Delivery

- Use proper BSI precautions
- Be calm and reassuring
- Protect mother’s modesty
- Contact medical control
  - deliver on scene
  - transport
- Position mother for delivery
- Prepare OB kit.
Delivering the Infant

- Support the head as it emerges.
- Suction mouth then nose
- Support the head and upper body as the shoulders deliver.
- Handle the infant firmly but gently as the body delivers.
Post delivery Care

- Immediately wrap the infant in a towel with the head lower than the body.
- Suction the mouth and nose again.
- Clamp and cut the cord.
- Ensure the infant is pink and breathing well.
- APGAR
APGAR Scoring

A Appearance
P Pulse
G Grimace
A Activity
R Respirations
Delivery of Placenta

- Takes 15-30 mins
- When placenta delivers, wrap it and take it with you
- Massage fundus
- If the mother continues to bleed, transport promptly
Childbirth Video

lights, camera, action!
Complications with Normal Vaginal Delivery

- Unruptured amniotic sac
- Umbilical cord around the neck
- Meconium staining
Breech Delivery

- Presenting part is the buttocks or legs.
- Breech delivery is usually slow
- Support the infant as it comes out.
- Insert your gloved fingers into the vagina and make a “V” to protect airway
Rare Presentations

- Limb presentation
  - very rare
  - requires immediate transport.

- Prolapsed cord
  - Transport immediately.
  - Place fingers into the mother’s vagina and push the head away from the cord.
Twins

- Usually smaller
- Delivery procedures are same
- There may be one or two placentas
Delivering an Infant of an Addicted Mother

- Ensure proper BSI precautions
- Deliver as normal
- Watch for severe respiratory depression and low birth weight
- May require immediate care
Premature Infants

Delivery before 8 months or weight less than 5 lb at birth.

- **Keep warm**
- Keep mouth and nose clear of mucus
- Give low flow oxygen
- Do not infect the infant
- Notify the hospital
Neonatal Resuscitation
Giving Chest Compressions to an Infant

- Wrap your hands around the body, with your thumbs resting at proper position
  - Just below the nipple line
  - Middle third of the sternum
- Give gentle compressions ½” to ¾” deep
- 3 compressions to 1 ventilation
- 30 ventilations & 90 compressions/minute
Delivery Without Sterile OB kit

- You should always have goggles and sterile gloves with you.
- Use clean sheets and towels.
- Do not cut or clamp umbilical cord.
- Keep placenta and infant at same level.
Fetal Demise

An infant that has died in the uterus before labor

- Very emotional situation
- Infant may be born with skin blisters, skin sloughing, and dark discoloration.
- Do not attempt to resuscitate an obviously dead infant.
Additional notes:

- during pregnancy blood volume almost doubles
- resting pulse rate is faster in pregnant patients
- during trauma mother’s body will attempt to save itself
Sexual Assault

- Do not examine genitalia unless there is obvious bleeding.
- Document carefully and preserve evidence.
- The patient should not wash the area, defecate, eat, or drink until examined.
- Treat other injuries accordingly.
- Offer to call the local rape crisis center.
The end

For now anyways..