Obstetric Emergencies

OB-G2 (LALS)

Approval: Troy M. Falck, MD – Medical Director	Effective: 04/01/2025
Approval: John Poland – Executive Director	Next Review: 01/2028

- Obstetric emergencies can be high-acuity/low-frequency situations that can rapidly escalate & may include one or more of the following:
  - Premature Labor – Regular uterine contractions or cervical dilation prior to the 37th week of gestation.
  - Placenta Previa – Placenta covers the cervical opening (painless, often profuse, bright red bleeding).
  - Abruptio Placenta – Separation of placenta from the uterine wall (severe abdominal pain/abdominal rigidity).
  - Pre-Eclampsia – A condition of pregnancy characterized by high blood pressure & other symptoms.
  - Eclampsia – Seizures secondary to a pregnancy-related high blood pressure disorder.
- Pre-Eclampsia & Eclampsia may occur up to 8 weeks post-partum.
- If pt is in the 3rd trimester & has a BP >160/100, altered mental status, & visual disturbances, consult with base/ modified base for consideration of magnesium sulfate

BLS

- Determine gestational age
- Assess V/S, including SpO_2
- O_2 at appropriate rate if SpO_2 <94% or short of breath
- Pts with obstetric emergencies should be rapidly transported to the closest approriate facility
  - Transport pts >20 weeks pregnant in left lateral recumbent position

Premature Labor

- For pts <20 weeks gestation, transport to the closest appropriate facility
- For pts 20-37 weeks gestation, consult with closest base/ modified base hospital for destination determination

LALS

Consider IV NS TKO

Eclampsia

LALS

- Cardiac monitor **(AEMT II)**
- IV NS TKO

Active seizure?

NO → Monitor & reasses

YES →

Midazolam (AEMT II)
- 10 mg IM/IN if vascular access not already established

OR

- 5 mg IV if vascular access already established

May repeat same dose x 1 after 5 mins of continued seizure activity