To be able to handle a vaginal deliver.
To recognize that over 90% of pregnancies end in a normal term delivery and that we as healthcare workers are there to assist something that has been going on for millions of years.
To be able to recognize potential complications of pregnancy and delivery and be able to administer commonly accepted measures to alleviate the complications.

Objectives
Average “normal” pregnancy

How Long?
40 weeks in length
37 - 42 Weeks
3 trimesters
Average weight
6.6 to 7.9 pounds

A missed period is the usual first clue
11% of women who say there is “no way” they could be pregnant actually are.

How Far Along Are You?

Last Menstrual Period
Nagle’s Rule
TPAL vs GPA
Primapara
Grandpara
Estimated Due Date
Abdominal Assessment

Fundal Height

As the uterus grows it rises up out of the pelvis.
At approx. 12 weeks the uterus “clears” the pelvis
20 weeks = belly button
37 weeks = just under xiphoid process.

You have been called for a patient who is in labor. You find a 25 y. o patient
states this will be her second child and her first labor lasted approx. four hours.

What Questions Would You Ask?

Are you pregnant?
How far along are you?
How far apart are the contractions?
Any bleeding or discharge? Show? PROM?
Do you feel pressure between your legs?
How many times have you been pregnant before?
How fast were your previous babies born?
Treatment Basics

Always give high flow oxygen??
Baseline Vital Signs
  History and Physical
Put mom on side if delivery is not imminent*
  Locate the OB delivery kit

Typical OB Kit

The bare necessities

A few clean towels, blankets, shirts, etc.
  clean string
  clean sturdy scissors or a knife
  a clean trash bag
Some gauze pads to wipe out the mouth
  Prayer

Delivery Prep
Check for crowning
Get your already located OB kit/supplies out.
If you have time, place some folded towels underneath mom’s pelvis with a clean plastic bag opened up and tucked underneath her buttocks.
Have your assistant set up another bed/cot near the mom and prepare for baby care.

Position The Mother
Stages of Crowning

Head delivery
Nuchal cord

Delivery of Body

**The Inverted Pyramid**

- DRY (Do)
- WARM (What)
- POSITION (Probably)
- SUCTION (Seems)
- STIMULATE (Simple)
- OXYGEN (O.K.)

**NEED FOR EFFECTIVE VENTILATION**
- Bag valve mask
- Endotracheal intubation
You noted the following while assessing the A.P.G.A.R.: Blue extremities and a pink core HR = 124 Good cry Moving all extremities well Baby working to breathe

<table>
<thead>
<tr>
<th>A.P.G.A.R Scoring</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Blue (PSS)</td>
<td>Pink body</td>
<td>Completely pink</td>
</tr>
<tr>
<td>Pulse</td>
<td>None</td>
<td>&lt;100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Grimace</td>
<td>No response</td>
<td>Grimace weak cry</td>
<td>Cough, sneeze, vigorous cry</td>
</tr>
<tr>
<td>Activity</td>
<td>Limp, Flaccid</td>
<td>Slight flexion</td>
<td>Active</td>
</tr>
<tr>
<td>Respiratory effort</td>
<td>None</td>
<td>Slow irregular</td>
<td>Good, crying</td>
</tr>
</tbody>
</table>

The Apgar score rates:

- **Appearance** (color)
- **Respiration**, **crying**, **Pulse** (> 100)
- **Reflexes**, **irritability**
- **Grimace** (vigorous and crying)
- **Pulse**, **heart rate**
- **Activity**
- **Skin** (coloration in and extremities)
- **Muscle tone**
- **Respirations**

You note patient the following while assessing the A.P.G.A.R.: Blue extremities and a pink core HR = 124 Good cry Moving all extremities well Baby working to breathe
EMS called for a patient in labor!

Let’s get to Work

HAHAHAHA

THAT’S AN UGLY BABY

Case #2
EMS called for a patient in labor!
Case #2
You have been called for a patient who is in labor.
While en route First response fire unit medic calls for us to expedite!

Questions to Ask!
1 – What is the muscle tone? – minimal activity
2 – Is the newborn breathing or crying? – very little
3 – Is there meconium noted? - no
4 – What is the color? - purple
5 – What is the gestational age? - 26 weeks

Appearance:
Limp and lethargic

Breathing:
Minimal resp effort noted

Circulation to Skin: Profound purple

Initial Assessment
• Airway – Appears open
• Breathing - RR 20 with profound grunting noted
• Circulation - HR 76; cool, wet, severe mottling;
• Other – Cord still attached; mother holding baby; Wt – 15 ounces
• APGAR – 3

What are your initial interventions?

Response To Treatment
• Airway – Maintained manually
• Breathing – RR 30 with BVM
• Circulation - HR 120; warm, dry, core color improving;
• APGAR – Increased to 6

Patient outcome
Patient was stabilized at SMH.
Transported to Children’s Hospital in Denver.
Today she is a thriving 15 year old girl with no deficits.
**Complications**

- Placenta previa
- Abruptio placenta
- Prolapsed cord
- Breech presentation

---

**Case #3**

EMS called for a pregnant woman with abdominal pain!

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You find a 24 year old obvious pregnant woman lying on a couch. She is pale and crying.

Patient states she was having fun with her friends when she had a sudden sharp pain. Feels like it is tearing her apart and nothing makes it better.

*Are there concerns with this scene?*

*What is the next step in this assessment?*

---

**Initial Assessment**

- **General Impression**: Patient appears to be sick
- **LOC**: AAO x 3
- **Airway**: Open and clear
- **Breathing**: Rapid, non labored, BS clear and equal bilaterally
- **Circulation**: Rapid radial

*What are your initial interventions?*

---

**SAMPLE**

- **S**: Severe abdominal pain
- **A**: NKDA
- **M**: None
- **P**: 8 months pregnant, gravida 3, para 0, both ended in miscarriage
- **L**: breakfast, about 2 hours ago
- **E**: I was having some fun, when I had a ripping sensation in my gut, and it has not gone away

*What are you thinking now?*

*What other information would you like to have?*

---

**OPQRST**

- **O**: 20 minutes
- **P**: Nothing
- **Q**: It is ripping me apart
- **R**: Right side of abdomen
- **S**: 10 / 10
- **T**: 20 minutes

*What does this information tell you?*
Baseline Vital Signs
BP – 152 / 94
Pulse – 104, radial
Respirations – 22
Skin – Pale, diaphoretic
Other – Pulse ox 99%, BGL 84 mg/dl

Focused Physical Exam
C/O HA
Uterus tender and hard
Dark red vaginal bleeding noted
You note what appear to be old track marks
Lying in a fetal position

Does this information change or confirm your diagnoses?

Diagnosis
Potential Differential Field Diagnoses
Abruptio Placenta
Placenta Previa
Ruptured Uterus
Diagnosis
Abruptio Placenta

Previa - Abruptio

Treatment
High flow O2
IV x 2 large bore
Listen to fetal heart tones
Transport in left lateral recumbent

Patient Outcome
- Admitted with abruptio placenta, fetal heart tones were absent and no movement was noted.
- The infant did not survive, and patient checked out AMA two days after admission
Questions?