6B COMPLICATIONS of LABOR and DELIVERY

PATIENT CARE GOALS

- Provide appropriate assessment, management, and early transport for complications of labor and delivery.
- Maintain adequate oxygenation, ventilation, and perfusion of the mother and fetus.
- When birth is imminent, assist in delivery of the infant and ensure postnatal stability of the infant and mother.

EMT

1. Assess the mother and provide initial care, including oxygen and vascular access, as per **1B General Assessment and Care**.
2. If any of the following complications are present before delivery in the field, begin immediate transport and alert the receiving facility early rather than waiting for delivery at the scene:
    a. Multiple fetuses
    b. Previous cesarean sections
    c. Prolonged rupture of membranes (greater than 24 hours)
    d. Placenta previa
    e. Abnormally heavy bleeding (including abruptio placentae)
    f. Uterine rupture
    g. Prolapsed umbilical cord
    h. Limb or breech presentation
3. Provide additional treatments for specific complications during and after delivery as follows:

    Abnormally heavy bleeding

    a. Treat for shock, establish at least two large bore IVs, and provide fluid resuscitation to maintain adequate hemodynamic status.
    b. Provide uterine massage by supporting the lower uterus with one hand just above the symphysis pubis and massaging the uterine fundus with the other hand.
    c. If the mother is conscious and alert, place baby to breast to nurse. This will help release hormones to slow and stop contractions and bleeding.
    d. Transport in a head down, left lateral recumbent position.
    e. Place loose, bulky dressings at vaginal opening. Do not pack the vagina.

    Prolapsed umbilical cord

    a. Place the mother with hips elevated in Trendelenburg or knee-chest position.
    b. Insert two or three gloved fingers into the vagina and gently elevate the presenting fetal part to reduce compression on the cord. Maintain this intervention until the patient is transferred to receiving hospital personnel.
    c. Do not attempt to push the cord back into the uterus.

d. Instruct the mother to "pant" through each contraction and avoid bearing down.

Limb or breech presentation

a. For most cases where the presenting part is a limb or the buttocks, provide immediate transport. Coach the mother to "pant" through contractions and to avoid bearing down.

Nuchal cord (umbilical cord wrapped around the neck)

- If the cord is loose, attempt to free it by carefully lifting it over the infant's shoulder or head.
- If the cord is tight and cannot be freed manually, clamp and cut the cord.

Shoulder dystocia (trapping of the fetus's shoulders after delivery of the head).

a. Drop the mother's buttocks off the end of the stretcher of bed, and then flex her legs up into a knee-chest position (McRobert's maneuver).

b. Have an assistant apply firm pressure with an open hand immediately above the symphysis pubis, to dislodge the anterior shoulder from behind the symphysis. Do not apply pressure on the uterus or pull on the infant's head.

c. Transport immediately and alert the receiving hospital early if suprapubic pressure fails to deliver the shoulders. If the previous maneuvers are unsuccessful, contact Medical Control for additional orders.

Postpartum hemorrhage

a. Treat for shock, establish at least two large bore IVs, and provide fluid resuscitation.

b. If the uterus remains soft after delivery of the placenta, provide uterine massage by supporting the lower uterus with one hand just above the symphysis pubis and massaging the uterine fundus with the other hand.

c. Save and transport with the patient any large clots or vaginal discharge that may contain placental or fetal tissue.

Uterine inversion

a. Treat for shock, establish at least two large bore IVs, and provide fluid resuscitation.

b. If the placenta is still attached, do not pull the umbilical cord or try to detach the placenta.

c. As early as possible (before cervical ring contraction occurs) make a single attempt to replace the uterus. Use one hand to push the uterine fundus back toward the vagina, along the long axis of the uterus and toward the mother's umbilicus.

d. If the replacement attempt is unsuccessful, cover the exposed uterus with saline moistened pads and transport immediately.

PARAMEDIC

DOCUMENTATION KEY POINTS

- Gestational history

- Frequency, location, durations, regularity, and strength of contractions.
- Time of membrane rupture and color and character of amniotic fluid.
- Estimate of blood loss from the mother.
- Fetal presentation and delivery progression and procedures.
- Complications of delivery, methods of treatment, and outcome.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

None