

HEALTHEAST MEDICAL TRANSPORTATION  
MEDICAL OPERATIONS MANUAL

6E TRAUMA in PREGNANCY

PATIENT CARE GOALS

- Identify potential life threats and maintain adequate oxygenation, ventilation, and perfusion of the mother and fetus.

EMT

1. Assess the patient and provide initial care, including oxygen and vascular access, as per **1B General Assessment and Care** and **4A Trauma Care**. Obtain gestational history and provide focused assessment for:<sup>1</sup>
  - Vaginal bleeding or other discharge.
  - Complaints of abdominal/uterine pain and referred pain.
  - Fundal height tenderness or generally tender, rigid, “board-like” abdomen.
  - Uterine irritability and signs that labor has started.
  - Fetal movement.
2. All patients greater than or equal to 20 weeks gestation should be evaluated in a hospital if they have sustained direct or indirect injury.
3. Treatment and transport priorities for an injured pregnant patient remain the same as for a non-pregnant patient, with the following additional considerations:
  - Transport the patient on her left side if spinal precautions are not needed.
  - If spinal immobilization is needed, tilt the backboard to the patient’s left side to minimize supine hypotension.
  - If hypotension persists with patient tilted to left apply pressure to the uterus pushing it to the left to relieve pressure on the inferior vena cava.
  - If ventilatory assistance is needed, provide positive pressure ventilations to ensure adequate minute volume.
  - Start at least two large bore IVs if signs of internal or external hemorrhage are present.
  - Anticipate potential for shock based on mechanism of injury, rather than waiting for appearance of overt signs and symptoms. Adjust fluid resuscitation to the higher blood volumes and lower blood pressure values of pregnancy.
4. Provide notification to the receiving hospital that the trauma patient is pregnant.

PARAMEDIC

5. Standard medications (e.g., **etomidate (Amidate)**, **succinylcholine (Anectine)**, **midazolam (Versed)**, and **vecuronium (Norcuron)**) may be used if **7F1 DFAM** is required.
6. Treat pain as outlined in **1C Pain and Nausea Management**. Avoid use of narcotics if delivery is imminent.

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## DOCUMENTATION KEY POINTS

- Gestational history
- New complaints and other changes in the mother, including signs of labor, following trauma.
- Fundal height and fetal assessment, including fetal activity.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

## NOTES

<sup>1</sup>**Assessment:** Consider potential life threats to the mother and fetus including:

- Blunt or penetrating abdominal trauma
- Abruption placentae
- Uterine rupture
- Pelvic fractures
- Premature membrane rupture