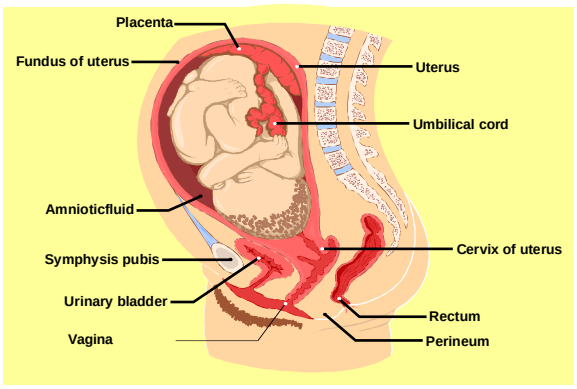
OB/GYN

Some Vocabulary

- Fetus – developing unborn baby
- Uterus – organ in which fetus grows
- Birth canal – vagina and lower part of uterus
- Placenta – also known as afterbirth – organ thru which fetus exchanges nourishment and waste products during pregnancy, also acts as a protective barrier to some degree

More vocabulary

- Umbilical cord – cord which connects fetus to placenta
- Amniotic sac – sac that surrounds the fetus inside the uterus, filled with amniotic fluid
- Crowning – bulging-out of the vagina as the fetus' head or presenting part presses against it
- "bloody show" – mucus and blood that may come out of the vagina as labor begins



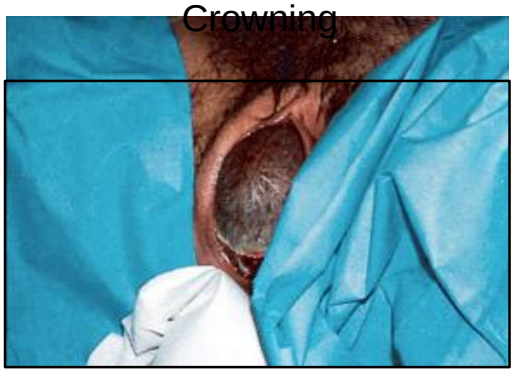
Still more vocabulary

- Labor – time and process of delivering infant, beginning with first uterine muscle contraction, through delivery of the placenta
  - Stages:
    - Onset of contractions thru full dilation of cervix
    - Delivery of baby
    - Delivery of placenta
- Abortion – also known as miscarriage – delivery of products of conception early in pregnancy

Delivery

- First question – is delivery imminent?
  - Need to ask mother:
    - What is your due date?
    - Any chance of multiple births?
    - Any bleeding or discharge?
    - Do you feel as if you are having a bowel movement with increasing pressure in the vaginal area?
- If the answer to the last question is YES, check for crowning!

Crowning



Delivery

- If the head is not the presenting part, this may be a complicated delivery
  - Tell the mother to NOT push
  - Update responding EMS
  - Calm and reassure the mother

Preparing for delivery

- If crowning is present, delivery is imminent
- Preparing for delivery:
  - Use BSI
  - Do not touch vaginal areas except during delivery
  - Do not let mother go to the bathroom
  - Do not hold mother's legs together

Obstetric kit

Delivery steps

- BSI!!!
- Have mother lie on her back with knees drawn up and legs spread apart.
- Place absorbent, clean materials, like sheets or towels under mother's buttocks
- Elevate buttocks with blankets or pillow
- When the infant's head appears, place palm of your hand on top of the baby's head and use very gentle pressure to prevent explosive delivery

Delivery steps II

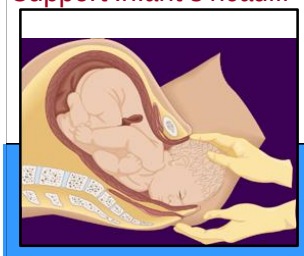
- If the amniotic sac does not break, or hasn't already broken, tear it with your fingers and push it away from infant's head and mouth
- As the head is being delivered, determine if the umbilical cord is around the baby's neck
  - Attempt to slip cord over baby's head
  - Attempt to alleviate pressure on the cord

Delivery steps III

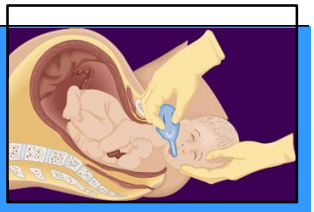
- After the infant's head is delivered, support the head
- Suction the mouth and then the nostrils with bulb syringe – repeat as needed
  - Be careful not to contact back of baby's mouth
  - If no bulb syringe, wipe the mouth, then nose, with sterile gauze
- As the rest of the baby is delivered, continue to support the head/body with both hands

Assisting with Normal Delivery 1

Support infant's head...



...then suction nose & mouth.



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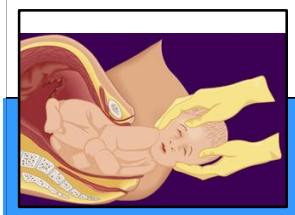
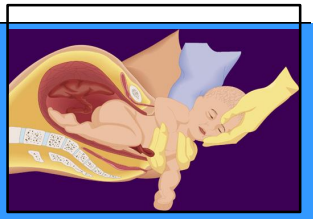
Assisting with Normal Delivery 2

Prevent explosive delivery, assist passage of upper shoulder, and...



...support the trunk as shoulders emerge.



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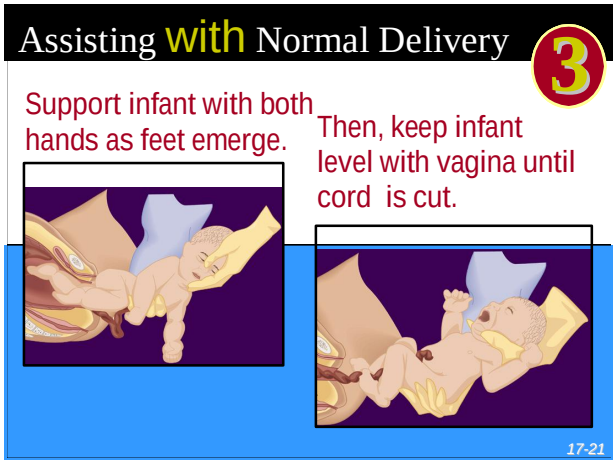
Delivery steps IV

- After the baby's feet are delivered, keep the infant level with the vagina, or place on mother's abdomen for warmth
- When the umbilical cord stops pulsating, it should be tied with gauze between the mother and the infant
- Continue to make sure mouth/nose are clear



Delivery steps V

- Dry the infant
- Rub the infant's back or flick soles of feet to stimulate breathing
- Wrap in warm blanket and place infant on its side, head slightly lower than body (again, on mother's abdomen is good place)
- No need to cut cord in normal delivery – wait for EMS

Delivery steps VI

- Record time of delivery
- If there is a chance of multiple births, prepare for 2nd delivery
- Observe for delivery of placenta – this could take up to ½ hour
- If the placenta is delivered, wrap in a towel along with ¾ of umbilical cord, place in a plastic bag, and keep the bag at level of infant

Delivery steps VII

- Place sterile pad over vaginal opening, lower mother's legs, help her hold them together
- Blood loss of up to 300 – 500 ml is tolerated by mother after delivery
- With continued blood loss, massage the uterus –
  - use hand with fingers fully extended
  - Place palm of hand on lower abdomen above pubis
  - Massage the area to help shrink uterus

Initial care of newborn

- The most important care is to
  - Position
  - Dry
  - Keep warm
  - Stimulate to breathe
- When wrapping newborn, make sure to cover head

Initial care of newborn

- Normal range of vital signs:
  - Pulse – greater than 100/min
    - Can check pulse at brachial artery
    - Can also check pulse at umbilical cord
  - Respirations – should be > 30 breaths/min
    - A crying baby is a good thing!
  - Color – pink is good – may be a little blue at the extremities initially, but should continue to pink up

Initial care of newborn

- Repeat suctioning as needed
- Continue to stimulate to breathe if needed
  - Rub back
  - Flick soles of feet

Initial care of the newborn

- If the newborn doesn't begin to breathe, or continues to have trouble breathing after 1 minute, additional measures have to be considered
  - Ensure airway open and patent
  - Ventilate at rate of 30 – 60 per min using infant BVM with supplemental oxygen
  - Reassess after 1 minute
  - If heart rate drops below 100 at any time, assist ventilations using BVM with supplemental oxygen
  - If pulse drops below 60 beats per min, begin CPR, and reassess after 30 seconds

Abnormal/difficult deliveries

- Prolapsed cord – cord presents before the infant – this is a SERIOUS emergency, with the infant's life in danger
  - Usual patient assessment steps, and
    - Mother should be given high flow oxygen
    - Position mother with head down or buttocks raised (this uses gravity to lessen pressure in the birth canal)
    - Update responding EMS of the complication

Abnormal/difficult deliveries

- Breech birth – buttocks or lower extremities are low in the uterus and will be the first part delivered – infant at greatest risk for delivery trauma, prolapsed cord more common
  - Usual patient assessment, and
    - Place mother on high flow oxygen
    - Place mother supine, with pelvis elevated and head down
    - Notify responding EMS of complication

Abnormal/difficult deliveries

- Limb presentation – occurs when a limb protrudes from the birth canal.
  - Notify responding EMS immediately
  - Place mother on high-flow oxygen
  - Place mother supine with pelvis elevated, head down
- Multiple births – be prepared; call for assistance

Abnormal/difficult deliveries

- Meconium – amniotic fluid that is greenish or brownish-yellow rather than clear – indication of possible fetal distress during labor
  - Do not stimulate the infant to breathe before suctioning oropharynx
  - Suction using bulb syringe, or wipe mouth/nose with sterile gauze
  - Maintain airway

Abnormal/difficult deliveries

- Premature
  - Always at risk for hypothermia
  - Usually require resuscitation

Post-delivery care of the mother

- Keep contact with the mother throughout the process
- Monitor vitals
- Remember delivery is exhausting
- Replace any blood-soaked sheets and blankets while awaiting transport

Gynecological emergencies

- Vaginal bleeding
  - Remember BSI
  - Make sure patient is placed on oxygen
- Trauma to external genitalia – treat as any other soft tissue injury – don't pack the vagina with dressings

Sexual assaults

- Victims of alleged sexual assault require initial assessment, treatment as needed, and psychological support
  - Maintain a non-judgmental attitude during history-taking
  - Protect crime scene if possible
  - Examine genitalia only if profuse bleeding present
  - Use same-sex provider if possible
  - Discourage patient from bathing, voiding, or cleaning wounds
  - Required to report