Milwaukee County Office of Emergency Management-EMS Division (OEM-EMS)

GI/GU/GYN
OB Emergency Practice Guideline

Patient Care Goals:
1. Assess labor and imminent childbirth
2. Recognize and treat OB emergencies & complications
3. Transport patient(s) to appropriate facility

Patient Presentation:
Inclusion Criteria
Maternal age 10 to 60 yrs
Suspected or confirmed OB emergency

Patient Management
Obtain pregnancy history: current and past pregnancies/deliveries, EDA/last menstrual period, current contractions, membrane status

OB Emergency *expedite transport* during delivery prep
All OB emergencies: Apply Shock PG if hypotensive

OB Emergency < 20 wks, consider:
- Ruptured ectopic pregnancy: abdominal pain, hypotension, +/- bleeding

OB Emergency ≥ 20 wks, consider:
- Placenta previa: painless vaginal bleeding
- Placenta abruption: painful vaginal bleeding, usually after trauma (apply Pain Management PG)

OB Emergency ≥ 20 wks up to 6 wks postpartum (PP), consider:
- Postpartum hemorrhage: uncontrolled vaginal bleeding, hypotension
- Severe maternal HTN (SBP≥160 or DBP≥110, either persists for 15 min): increased risk of maternal death
- Pre-eclampsia: HTN (SBP≥140 or DBP≥90), severe headache, vision change, severe epigastric/RUQ pain, pulmonary edema
- Eclampsia: seizures (present up to 6 wks postpartum)
  **Treat with magnesium regardless of seizure history AND whether or not seizure activity has stopped

Medications:
Normal Saline Bolus:
- 20 mL/kg IV/IO

Magnesium
- 4G in 100mL IV/IO infusion over 10 minutes

Midazolam IM Max single IM dose 10 mg
Pt weight 40 Kg or greater: 10 mg
Pt weight LESS than 40 Kg: 0.25 mg/Kg

Midazolam IV/IO/IN Max single IV/IO/IN dose 4 mg
Pt weight 40 Kg or greater: 4 mg
Pt weight LESS than 40 Kg: 0.1 mg/kg

Labetalol
- Initial dose 20 mg IV/IO slow
- Second dose 40 mg IV/IO slow
  if severe HTN continues 10 minutes after initial dose

Patient Safety Considerations:
Symptomatic third trimester patients should be placed in left lateral position
Do not place hand into bleeding vagina except breech delivery or prolapsed cord
Newborns needing resuscitation should be emergently transported to NICU (req second EMS unit for mom)

Quality Improvement:
Key Documentation Elements
1. Vital signs, response to treatment

Paramedic Working Assessment: OB Emergency

Universal Care

Establish gestational age and symptoms
Consult OBGYN Care PG for imminent delivery

Vaginal Bleeding or Hypotension

All:
Shock Practice Guideline
Pain Management

Postpartum hemorrhage:
Fundal massage

Visible perineal injury:
Direct pressure

Hypertension

Gestation ≥ 20 wks to 6 wks PP
- **Pre-eclampsia**
  SBP ≥ 140 or DBP ≥ 90 *plus (any):*
  - Severe headache
  - Vision changes
  - Severe epigastric/RUQ pain
  - Pulmonary edema
- **Severe Maternal HTN**
  SBP ≥ 160 *or* DBP ≥ 110
  persists for 15 minutes

All:
Calm environment
Monitor for seizures
Repeat vitals Q 5 minutes

Severe maternal HTN:
Labetalol
Repeat Labetalol x 1
if severe HTN after 10 mins

Seizure

Gestation ≥ 20 wks to 6 wks PP
- **Eclampsia**
  Seizure
  regardless of seizure history

Magnesium
Seizure, whether active or complete regardless of seizure history

Seizure, if active or recurs
Midazolam
Repeat Midazolam x 1
if seizure recurs

Symptomatic third trimester patients should be placed in left lateral position

Transport to closest appropriate OB facility

Trauma patients pregnant > 20 wks should be transported to Froedtert Hospital or Childrens Hospital

Initiated: 04/15/2024
Reviewed/Revised:
Revision

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WI DHS EMS Approval: