VAGINAL HEMORRHAGE
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Profuse or abnormal vaginal bleeding, any bleeding in pregnancy, including signs of shock

TREATMENT
- ALS RMC
- Pregnant patients > 20 weeks gestation:
  - Position on left side & support abdomen, including patients immobilized on backboards
- Non-pregnant:
  - Trendelenberg position
- IV NS 250 ml; MR as needed to maintain SBP ≥ 100
- Bleeding in 3rd trimester or post-partum with blood loss > 500 ml:
  - 2nd large-bore IV
- If post-partum and placenta delivered:
  - Fundal massage and put infant to breast if appropriate

CRITICAL INFORMATION
- Last menstrual period

DOCUMENTATION- ESSENTIAL ELEMENTS
- Estimate blood loss
- Estimated weeks of gestation

RELATED POLICIES/ PROCEDURES
- Non-Traumatic shock M 1
- Destination Guidelines GPC 4
IMMINENT DELIVERY (NORMAL)
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Anticipated delivery as indicated by regular contractions, bloody show, low back pain, feels like bearing down, crowning of infant head

TREATMENT
- ALS RMC
- Provide reassurance to mother, provide instructions during delivery
- Contact hospital and start IV NS TKO if time allows prior to delivery
- As head is delivered, gently suction baby's mouth and nose keeping the head dependent
- If the cord is around neck and can't be slipped over the head:
  - Double clamp and cut between clamps
- Allow delivery, dry baby and keep warm, placing baby on mother's abdomen or breast
- Delay cord clamping until 30-60 seconds after birth, then clamp and cut 6-8 inches from baby
- Assess baby by Apgar score at 1 and 5 minutes
- Allow delivery of placenta, save and bring to the hospital
- If infant is premature (<36 weeks gestation), prepare for neonatal resuscitation and early transport

DOCUMENTATION - ESSENTIAL ELEMENTS
- Determine gestational age, number of babies in utero
- Gravida and Para
- Apgar score at 1 and 5 minutes

<table>
<thead>
<tr>
<th>APGAR SCORE</th>
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<tbody>
<tr>
<td>Sign</td>
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<tr>
<td>Heart rate (bpm)</td>
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<td>Respiration</td>
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<td>Muscle tone</td>
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<td>Reflex irritability</td>
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RELATED POLICIES/ PROCEDURES
- Destination Guidelines Policy GPC 4
- Neonatal Resuscitation P 2
- Obstetrical / Gynecology Emergencies BLS Procedure BLS PR 8
IMMINENT DELIVERY (COMPPLICATIONS)
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Presentation of buttocks, extremity or umbilical cord prior to deliver of infant head
- Prolapsed Cord: Cord presents first and is compressed during delivery compromising infant circulation

TREATMENT
- Breech presentation (buttocks or feet):
  - Begin transport with early receiving hospital contact
  - BLS / ALS RMC
  - Allow delivery to proceed passively until baby's waist appears
  - Rotate baby to face down position (do not pull)
  - If head does not deliver in 3 minutes:
    - Insert gloved hand into vagina to create an air passage for infant
- Limb presentation:
  - Position mother on gurney with hips elevated and left lateral
- Prolapsed cord (cord presents first, compressed during delivery and compromising infant circulation):
  - Insert gloved hand into vagina and gently push presenting part off cord. Do not attempt to reposition cord.
  - Cover cord with saline soaked gauze
  - Place mother in knee-chest position
  - IV NS TKO only if not delaying transport

RELATED POLICIES/PROCEDURES
- Destination Guidelines Policy GPC 4
- Neonatal Resuscitation Policy P 2
SEVERE PRE-ECLAMPSIA/ ECLAMPSIA
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Third trimester pregnancy with the following signs and symptoms:
  - Hypertension (SBP systolic >160, DBP >110)
  - Mental status changes
  - Visual disturbances
  - Peripheral edema (pre-eclampsia)
  - Seizures and/or coma (eclampsia)

PHYSICIAN CONSULT
- Administration of NTG

TREATMENT
- Position on left side
- ALS RMC
- Transport quickly with a quiet environment (no siren)
- IV NS TKO started enroute
- Seizures: Midazolam (Versed)
  - IV: 1 mg slowly; MR in 3 minutes to maximum dose 0.05 mg/kg.
  - IN: 5 mg (2.5 mg in each nostril)
  - IM: 0.1 mg/kg; MR x 1 in 10 minutes if still seizing.
- If DBP >110:
  - NTG 0.4 mg spray/SL; MR in 10 minutes

RELATED POLICIES/PROCEDURES
- Seizures N 2
- Destination Guidelines GPC 4