

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 1100.03  
MISCELLANEOUS:  
OBSTETRICAL COMPLICATIONS**

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**General OB Care:** Should be performed on all OB patients unless otherwise specified.

1. Maintain airway.
2. Provide high flow oxygen.
3. Lay patient on left side.
4. Monitor fetal heart tones and patient's vital signs.
5. Initiate IV of normal Saline with large bore catheter.
6. If bleeding, apply perineal pad and monitoring amount of bleeding.
7. Notify Medical Direction of situation and **transport rapidly to hospital.**

**Placenta Abruptio**

Placenta Abruptio results from premature partial or complete detachment of the placenta causing a sudden onset of abdominal pain and vaginal bleeding. Vaginal bleeding may be minimal since the true hemorrhage may be concealed. Perform general OB care.

**Placenta Previa**

Placenta Previa is caused by placental implantation over the lower portion of the uterus, partially or completely covering the cervical OS resulting in painless, bright red bleeding. Perform general OB care.

**Cephalopelvic Disproportion**

Cephalopelvic Disproportion produces a difficult labor due to the presence of a small pelvis, an oversized fetus or fetal abnormalities. Definitive care is delivery by Cesarean Section. Perform general OB care.

**Prolapsed Cord**

Prolapsed cord occurs when the umbilical cord slips down into the vagina or presents externally after rupture of the amniotic membranes. The umbilical cord is then compressed against the fetal presenting part, thus compromising fetal oxygenation.

- A. Perform general OB care except place patient in Trendelenburg or knee chest position.
- B. Instruct mother to "pant" during contractions to avoid bearing down.

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- C. Apply moist, sterile dressings to exposed umbilical cord.
- D. Place gloved hand into vagina, lifting presenting part off the umbilical cord.
- E. Maintain this position; often may need to accompany patient to delivery room, maintaining position until Cesarean Section is performed.
- F. Monitor cord for pulsation throughout transport.

**Limb Presentation**

Limb presentation results from a transverse position of the fetus in the uterus. Often, the presenting part is an arm or hand (occasionally a leg). Definitive care is delivery by Cesarean Section. Perform general OB care.

**Breech Presentation**

Breech presentation occurs when the largest part of the fetus, the head, is delivered last. A breech presentation is best delivered in the hospital but if delivery is imminent, the EMS crew should proceed as follows:

- A. Perform general OB care, except position for delivery.
- B. Allow fetus to deliver spontaneously up to the level of the umbilicus; gently extract legs downward after buttocks are delivered, if necessary.
- C. After legs are clear, support the baby's body with the palm of the hand and anterior surface of the arm.
- D. Gently extract 4-6 inch loop of umbilical cord to allow delivery without excessive traction on the cord.
- E. Rotate fetus to align shoulder in an anterior -posterior position; continue with gently traction until axilla is visible.
- F. Guide the infant upward to allow delivery of the posterior shoulder.
- G. Guide the infant downward to delivery the anterior shoulder.
- H. After shoulder delivery, the head often delivers rapidly without difficulty.
- I. If the head does not deliver immediately, place a gloved hand in the vagina with the palm toward the baby's face and make a "V" on either side of the baby's nose while pushing the vaginal wall off the baby's face. Continue this until head is delivered or definitive treatment is provided at the hospital.
- J. When delivery is complete perform newborn and maternal care.

**STANDARD PRECAUTIONS MUST BE OBSERVED.**

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**Newborn Resuscitation**

