

AG21 OB/GYN- Pregnancy/Delivery/Vaginal Bleeding

Objectives:

- To appropriately assess and manage out-of-hospital births
- To appropriately assess and manage patients with vaginal bleeding

General Information:

- Obtain functional history:
 - a) Premature?
 - b) Multiple births?
 - c) Meconium?
 - d) Prenatal care?
 - e) Narcotic use?
- Transport pregnant patients in the left lateral recumbent position
- For patients with gestation greater than 20 weeks, transport patient to the closest facility with obstetrical capabilities. Medical control continues to serve as a resource in cases of uncertainty
- Patients will by-pass Sentara Leigh and Sentara Bayside to transport high risk pregnancies to Sentara Virginia Beach General or Sentara Norfolk General Hospital using the following criteria:
 - a) No prenatal care
 - b) Pre-term Labor - Gestational age \leq 34 weeks
 - c) Premature rupture of membranes (with or without labor) - Gestational age \leq 34 weeks
 - d) Major medical conditions (pre-eclampsia, diabetes, etc.) with gestational age \leq 34 weeks
 - e) Mild/Moderate vaginal bleeding at gestational age \leq 34 weeks
- Consider additional resources to care for the patient and the newly born
- Vaginal bleeding is considered moderate to severe if the patient has lost more than 500 ml of blood or if she is using 1 pad/hour or more
- If child is delivered, technician needs to fill out 2 PPCRs



Warnings/Alerts:

- Checking for cervical dilation is not within the scope of these protocols
- Do not assume that vaginal bleeding is due to normal menstruation
- Third-trimester bleeding is never normal and can be life-threatening to the mother and the fetus

OMD Notes:

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References:

Mosby's Paramedic Textbook, Third Edition, 2007 pgs 1329-1330

Performance Indicators:

History of Pregnancy	Time of Delivery	Delivery Complications
Sex of Newborn	Time of Placenta Delivery	Presentation Position
Amniotic Fluid Color	Amount of Blood Loss	Total Fluid Administered
Treatment and Response to Treatment		1 and 5 Minute APGAR

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