

Bayfield-Ashland Counties EMS OB-GYN	OB-3 OBSTETRICAL/GYNECOLOGICAL EMERGENCY
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SYMPTOMS: Female patient (age 10 to 60) with vaginal bleeding, pelvic pain or possible ectopic pregnancy.

Recognize serious conditions associated with hemorrhage during pregnancy even when hemorrhage or pregnancy is not apparent.

Possible situations:

- Abruptio placenta: Occurs in third trimester of pregnancy; placenta prematurely separates from the uterus causing intrauterine bleeding.
 - Lower abdominal pain
 - Uterine rigidity
 - Shock, with minimal or no vaginal bleeding
- Placenta previa: placenta covers part or all of the cervical opening
 - Generally, late second or third trimester
 - Painless vaginal bleeding, unless in active labor
 - For management during active labor see [Childbirth guideline \(OB-1\)](#)
- Ectopic pregnancy (ruptured)
 - First trimester
 - Abdominal/pelvic pain with or without minimal bleeding
- Spontaneous abortion (miscarriage)
 - Generally first trimester
 - Intermittent pelvic pain (uterine contraction with vaginal bleeding)
- Syncope may be a presenting symptom of hemorrhage from ectopic pregnancy or causes of vaginal bleeding.

Assessment, Treatment, and Interventions

ALL LEVELS

1. Obtain history.
 - a. Obstetrical (See [Childbirth guideline \[OB-1\]](#))
 - b. Abdominal pain – onset, duration, quality, radiation, provoking or relieving factors
 - c. Vaginal bleeding – onset, duration, quantity (pads saturated, etc.)
 - d. Syncope/lightheadedness
 - e. Nausea/vomiting
 - f. Fever
2. Examine abdomen for distension, rigidity, guarding.
3. Obtain and monitor vital signs; repeat every 10 minutes.
4. Assess and treat for hypovolemia/shock if indicated. See [Shock guideline \[M-13\]](#).

EMR-O; EMT-R

5. Monitor SpO₂ if signs of hypotension or respiratory symptoms.
6. Monitor ECG if history of syncope or lightheadedness
7. Secondary survey pertinent to obstetric issues:
 - a. Constitutional: vital signs (consider orthostatic vital signs – lying, sitting, standing); skin color
 - b. Abdomen: distention, tenderness
 - c. Genitourinary: visible bleeding
 - d. Neurologic: mental status
8. If signs of shock or drop in blood pressure when standing:

- a. Position patient supine
- b. Keep patient warm
- c. Reassess vital signs

AEMT-R

9. If signs of shock, establish IV; consider isotonic IV/IO fluid bolus 20ml/kg normal saline.
10. Reassess vital signs and response to fluid resuscitation

OR

AEMT-O

11. Consider administration of lactated Ringer's bolus 20ml/kg.