

Protocol 6-12

SECTION: Obstetrical/Gynecological Emergencies

PROTOCOL TITLE: OB/GYN – Pregnancy Related Emergencies
(*Pre-term Labor*)

REVISED: 06/2017

OVERVIEW:

Pre-term labor is defined as regular and rhythmic contractions of the uterus that produce cervical changes after the 20th week of gestation but prior to the 36th week of gestation. Of all pregnant patients, some patients will experience contractions without being in preterm labor, known as Braxton-Hicks contractions. Regular uterine contractions with rupture of the membranes are the hallmark sign for pre-term labor diagnosis.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Due date • Time contractions started • Duration and time between contractions • Time, amount of any vaginal bleeding- Sensation of fetal activity • Past medical and delivery history • Medications • Trauma • Recent infection • Drug use and / or smoking 	<ul style="list-style-type: none"> • Rhythmic uterine contractions • History of cervical dilation • Rupture of membranes • Passage of blood-stained mucous (mucous plug) 	<ul style="list-style-type: none"> • Abruptio placenta • Ectopic pregnancy • Placenta previa • Spontaneous abortion

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Support life-threatening problems associated with airway, breathing, and circulation.	•	•	•	•	•
3. Administer oxygen to maintain <u>SPO₂</u> 94 - 99%	•	•	•	•	•
4. Place patient in left lateral recumbent position.	•	•	•	•	•
5. Determine if patient is in labor and monitor frequency, intensity, and durations of contractions.	•	•	•	•	•
6. Prepare for delivery.	•	•	•	•	•
7. Establish an IV of Normal Saline if clinically indicated.			•	•	•
8. If the patient is exhibiting symptoms of shock, refer to the <i>Medical – Hypotension/Shock</i> protocol.	•	•	•	•	•
9. Transport promptly and reassess as indicated.		•	•	•	•

PRE-TERM LABOR

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Continued

PRE-TERM LABOR

Known Causes of Pre-Term Labor

Decreased Blood Flow to the Uterus (Uterine Irritability)	Increased Hormonal Levels	Cervical Incompetence
<ul style="list-style-type: none">• Dehydration secondary to viral illness with nausea, vomiting, and diarrhea• PIH with arterial vasospasm• Diabetes• Cardiovascular or renal disease• Over-distension of the uterus with multiple gestation or tumors• Heavy smoking• Abruptio placenta or placenta previa	<ul style="list-style-type: none">• Prostaglandin production with PROM, bacterial infection, abdominal trauma, or over-distension of the uterus• Oxytocin levels found in meconium stained fluid	<ul style="list-style-type: none">• Traumatic• Congenital anomalies

PEARLS:

1. Early signs and symptoms of pre-term labor may be as unspecific as abdominal, intestinal, or menstrual-like cramps, pelvic pressure, diarrhea, low back pain, and increased vaginal discharge.
2. In general, resuscitation of infants with gestations less than 20 weeks is futile. However, due to varying birth weights, growth progression, and developmental changes differing in every baby and pregnancy, a specific week of gestation cannot be identified as a point of viability.