

Protocol 6-8

SECTION: Obstetrical/Gynecological Emergencies

PROTOCOL TITLE: OB/GYN – Pregnancy Related Emergencies
(*Placenta Previa*)

REVISED: 06/2017

OVERVIEW:

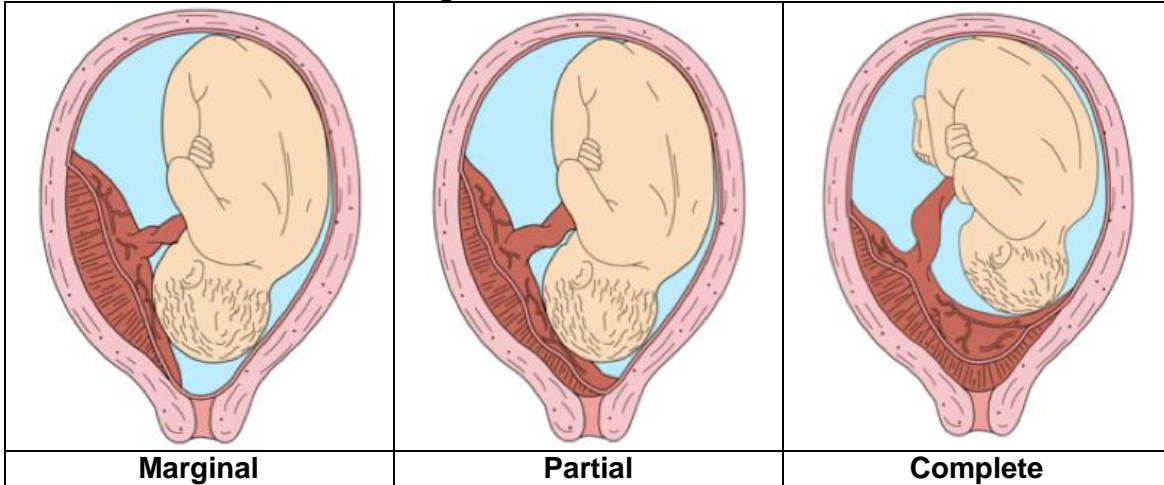
Placenta previa is an obstetric complication that occurs in the second and third trimesters of pregnancy and accounts for 20% of vaginal bleeding during these last trimesters. Placenta previa occurs when the placenta is implanted low in the uterus and covers the cervical canal in varying amounts. The placenta may be marginally, partially, or completely covering the internal cervical opening. Risk factors for placenta previa include prior placenta previa, first pregnancy following a cesarean delivery, multi-parity, age > 30 years, multiple gestations, prior induced abortions, and smoking.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Due date • Time, amount of any vaginal bleeding • Sensation of fetal activity • Past medical and delivery history • Medications • Recent vaginal exam, sexual intercourse 	<ul style="list-style-type: none"> • Painless but profuse bright red vaginal hemorrhage • Hypotension • Tachycardia • Soft and non-tender uterus • Lack of abdominal pain • Detectable fetal movement and heart sounds 	<ul style="list-style-type: none"> • Abruptio placenta • Ectopic pregnancy • Preterm labor • Vasa-previa • Shock, (hemorrhagic or hypovolemic) • 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 a position of comfort.	•	•	•	•	•
5. Establish an IV of Normal Saline			•	•	•
6. If the patient is exhibiting symptoms of shock, refer to the <i>Medical – Hypotension/Shock</i> protocol.	•	•	•	•	•
7. Transport promptly and reassess as indicated.		•	•	•	•

PLACENTA PREVIA

Degrees of Placenta Previa



PEARLS:

1. Providers must **NOT** perform a pelvic exam on a patient with placenta previa. Due to the placenta precariously placed over the cervical opening, minimal maneuvers to the cervix or uterus may induce heavy vaginal bleeding.
2. Avoid palpating the fundus, which may cause fetal movement and possible placental tearing.
3. Women older than 30 years are 3 times more likely to have placenta previa than women younger than 20 years.