Chapter 34

Obstetric and Gynecologic Emergencies
Objectives

34.1 Identify the major anatomical structures within the pelvic cavity.

34.2 List the functions of the female genitourinary and reproductive system.

34.3 List the functions of the major gynecologic structures.

34.4 List three causes of abdominal pain of gynecologic or obstetrical origin.

34.5 List four possible causes of vaginal bleeding. continued
Objectives

34.6 List the three stages of a normal pregnancy.

34.7 List three possible consequences of abdominal trauma in a pregnant patient.

34.8 Describe four possible complications of pregnancy.

34.9 Demonstrate how to examine a female patient with abdominal or pelvic pain.

continued
Objectives

34.10 Describe how to assess the abdomen of a pregnant patient.

34.11 Describe the process of assisting an emergency delivery.

34.12 Describe the management of a pregnant patient with abdominal trauma.
Topics

- Anatomy and Physiology
- Common Obstetrical and Gynecological Emergencies
- Complications of Pregnancy
- Basic Care of the Newborn
- Assessment
- Management
- Chapter Summary
Case Presentation

A woman is 34 weeks pregnant and is complaining of severe abdominal pain. She is lying supine on the snow with both knees flexed. She is awake and oriented. A ski school instructor is present and witnessed the patient fall onto her left side, striking her abdomen. Her abdominal pain as “sharp” and “all over”, unlike the labor contractions she had with her first delivery. She does not feel any leakage of fluid and denies feeling lightheaded. This is her second pregnancy and she states it has been uncomplicated to date.

continued
Case Presentation

She denies any injury other than to her abdomen. As you assess the patient, you notice that her radial pulse is quite weak and seems faster than normal.
Anatomy and Physiology

- Falling puts a pregnant woman at high risk.
Anatomy and Physiology

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Anatomy and Physiology

- Ovaries
- Fallopian tubes
- Uterus
- Vagina
- Perineum
- Reproductive system
Anatomy and Physiology

- Fallopian tubes
- Body of uterus
- Fundus of uterus
- Egg cell
- Ovary
- Cervix
- Vagina
Anatomy and Physiology
Common Obstetrical and Gynecological Emergencies

✧ Abdominal pain
  ◦ Dysmenorrhea
  ◦ Cystitis
  ◦ Ovarian cysts
  ◦ Pelvic inflammatory disease
  ◦ Ectopic pregnancy

✧ Dysmenorrhea

continued
Common Obstetrical and Gynecological Emergencies

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Common Obstetrical and Gynecological Emergencies

- Cystitis
- Ovarian Cysts
- Pelvic Inflammatory Disease (PID)
- Ectopic Pregnancy
- Vaginal Bleeding
- Gynecological Trauma
- Sexual Assault
Common Obstetrical and Gynecological Emergencies
Pregnancy

- Normal physiologic changes
- Complications of pregnancy
  - Hemorrhage
  - Pregnancy-Induced Hypertension (PIH)
  - Miscarriage
- Supine Hypotensive Syndrome

continued
Pregnancy

First stage:
beginning of contractions to full cervical dilation

(a)
Pregnancy

Second stage:
baby enters birth canal and is born

continued
Third stage: delivery of the placenta
Pregnancy

- Elevate hips, administer oxygen, and keep mother warm
- Keep baby’s head away from cord
- Do not attempt to push cord back
- Wrap cord in sterile moist towel
- Transport mother to hospital, continuing pressure on baby’s head

continued
Pregnancy

✦ Childbirth
  ◦ Use a disposable sterile OB delivery kit
  ◦ Assist the mother, if necessary, in removing her clothing and place in fowler’s position
  ◦ Time the contractions

continued
Pregnancy

**Childbirth**

- Once the baby is crowning, allow the mother to push
- After delivering the head, you should see the baby’s upper shoulder
Pregnancy

continued
Pregnancy

continued
Pregnancy
Pregnancy

continued
Pregnancy
Pregnancy

continued
Pregnancy

continued
Pregnancy

✦ Childbirth
  ◦ Should transport to an EMS
  ◦ 3rd stage of labor - delivery of placenta

✦ Care of the newborn (APGAR)
  ◦ Appearance
  ◦ Pulse
  ◦ Grimace or irritability
  ◦ Activity or muscle tone
  ◦ Respirations

continued
Pregnancy

continued
Pregnancy

continued
Pregnancy

Trauma with pregnancy

- Ruptured uterus
- Abruptio placenta and premature labor
- Rupture of membranes

continued
Pregnancy

Uterine bleeding

Placenta

Bleeding may be minimal

continued
Pregnancy

- Placenta
- Abdominal wall
- Torn edge
- Uterus
- Bleeding
Case Update

Recognizing that this 34-week pregnant woman has sustained blunt abdominal trauma, you assess the patient looking for additional trauma. You note that the patient’s abdomen is diffusely tender. The uterus rises to about 5 finger breaths above the umbilicus and is very firm to touch. You assist in positioning the patient onto her left side and obtain vital signs. The blood pressure is 90/60; pulse 110 and respirations are 20 and shallow.
Assessment

- ABCD’s
- SAMPLE
- OPQRST

continued
Assessment

- If abdominal pain is present in a pregnant woman
  - Determine the quality
  - Location
  - Timing
  - If back pain is present
  - Privacy

continued
Assessment

continued
Management

☀ Initial management
  ◦ Scene safe
  ◦ ABCDs
  ◦ SAMPLE
  ◦ OPQRST
  ◦ DCAP-BTLS
  ◦ ALS if needed

☀ Management following trauma
Case Disposition

After placing your patient on her left side, her pulse rate remains at 110 but is much stronger, and a repeat blood pressure is now 105/70. She continues to complain of severe abdominal pain and reassessment shows her uterus to be continuously firm. You place the patient on high-flow oxygen by non-rebreather mask while arranging emergency transportation to the hospital. She is transported by toboggan lying on her left side to the patrol facility where an ALS ambulance crew is awaiting her arrival.
Chapter Summary

- Gynecologic emergencies are related to a woman’s reproductive organs.
- Always consider the possibility of pregnancy in a female of reproductive age.
- The goals for managing OB/GYN emergencies are rapid identification of a potentially serious or life-threatening condition, immediate care, and evacuation to definitive care.

continued
Chapter Summary

- A pregnant woman may lose 30–35 % of her blood volume from hemorrhage before showing signs of shock.
- Maternal hemorrhage places the fetus at high risk for shock.
- Treat all pregnant trauma patients for shock.
- Prevent maternal hypotension by placing the patient on her left side.
- Always respect a woman’s privacy.