

**Northwest Community EMS System
November 2020 CE Credit Questions: OB/Pregnancy**

Name:	Date submitted:
EMS Agency/hospital:	Credit awarded (date):
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 2 hours of live or Zoom CE class.
Sources: Nov 2020 CE taped zoom class; SOPs; **CE PPT**.

Physiologic Changes in Pregnancy

- Which of these are normal physiologic changes seen in the mom during the second trimester of pregnancy?
 - Blood volume and cardiac output decreases
 - BP decreases, HR and tidal volume increases
 - Oxygen demand and clotting factors decrease
 - Generalized vasoconstriction helps to maintain MAP
- Explain the musculoskeletal changes that occur during pregnancy and how that may affect the pt.

- How much blood volume increase does the pregnant female have and what is the purpose of this increase?

- How does this increase in volume alter the patient's presentation should they become involved in a trauma?

Labor and Delivery

- A 39 week pregnant female claims that her "water broke." OB Hx reveals that she's G-3 P-2. Contractions are 2 minutes apart and each lasts 60 seconds in duration and she is pushing involuntarily with contractions. The patient complains of persistent pressure on her perineum and states "the baby is coming." Which of the following actions should be taken next?
 - Establish a large bore IV and run NS wide open to dilute oxytocin; inhibiting contractions
 - Immediately perform an internal vaginal exam to confirm dilation and effacement
 - Place patient on her left side, manually displace the uterus, and transport rapidly
 - Position patient semi-sitting with knees flexed; prepare for an on scene delivery

6. A pregnant woman's labor contractions are lasting 90 seconds, coming every 2 minutes and she tells you that she has significant rectal pressure. Which of these is indicated to decide if delivery is imminent?
 - A. Examine the perineum for crowning
 - B. Quantify the severity of her labor pains
 - C. Assess the amount of bloody show and check for a mucous plug
 - D. Perform an internal bimanual exam of the cervix to check for dilation
7. How should a paramedic facilitate delivery of the baby's head in a normal vertex presentation?
 - A. Use Magill forceps to apply traction and facilitate delivery
 - B. Perform a small perineal nick with the sterile scalpel to open the vaginal inlet
 - C. Place one palm over occiput and apply pressure to perineum with the other hand
 - D. Accelerate the rate of descent by having the mother push hard with each contraction
8. Which is indicated FIRST after head delivery if there is NO evidence of meconium in the amniotic fluid?
 - A. Feel around the infant's neck for a nuchal cord
 - B. Rotate the head so the infant is facing downwards
 - C. Gently pull the head upwards to deliver the posterior shoulder
 - D. Vigorously suction the nose and mouth with a neonatal bulb syringe
9. Which of these is indicated first after the head delivers if meconium IS present in the amniotic fluid?
 - A. Initiate positive pressure ventilations with a neonatal BVM
 - B. Perform a nasotracheal intubation and suction the ET tube
 - C. Suction the infant's mouth and then nose with a bulb syringe
 - D. Wipe the face with a gauze pad and suction with a meconium aspirator
10. What questions should be asked when assessing contractions of a patient in labor?

11. What is the name of contractions that are irregular in nature and do not end in true labor? What is the reason in which they occur?

12. How should a paramedic facilitate delivery of the anterior shoulder in a normal delivery?

- A. Gently guide the head downward
- B. Use delivery forceps to pry the shoulder loose
- C. Apply traction to the head and rotate it to the side

13. Identify the three stages of labor and what occurs in each stage.

First	
Second	
Third	

14. What signs of impending delivery demonstrate the need for EMS to stay on scene and prepare for delivery?

15. A pregnant woman’s labor contractions are lasting 90 seconds, coming every 2 minutes and she tells you that she has significant rectal pressure. Which of these is indicated to decide if delivery is imminent?

- A. Examine the perineum for crowning
- B. Quantify the severity of her labor pains
- C. Assess the amount of bloody show and check for a mucous plug
- D. Perform an internal bimanual exam of the cervix to check for dilation

16. Because of the rich blood supply found during pregnancy, what concerns can arise for a patient who is pregnant and involved in a traumatic incident?

Treatment and Complications of Pregnancy

17. A 30 y/o female is complaining of moderate midline lower uterine cramping that started about one hour ago. Her last menstrual period was 14 weeks ago and she had a positive pregnancy test. She is experiencing a moderate amount of vaginal bleeding. Her abdomen is soft with no guarding. Vital signs are within normal limits. What OB complication should a paramedic suspect?

- A. Placenta previa
- B. Abruptio placenta
- C. Ectopic pregnancy
- D. Abortion (miscarriage)

18. Define ectopic pregnancy and identify three assessment findings important for EMS.

Ectopic:

19. Explain supine hypotension and how to relieve it if it should occur during transport of a patient.

20. A spontaneous abortion (miscarriage) occurs before the 20th week of pregnancy.
True or False

21. A conscious and anxious 32 y/o female is 38 weeks pregnant. She is complaining of a sudden onset of constant, severe abdominal pain after striking her anterior abdominal wall on the steering wheel during a MVC. On exam you find her uterus to be rigid and extremely painful to palpation with unrelenting contractions, but you cannot feel any fetal parts directly under the skin. There is a moderate amount of dark red vaginal

- bleeding. Her skin is cool, pale and moist. VS: BP 88/68, P 128, R 28. What should a paramedic suspect?
- A. Placenta previa
 - B. Abruptio placenta
 - C. Traumatic ruptured uterus
 - D. Premature rupture of the membranes

22. When the BOW breaks, fluid is noted to have green discoloration. Which intervention is indicated per SOP?
- A. Begin positive pressure ventilations immediately after delivery of the head
 - B. Suction the infant's mouth and nose immediately after delivery of the head
 - C. Deliver the entire infant before suctioning to prevent Vagal-induced bradycardia
 - D. Rapidly deliver the infant and ventilate w/ 15 L O2/neonatal BVM prior to suctioning
23. What predisposing factors can complicated a pregnancy of the patient?

Treatment and Complications of Delivery

24. Which of these is indicated to assist delivery in the presence of shoulder dystocia?
- A. Pull on the infant's axilla to disimpact the shoulder
 - B. Put the mother in a knee-chest position and instruct her to push
 - C. Flex mother's knees alongside her abdomen and apply suprapubic pressure
 - D. Apply forceps alongside the infant's head to give you a better grip on the baby
25. Initial attempts to loosen a nuchal cord are unsuccessful. What should a paramedic do next?
- A. Put the mother in Trendelenburg position and transport rapidly
 - B. Insert a gloved hand into the vagina and prevent delivery of the shoulders
 - C. Attempt to push the cord onto the infant's chest to provide some slack for delivery
 - D. Double clamp and cut the cord while still wrapped around neck to facilitate delivery
26. If confronted with a prolapsed cord, what EMS action is indicated?
- A. Lift the cord over the baby's head to prevent compression
 - B. Push the cord back in so the baby can be delivered without impedance
 - C. Place gloved fingers between mom's pubic bone and the baby's presenting part
 - D. Place gloved fingers into the vagina and push the vaginal wall away from baby's face
27. If a pregnant female is presenting with a potential shoulder dystocia, what is the name of the maneuver and how is it performed to hopefully facilitate delivery?
- _____
- _____
- _____
28. If a double footling breech birth is partially delivered to the shoulders and the head does not deliver within 30 seconds, what should a paramedic do?
- A. Have the mother push vigorously while transporting rapidly
 - B. Hyperextend the infant's neck to facilitate rapid delivery of the head
 - C. Firmly pull on the delivered torso as the mother pushes with the next contraction
 - D. Form "V" over the baby's nose with two fingers & push the vaginal wall away from infants face
29. When presented with a nuchal cord, what two options would EMS be given to care for the situation?
- _____
- _____

30. A 36 week pregnant female had minor vaginal spotting yesterday, but is now experiencing a large amount of bright red vaginal bleeding that has saturated two bath towels. She currently denies any pain; uterus is soft and non-tender; skin is pale and moist; BP 94/70; P 132; R 28. What should a paramedic suspect?
- A. Placenta previa
 - B. Abruptio placenta
 - C. Ectopic pregnancy
 - D. Abortion (miscarriage)

31. What risk factors put a patient at higher risk for presenting with a prolapsed cord?

32. What is the gestational age in weeks if the uterine fundus is level with the umbilicus?
- A. 16
 - B. 20
 - C. 28
 - D. 32

33. A patient delivered a full term infant and placenta before EMS arrival. She is now expelling large clots with moderate vaginal bleeding and the top of her uterus is soft and boggy at the level of her navel. VS: BP 104/78; P 100; R 20; SpO₂ 95%; EtCO₂ 34. Besides IV NS fluid challenges, which of these is indicated to stimulate uterine tone?
- A. Massage top of fundus until firm
 - B. Norepinephrine drip at 2 mL/min
 - C. Administer magnesium over 5 minutes

34. What care is indicated for the above patient?

- A. Place in Trendelenburg position and transport immediately
- B. O₂ 12-15 L NRM; warm IV NS titrated to SBP > 90; tilt patient to side
- C. Pack vagina with hemostatic gauze dressings; warm IV NS wide open
- D. O₂ 6 L/NC; IV NS TKO (permissive hypotension), allow position of comfort

35. Which of these is a priority in newborn care immediately following delivery?

- A. Use a CPAP mask to initiate positive pressure ventilations
- B. Dry, warm, and stimulate to promote spontaneous breathing
- C. Hold the baby head down by the heels and gently slap the buttocks
- D. Milk the umbilical cord toward the baby to prevent infant hypovolemia

Pre-eclampsia / Eclampsia

36. An awake and confused 17 y/o female is 38 weeks pregnant c/o a severe headache, blurred vision, nausea and lethargy. She has been ill for several days, but is worse today. Her hands, face, and feet are edematous and she states that she has had a rapid weight gain of more than 10 pounds in the past week. VS: BP 160/110; P 112; R 24, lungs are clear. What drug, (dose, route, and timing) should be given immediately to the patient per SOP?
- A. NTG 0.4 mg SL
 - B. Midazolam 2 mg increments slow IVP
 - C. Magnesium 25 mg/kg in 250 mL NS, IVPB over 5 minutes
 - D. Magnesium 2 Gm in NS to a total of 20 mL, slow IVP over 5 minutes

37. List the signs and symptoms associated of pre-eclampsia in pregnancy.

38. What is the difference between pre-eclampsia and eclampsia in pregnancy?

39. Eclampsia can occur up to 6 weeks post-partum.

TRUE OR FALSE

40. When caring for a patient that includes management of eclampsia, what is important to include in your documentation?

- _____
 - _____
 - _____
 - _____
-
- _____
 - _____
 - _____