

**Northwest Community EMS System
Continuing Education Class Credit Questions for May 2015
OB / Newborn Care**

Name (PRINT):	Date submitted:
Affiliation:	Rating: [] Complete [] Incomplete

Reminder: You must schedule to take the class post-test with your assigned hospital EMS Coordinator/educator or their designee after this packet has been approved as complete.

The answers are found in the May 2015 class handout, supplemental materials, NWC EMSS Policy Manual, and/or the SOPs. All are available on the website at www.nwcemss.org

1. Identify 7 gynecologic organs found in the female human anatomy when pregnant? (PP)

2. Identify two differences in the uterus when in a pregnant state vs. a non-pregnant state. (PP)

3. Identify 7 characteristics of the placenta in the pregnant female. (PP)

4. CO = _____ x _____ (PP)

5. Define positional supine hypotension. (PP)

6. What change should be noted in BP during the: (PP)

First trimester: _____

Second trimester: _____

Third trimester: _____

What is the cause for the change in BP each semester? (PP)

7. Identify the BP most likely to be found in a pt during the second trimester of pregnancy without significant PMHx.
- A. 84/40
 - B. 100/60
 - C. 140/70
 - D. 150/98

8. What is the underlying reason that women have an increased SOB, especially in later pregnancy? (PP)

9. A pregnant female is c/o midline lower abdominal cramping. LMP: 12 wks ago. She is experiencing moderate vaginal bleeding but has not passed any tissue. The abdomen is soft. VS are WNL. Which of these is likely?
- A. Placenta previa
 - B. Abruptio placenta
 - C. Ectopic pregnancy
 - D. Spontaneous miscarriage

10. Of all the anatomical changes that occur to the pregnant female, identify two that are temporary in nature. (PP)

11. Identify 2 functions of the ovaries for female reproduction. (PP).
- a.
 - b.

12. What is the estimated date of confinement also known as? _____

13. What management considerations should be completed by EMS for possible spontaneous miscarriage? (PP)

14. A 19y/o F is c/o sharp LLQ pain that began abruptly 2 hrs ago. LMP: 9 wks ago. She noticed increasing pressure in the LLQ for past week. Pt is anxious, pale, cool & moist w/ point tenderness & guarding to LLQ. No vag bleeding. VS: 98/66, P 110, R 24. Which of these is likely?
- A. Placenta previa
 - B. Ectopic pregnancy
 - C. Ruptured ovarian cyst
 - D. Spontaneous miscarriage

15. What part of the pts medical history is the same when identifying either a spontaneous miscarriage or ectopic pregnancy? (PP)

What part of the pts medical history is unique to identifying an ectopic pregnancy from that of a spontaneous miscarriage? (PP)

16. Approximately 1 in 5 women will experience an **ectopic pregnancy**, thus making it a more common occurrence than a **miscarriage**. (PP)

TRUE	FALSE
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17. Which of these is indicated to treat a pt w/ suspected ruptured ectopic pregnancy? (PP)

- A. Dopamine drip for SBP < 90
- B. NS IVF challenges in 200 mL increments
- C. Position on side & manually displace uterus
- D. Vasopressin 40 u IVP to tamponade bleeding

18. What prehospital care is indicated for a pt with pre-eclampsia?

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

19. What two classic signs characterize "placenta previa?" (PP)

20. Bleeding occurs with placenta previa due to the tearing away of the placenta from the uterine wall secondary to trauma. (PP)

TRUE FALSE

21. With preterm labor, why is there an increased risk for a prolapsed cord? (PP)

22. Which of these is indicated for the prehospital management of a prolapsed cord per SOP?
(More than one choice may be present)?
- A. Clamp & cut the cord immediately
 - B. Instruct mom to pant during contractions
 - C. Continuously palpate the cord for fetal HR
 - D. Insert gloved fingers b/t pubic bone & presenting part
23. In accordance with SOP, if EMS encounters a pt with a prolapsed cord, what is the defined treatment during transport to hospital? (SOP)
-
-
24. Compare and contrast the difference between Braxton Hicks contractions and true labor.
- Braxton Hicks
-
- Labor:
-
25. Which of these should be done by a paramedic to determine if delivery is imminent?? (PP)
- A. A vaginal exam to check cervical dilation (cm)
 - B. Quantify the severity of labor pains (0-10)
 - C. Determine the amount of bloody show
 - D. Check for crowning with contractions
26. How many phases of labor are there and what occurs during each phase? (PP)
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27. In accordance with SOP and the American Academy of Pediatrics should suctioning of the baby occur after delivery of the head when the rest of the baby's body is still in the birth canal when meconium is not present?
-
28. Which is indicated first after head delivery if there is no evidence of meconium in the amniotic fluid? (PP)
- A. Suction nose & mouth with an 8 Fr catheter.
 - B. Guide head upwards to deliver posterior shoulder.
 - C. Rotate infant's head so it faces downward.
 - D. Feel around the neck for nuchal cord.
29. Identify one potential complication associated with delivering a baby from a woman who has a pregnancy complication of gestational diabetes.
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30. Why is this complication common with this specific type of pregnancy condition? (PP)
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31. What is the name of the maneuver that must be performed as a result? _____
32. Identify the 5 components of the APGAR scoring.
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
33. A newborn makes a face but no sounds when mouth & nose are suctioned w/bulb syringe. What APGAR rating for reflex irritability should be given?
- A. Absent
 - B. Grimace
 - C. Cough or sneeze
 - D. Active motion
34. A newborn's legs are pulled up to the body & baby mildly resists efforts to extend them w/weak muscle tone. What APGAR rating for activity should be given?
- A. Limp
 - B. Some extremity flexion
 - C. Active motion
 - D. Absent
35. What are the implications if a crying newborn w/ a RR of 40 has dusky toes & fingers but a pink torso at the 1 min APGAR score?
- A. Acrocyanosis is normal & the newborn may need blow-by O₂.
 - B. The infant likely has a congenital heart defect & needs full resuscitation.
 - C. The infant needs immediate intubation & ventilation w/ a neonatal BVM.
 - D. The infant likely has meconium aspiration & needs deep tracheal suctioning.
36. How is it accomplished the task of identification banding for mother and infant? (handout)
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37. What information is helpful to pass along to the base station hospital when working with a breech delivery? (PP)
- A.
 - B.
 - C.
 - D.
 - E.
 - F.
 - G.
 - H.

38. Identify signs and symptoms associated with a ruptured uterus?

39. Describe the symptoms associated with an abruptio placenta and identify how long after a traumatic situation can the woman experience complications?

40. How should the narrative be worded in order to give information to the reader regarding the totality of the pt interaction? (PP)

What information should be documented on the mother's ePCR? (PP)

What 6 areas of information should be documented on the baby's ePCR? (SOP)

Please return to your system EMS hospital nurse educator upon completion!