

**Northwest Community EMS System
September 2018 CE: OB Complications
Credit Questions**

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

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class.

Sources: Sept CE slide deck (request from your EMSC);

SOPs: Childbirth; Delivery Complications; Obstetrical Complications

1. Besides Gravida/Para status, list 4 items that should be obtained in the OB history:

2. List 2 reasons why this information is important to EMS in caring for the pregnant patient.

3. List two assessment findings indicating imminent delivery.

4. What two processes regarding vasculature are known to occur in patients with preeclampsia?

5. At what gestational age is preeclampsia normally first noted, and how late can it occur?

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6. On what two findings is a diagnosis of preeclampsia normally based?

7. Assessment findings for a patient with preeclampsia may include (list 4)

8. Describe care of the patient with preeclampsia, according to SOP, with regards to the following:

Position	
↓ CNS stimulation	
BP readings	
Prevention of seizures	

9. At what point in the pregnancy do eclamptic seizures usually occur?

10. List 4 history or assessment findings, other than DBP > 90 that warrant administration of Magnesium to the patient with preeclampsia:

11. For what purpose is Magnesium administered to patients with pre-eclampsia? (Circle one)

BP reduction

Seizure prevention

12. List one side effect of Magnesium for each of the following body systems:

CNS: _____

Cardiovascular: _____

Respiratory: _____

13. A patient with pre-eclampsia has received 2 Gm Magnesium IV during transport to the hospital. Several minutes later, the patient begins to seize (tonic-clonic). What medication should be administered? Specify: Medication, dose, route, and timing if indicated

14. At what gestational age (weeks) should EMS begin positioning pregnant patients on their sides?

15. A 30 weeks gestation pregnant patient is bleeding heavily. Describe supplemental oxygen guidelines for this patient. (Flow, delivery device, and target SpO2).

16. The above patient has BP's consistently below SBP 90. How is this patient's hypotension treated, and what is the target SBP?

17. The health care industry is trending away from *estimated* blood loss, to *weighed* blood loss. With regard to blood loss determination in the pre-hospital setting, what action is indicated on the part or EMS to aid in assisting the hospital to accurately determine blood loss in the pregnant patient?

18. The patient experiencing a spontaneous abortion / miscarriage, will typically have discomfort where?

19. The patient experiencing ectopic pregnancy will typically have discomfort where?

20. The patient with ectopic pregnancy has a BP of 88/64. How should the patient be positioned?
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21. Compare placenta previa and abruptio placenta with regards to the following:

	Placenta Previa	Abruptio Placenta
Presence of vaginal bleeding		
Color of blood if bleeding		
Pain		
Uterine tone (palpation)		

22. What history / event commonly precedes abruptio placenta?
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23. For both these time-sensitive patients, placenta previa and abruptio placenta, describe prehospital care with regards to

Position	
Supplemental oxygen	
SBP target	
SpO2 target	
Management of hypotension	

24. What deleterious effect does both placenta previa and abruptio placenta have on the fetus?
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25. Explain the potential range of time for symptom onset of abruptio placenta, from actual time of blunt trauma to the abdomen.
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26. At what gestational age (weeks) is EMS more likely to encounter a breech presentation birth? (Circle the correct answer)

36 weeks

32 weeks

28 weeks

27. List two interventions that should be provided to all patients delivering with a breech presentation.
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28. In a breech birth, how should delivered parts be managed by EMS?

29. Circle all of the following that are *correct* with regards to a breech birth after the feet and legs have delivered:

- A. Avoid body elevation during delivery of the head
- B. Do not pull on torso to aid in delivery of the head
- C. May need to lower entire body

30. Regarding the above scenario, if the head does not deliver with the next contraction, describe the action to be taken by EMS:

31. Following delivery of the head, EMS notes that the umbilical cord is wrapped loosely once around the baby's neck. Describe action to be taken by EMS:

32. Information obtained from a patient's OB / Pregnancy history include maternal gestational diabetes, gestational age of 41 weeks, and maternal height of 4' 9" and weight of 260 lb. What delivery complication should EMS be prepared for? (Circle the correct answer)

- A. Head entrapment
- B. Postpartum hemorrhage
- C. Shoulder dystocia

33. The fetal head delivers, but retracts into the perineum. The same thing happens with the next several contractions. Describe action to be taken to allow the anterior shoulder to deliver.

34. What action should be taken if the above procedure does not result in delivery?

35. EMS arrives to a patient's home, and is told by the patient that her water just broke and that her EDC is 8 weeks away. What assessment must be made immediately?

36. You see the umbilical cord protruding from the vagina. What interventions must be implemented immediately?

37. What is the goal of this intervention?

38. Describe care of the exposed portion of the umbilical cord.

39. Your patient is bleeding heavily after delivering a healthy baby. She has saturated 7 OB pads and 2 trauma dressings. She is tachycardic, and her BP is 100/72. Her uterus feels mushy / soft ("boggy") when you palpate it. What intervention should EMS perform to diminish further blood loss?
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40. What other action might you offer to the patient, before transport ensues, to increase uterine tone and reduce bleeding?
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