

Northwest Community EMS System
May 2025 CE: OB/GYN Emergencies
Credit Questions

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

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

Sources of information/answers

May CE PowerPoint PDF, NWCEMSS SOPs, NWC EMSS Procedure Manual and the case study handouts in class.

1. According to the American College of Obstetricians and Gynecologists, “complications from pregnancy can happen over the course of the pregnancy, during delivery and _____?”
 - A. Up to one month postpartum
 - B. Up to one year after the end of pregnancy
 - C. Until the mother turns 40
 - D. Up to 6 months after the baby is born

2. Of all pregnancy-related deaths in the United States, what percentage happen 7 days to 12 months after the end of pregnancy?
 - A. 72%
 - B. 33%
 - C. 47%
 - D. 53%

3. What is the leading cause of maternal death in the United States?
 - A. Trauma in pregnancy
 - B. Ectopic pregnancy
 - C. Cardiovascular disease
 - D. Lack of prenatal care

4. List 4 pieces of information regarding peripartum cardiomyopathy that either define it or help explain the condition:
 1. _____
 2. _____
 3. _____
 4. _____

5. Which of the following are signs/symptoms of peripartum cardiomyopathy (PPCM) (select all answers that apply)?

A. Fatigue	E. Short of breath
B. Bradycardia	F. Edema of the feet and ankles
C. Dizziness	G. Rash on torso
D. Palpitations	H. Increased nighttime urination

6. True or False: EMS needs to have a high index of suspicion for an underlying cardiac condition in a pregnant woman presenting with any ACS or heart failure type symptoms?
7. What does the acronym SCAD stand for and what can this cause in pregnancy?
-
-
8. When is it most likely for a SCAD/MI to occur?
-
9. According to SOPs, aspirin would be considered in a patient experiencing chest pain or an MI. What is the contraindication for aspirin associated with pregnancy?
-
10. List 5 red flags for cardiovascular disease in pregnancy:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
11. 1 in 8 women will experience symptoms of postpartum depression. Please describe some of the common presenting signs and symptoms:
- Depressed mood: _____
-
- Anxiety: _____
-
- Worthlessness/guilt: _____
-
- Difficulty Bonding: _____
-
- Suicidal thoughts: _____
12. The incidence of preeclampsia has increased what percentage in the last 2 decades in the United States?
- A. 25%
 - B. 47%
 - C. 15%
 - D. 30%
13. Which of the following are signs/symptoms of preeclampsia? Circle all that apply.
- | | | |
|------------------------|-----------------------|------------------------------|
| a. New-onset headache | e. Hypotension | i. RUQ pain |
| b. Visual disturbances | f. N/V | j. AMS |
| c. Itchy skin | g. Decreased appetite | k. Numbness/tingling in feet |
| d. Fluid retention | h. SOB | l. Fever |

14. When should Magnesium be administered to the preeclamptic/eclamptic patient?

- A. When a pregnant patient presents with symptoms and an elevated BP (SBP \geq 140); to prevent a seizure
- B. When a pregnant patient with elevated BP (SBP \geq 140) is seizing; to stop the seizure
- C. Both A & B

15. How does Magnesium work for the preeclamptic/eclamptic patient?

16. In case study #1, what S/S does the patient present with to indicate she is preeclamptic (and then eclamptic)?

17. If a seizure persists after the patient has received 2 doses of Magnesium, what medication is indicated?

- A. Ketamine 2mg/kg IVP
- B. Midazolam 2mg increments IV/IO/IN
- C. Etomidate 0.5mg/kg, max 40 IVP

18. 9/10 traumatic injuries during pregnancy are classified as "minor." What percentage of fetal losses occur after trauma are the result of minor injuries?

- A. 30% - 40%
- B. 15% - 20%
- C. 60% - 70%
- D. 70% - 80%

19. Fill in the blank: Trauma complicates _____ pregnancies. It is the leading cause of _____ death among pregnant woman.

20. List 4 sources of trauma during pregnancy:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

21. List 4 consequences of trauma in pregnancy:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

22. List 3 characteristics of placental abruption:

- 1. _____
- 2. _____
- 3. _____

23. A 29-week pregnant female presents to EMS after a motor vehicle accident, front end damage, the car was traveling about 25mph, mom was properly restrained. She has minor abdominal pain but does not require pain medication. She's stating it feels like she is having a contraction, but no other evidence she is in labor. Her vitals are as follows: BP = 86/52, HR = 118, RR = 20, SpO2 = 97%. EMS suspects placental abruption, what is indicated for this patient?

- A. IV and fluids challenges to maintain SBP > 90
- B. CPAP at 5-10 PEEP
- C. Fentanyl to manage pain
- D. Monitor and transport

24. In the United States, approximately how many out-of-hospital deliveries involve EMS annually?

- A. 1,300
- B. 10,000
- C. 8,700
- D. 3,500

25 - 28: Match the definition with the appropriate term.

- | | |
|------------------------------|----------------------------|
| Gravida _____ | a. # of live births |
| Para _____ | b. Delivery |
| Gestational age _____ | c. Labor |
| Phase I of childbirth _____ | d. How many weeks pregnant |
| Phase II of childbirth _____ | e. # of pregnancies |

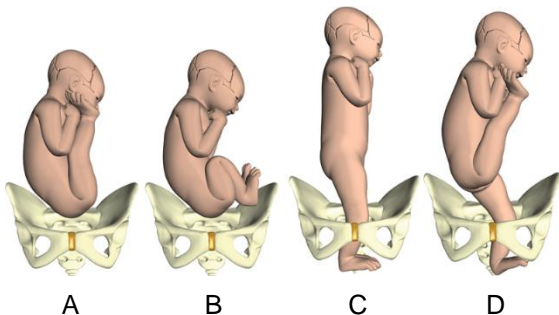
29. List 4 signs that delivery is imminent:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

30. List 8 items that are included in the OB kit:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

31.



Please identify the types of breech presentations depicted:

- A = _____
- B = _____
- C = _____
- D = _____

32. During a breech delivery, the head presents last and should be delivered within 30 seconds (during the next contraction). If it does not, what does EMS need to do?

33. EMS is dispatched for a female in labor. Patient appears in active labor and during assessment, EMS notes a prolapsed cord. What would NOT be indicated for this situation:

- A. Elevate the mother's hips
- B. Instruct patient to pant through contractions
- C. Cover the exposed cord with a moist dressing
- D. With gloved hand, place fingers between pubic bone and presenting part with cord between fingers
- E. Attempt a field delivery of the baby

34. Once a newborn is delivered, it should begin breathing on its own within 30-60 seconds. If it does not, how can EMS stimulate the baby? Select all that apply:

- A. Suction mouth, then nose with bulb syringe
- B. Briskly towel off the baby
- C. Gently rub the baby's back
- D. Flick soles of feet
- E. Apply tongue depressor inside baby's mouth

- 35-38. Given the following newborn presentations, match the appropriate resuscitation measures that should be taken, according to the Newborn Resuscitation SOP (and the CE ppt).

Baby #1: 1 minute post-delivery, baby's RR = 20 and HR = 130 _____

Baby #2: After stimulation, baby remains apneic with a HR = 30 _____

Baby #3: 1 minute post-delivery, baby's RR = 10 and HR = 80 _____

Resuscitation options:

- A. PPV/neonatal BVM @ 40 – 60 BPM on room air
- B. PPV/neonatal BVM @ 40 – 60 BPM + 15L O₂
- C. PPV/neonatal BVM @ 40 – 60 BPM + 15L O₂ + chest compressions at a 3:1 ratio

39. EMS delivers a newborn that is not breathing, with a pulse of 30. Assisted ventilations are initiated with compressions. After 1 minute, the baby remains apneic with a heart rate of 38. An IO has been established. What medication and dose is indicated next for a newborn weighing 9 lbs?

- A. Epinephrine (1mg/10mL) 0.01mg/kg = 0.04 mg
- B. Epinephrine (1mg/1mL) 1mg/kg = 4mg
- C. Amiodarone 5mg/kg = 20mg

40. What is considered hypoglycemia in a newborn?

- A. bG < 60 mg/dL
- B. bG < 50 mg/dL
- C. bG < 70 mg/dL
- D. bG < 30 mg/dL