



# Emergency Medical Training Services

Emergency Medical Technician – Basic Program Outlines

Outline Topic: OB/GYN

Revised: 11/2013

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A&P

- Vagina - known as birth canal.
- Cervix - head of vagina.
- Fallopian tubes - 3-5mm wide. Takes about 5 days for egg to travel from ovary to uterus.
- Ovary - Female is born with all the eggs they will have for life. Older eggs bring on more potential complications.
- Placenta - only disposable organ.
- Umbilical cord - connects fetus and placenta. 2 arteries and 1 vein.
- Crowning - head visible thru vagina.
- Breech is any delivery position of fetus other than the head.

Menstruation

- Normal periodic discharge of blood, mucus. Normal menstrual cycle is 28 days.
- Normal period flow is 25 to 60mL lasting 4 to 6 days.
- Mittelschmerz is the cramping pain during the period. More common in woman who have not yet borne a child.

- Endometriosis - abnormal GYN condition by abnormal growth and function of endometrial tissue. Some females are put on birth control to help with a normal hormone menstruation cycle.
- Periods start around 12 to 13 years old to 47 years on average.
- Menopause may occur from ages 35 to 60. Depends on female.

#### Ectopic (tubal) Pregnancy

- Implantation of fetus outside the uterus. Most commonly the fallopian tubes.
- Discovered in first 2 months of pregnancy, often before the female knows she is pregnant.
- Treated with surgical removal.
- GYN organs are very vascular and bleed a lot. The tubes will rupture.
- ANY FEMALE OF CHILD BIRTH AGE WITH ABDOMINAL PAIN IS TUBAL UNTIL PROVEN OTHERWISE. EVEN IF THEY SAY THEY ARE ON BIRTH CONTROL AND SAY THEY HAVE NOT HAD SEX.
- 1 in every 200 pregnancies. Accounts for 11% of all maternal death. Serious problem.

#### Sexual Assaults

- Crime of violence. EMS must report to police. It is up to the patient to continue legal action.
- 1 out of 3 females will be raped. Only 16% will be reported.
- Don't forget that men are raped also.
- Kindness and sensitivity during care is essential. DO NOT JUDGE OR BLAME.

- As a rule do not interview the victim if pre-hospital about the act of the rape. Just get information needed for emergency care.
- Assessment is for physical damage that is life threatening. No need for pelvis exam in pre-hospital. Must look in the area but no probing.
- As a rule a female EMT cares for a female victim in most cases.
- Handle clothing as little as possible.
- Do not clean wounds unless necessary.
- Do not allow victim to brush teeth.
- Do not allow victim to bathe.
- Bag each item separately.
- Do not use plastic bags. Effects rape kit findings.

#### Pregnant Terms to Know

- 3 trimesters - First three months, second three months, third three months.
- Full gestation is at a minimum of 36 weeks. Anything over 36 weeks is full term.
- When talking medical you refer to weeks not months. A lot happens each week.
- Gravida - number of times pregnant, including the current one.
- Para - number of live births.

- Nausea is common between 6th and 14th week of pregnancy.
- Normal weight gain during pregnancy is 20 pounds.
- First delivery 12 hours labor, multiple birth 7 hours.

#### Information to Ask to all at a minimum

- Length in weeks gestation.
- PARA/GAVIDA
- Previous cesarean delivery (c section)
- Lifestyle - drugs, smoker, ETOH.
- Infectious status - does mom have herpes, HIV, etc...
- Abnormal discharge or smell.

#### Stages of labor

- First stage is true contraction to full dilation of cervix.
- Second stage is from full dilation of cervix to delivery of baby.
- Third stage is delivery of baby to delivery of placenta.

#### Birth is imminent

- Crowning, Bloody show (water breaks), urge to push or defecate, full term, contraction interval of less than 2 minutes. Contraction duration of 45 seconds or longer.

#### Normal Delivery:

- Sterilize the area. Use sterile gloves. Have equipment ready.
- As head comes out of vagina place slight pressure to avoid an "explosive birth". If comes out too fast rips the tissue from vagina to anus. NOT GOOD.
- Once head is out feel for umbilical cord wrapped around neck. If it is slip it over head and continue. If you cannot, clamp 2 spots and cut cord and continue.
- Once head is out suction mouth then nose. IN THE REAL WORLD IT DOESN'T MATTER. BUT THE OFFICIAL WAY IS MOUTH THEN NOSE.
- Once shoulder is out HERE COMES BABY FAST. DO NOT DROP IT.
- Once out - continue to simultaneously suction, stimulate by hitting feet/butt, dry.
- Clamp the cords at least in one spot. No need to cut the cord, but must clamp at least once. Most will clamp 2 times and cut to allow the baby to be moved from mother.
- Clamping and cutting cord. Parents are not allowed to cut due to error risks. NOT WORTH IT. Clamp cord 4 to 6 inches from baby then another clamp 4 inches away from first clamp. Then cut between clamps.

- Delivery of placenta in about 20 minutes or less. If not out transport. Place in plastic bag and save.
- Control vaginal bleeding by 2 ways: massage uterus and/or breast feed.
- Place sanitary napkin over vagina to help control major bleeding. DO NOT PACK VAGINA.
- Normal childbirth is not a true medical emergency. It is natural event.

## APGAR

- Dr. APGAR developed this evaluation over 50 years ago and is still used.
- Done at 1 and 5 minutes of birth. Then compare the numbers.
- 7 to 8 at one minute is common. 9 to 10 at five minute expected.
- Look in book page 1204, for APGAR chart.

## If Twins/multiple births.

- Get help. You only have 1 OB kit normally in ambulance. Sometimes 2.
- Once the first is delivered cut cord and move to next. Just do normal delivery as needed.

## Footling Breech Birth - one of two times a hand can be placed in vagina

- BOTH Feet come out first.
- Deliver if needed. If it's coming you cannot put it back. Do your best.
- Once head comes out place a gloved hand in vagina and push head off cord until delivered.

## Other Breech Positions

- Franks breech is butt first.
- Transverse breech - lying sideways.

## Prolapsed Cord - Second of two times a hand can be placed in vagina

- Umbilical cord comes out before fetus.
- Place gloved hand in vagina to keep baby from coming out
- Elevate hips to slow birth - gravity.
- Pant to relax abdominal muscles.
- Transport immediately.
- I LIKE THE KNEE/CHEST POSITION. HAVE MOM GET ON KNEES AND PRAY. THIS ELEVATES HIPS. OTHERS JUST LIKE TO RAISE HIPS (RAISE FOOT END OF BED) TO USE GRAVITY. IF I HAD A CHOICE I WOULD HANG THEM BY THEIR FEET IN THE AIR. BUT THAT JUST ME.

## Miscarriage

- First trimester most common. Earlier than 20 weeks (PRETERM BIRTH).
- In medicine it is called an abortion. IT IS A FACT. Miscarriage sounds nicer.
- Traumatic Abortion - trauma aborted pregnancy.
- Spontaneous Abortion - just happens.

- Therapeutic Abortion - medically needed.
- Save tissue. Get it out of toilet if possible.
- No shower, no cleaning area.
- Treat for major bleeding.
- NO NEED TO DO PELVIS INTERNAL EXAM.

#### Pre-eclampsia and eclampsia

- Late second and third trimester most common.
- Pre-eclampsia is bed rest. Do not get out of bed. Sometimes cannot leave bed to go to bathroom.
- S/S: Headache, dizzy, confusion, high blood pressure.
- Eclampsia is untreated or non-controlled pre-eclampsia. All the S/S of pre-eclampsia but now prone to seizure activity.
- MY PROBLEM: FEMALES WILL TELL YOU THEY ARE ECLAMPTIC. NOT THEY ARE NOT!!! ARE THEY HAVING A SEIZURE? HELLO. THEY ARE PRE-ECLAMPSIA
- Care: place on left side to displace fetus to get off greater blood vessels. Support ABC's.

#### Placenta Previa

- Third trimester.
- Placenta positions itself over the cervix. This is a problem because baby cannot get out.

- As full term the cervix stretches and the placenta separates and bleeds.
- S/S: No pain, vaginal bleeding common.

### Abruptio Placentae

- Third trimester.
- Placenta in normal area. Up high away from cervix.
- Placenta separated from uterus prematurely. Or is torn loose in spots.
- S/S: since they have a mucus plug closing the cervix bleeding is mostly internal. Tearing pain felt by mother. "Tilt test them"

### Premature

- Less than 36 weeks.
- Less than 5.5 pounds.

### BLOOD TYPING

- A, B, AB, O.
- O is universal donor.
- AB is universal recipient.
- A can be given A or O.

- B can be given B or O.
- O has to be given O.
- In addition RH factor. If baby has different blood type than mom the first baby is OK. If mom was not given shots after the first baby she might die if the next baby has a different blood type.

#### Other Problems during delivery - meconium staining

- Meconium Staining - is when the fetus is stressed and has a bowel movement.
- It is green in color and can be thick or thin.
- Both are not good but the important part is did they inhale it into their lungs. Only 4 out of all staining inhale.
- If you see meconium constant suction until they cry. Use machine suction not bulb suction.

#### Neonatal Resuscitation

- Neonatal is less than 28 days of age. (1 month).
- If baby is born and heart rate is more than 60 but struggling (low APGAR) give 1 minute of oxygen. If heart rate improves keep giving oxygen. If heart rate stays the same or drops start CPR until heart rate is above 100.
- If born and heart rate is less than 60 start CPR immediately until heart rate is above 100.

#### INVERTED PYRAMID

- This is used to prioritize treatment of neonatal resuscitation goals.
- Inverted pyramid. The top (wide section) is most likely to work and the bottom (narrow end) is less likely to work.
- Top - Position, suction, stimulate, dry, warm
- Middle - Oxygen delivery, then BVM
- Lower CPR
- Lowest is Medication. If your pushing meds into newborns they are dead.

#### CPR FOR NEONATES

- 120 compressions per minute.
- 3 to 1 ratio not 5 to 1.
- Compression depth is 1/2 to 3/4 inches.
- Neonatal CPR is not taught in standard CPR course. This is an additional expectation of an EMT to know this.