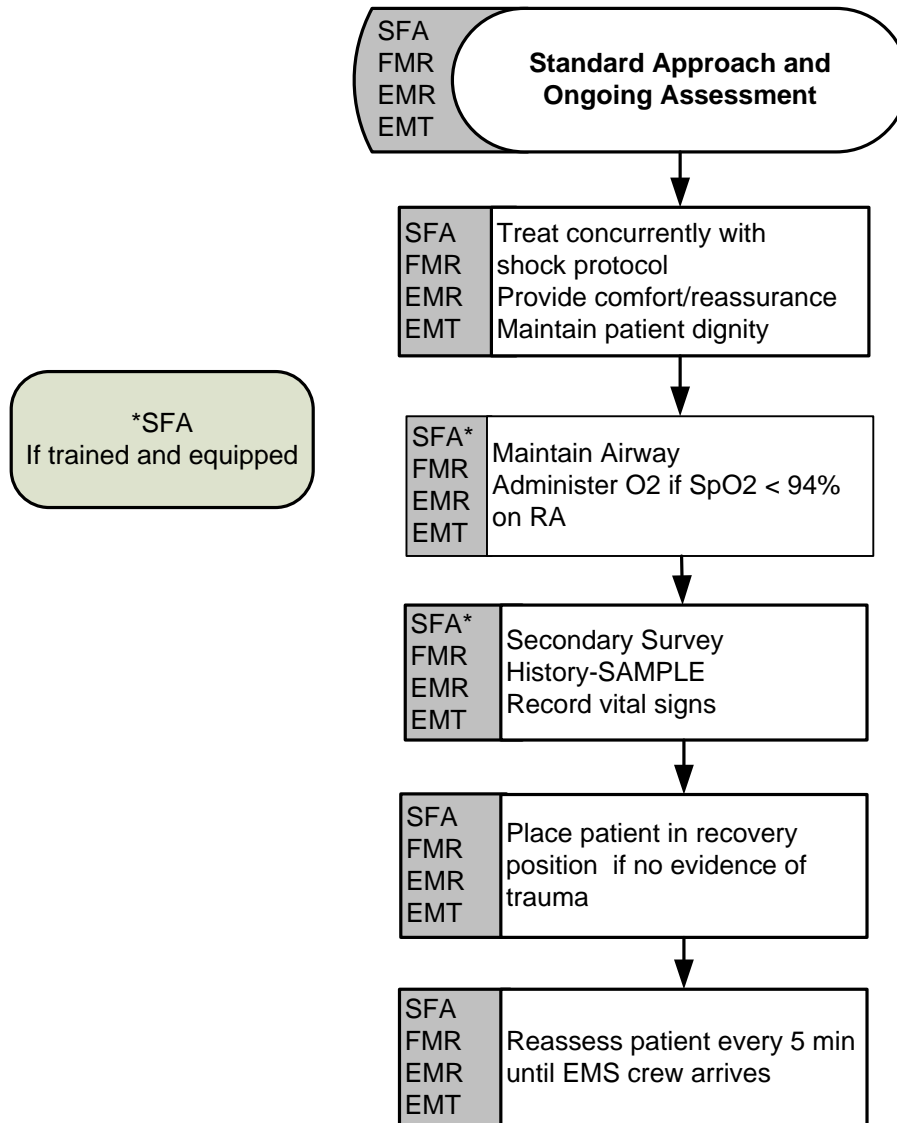


Algorithm 18 Obstetrics and Gynecological – Vaginal Bleeding



Obstetrics and Gynecological

Vaginal bleeding or pelvic pain is found and managed by performing a primary survey, assessing and initiating early oxygen (if trained and equipped), and treating for shock, even in the absence of obvious signs and symptoms.

All women of child-bearing age who are presenting with abnormal vaginal bleeding and/or abdominal pain should be considered to have an ectopic pregnancy until proven otherwise. Prompt on-scene assessment and treatment for shock are essential. The preferred positioning for a pregnant patient is left lateral recumbent. Spontaneous abortion (miscarriage) is the loss of pregnancy before 20 weeks gestation. A potential abortion is indicated by vaginal bleeding and cramping. The products of conception should always be saved and transported to hospital with the patient. (Gestational age and fetal viability are difficult to estimate in the field. When in doubt, assume the fetus is potentially viable.)

Vaginal bleeding in the third trimester should always be regarded as a critical emergency. Bleeding may abruptly become very massive. In order to determine external blood loss, the patient should be asked how many pads she has soaked over the last 30 - 60 min. More than three pads in 30 min or more than five pads in 60 min are indicative of a serious hemorrhage. The total number should be recorded on the PCR and the EMS crew should be informed upon their arrival.

In any type of vaginal bleeding do not under any circumstances place dressings inside the vagina. Instead, apply bulky dressing externally.

To avoid embarrassment to the patient, it is important to make every attempt to preserve the patient's privacy and dignity. The number of personnel in immediate attendance should be limited to only those needed for the patient's care. It is extremely important to maintain a professional demeanour, and to be empathetic and discreet. Provide emotional support for the patient.

Obstetrics and Gynecology – Childbirth (Algorithm 26)

The MFR will provide assistance where delivery is imminent but must use caution not to over extend their scope of practice. If you haven't been trained and licensed to perform the following then avoid these skills:

Identify Imminent Birth

- Ask target questions:
- Is this your first baby?
- How far along in your pregnancy are you?
- Are you having twins?
- How many minutes apart are your contractions?