



# Standard Guide for Training the Emergency Medical Technician (Basic) To Manage Obstetrical Emergencies<sup>1</sup>

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## 1. Scope

1.1 This guide establishes the minimum training standard for the management of obstetrical emergencies by the emergency medical technician (basic).

1.2 This guide is one of a series which together describe the minimum training standard for the emergency medical technician (basic).

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

## 2. Referenced Documents

### 2.1 ASTM Standards:

F 1031 Practice for Training the Emergency Medical Technician (Basic)<sup>2</sup>

F 1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Primary Assessment<sup>2</sup>

F 1285 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Examination Techniques<sup>2</sup>

F 1328 Guide for Training the Emergency Medical Technician (Basic) to Prepare Patients for Medical Transportation<sup>2</sup>

F 1329 Guide for Training the Emergency Medical Technician (Basic) in Basic Anatomy and Physiology<sup>2</sup>

F 1419 Guide for Training the Emergency Medical Technician (Basic) to Manage Shock<sup>2</sup>

F 1420 Guide for Training the Emergency Medical Technician (Basic) to Perform Management Techniques<sup>2</sup>

### 2.2 Other Documents:

Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care<sup>3</sup>

Textbook of Pediatric Advanced Life Support<sup>4</sup>

## 3. Terminology

### 3.1 Definitions:

3.1.1 *management techniques, n*—refers to the step(s) that constitute action taken by the emergency medical technician (basic) for a patient in need of assistance as a result of a real or perceived traumatic or medical condition.

## 4. Significance and Use

4.1 This guide establishes the minimum national standard for training the emergency medical technician (basic) in the management of obstetrical emergencies in patients of all ages. This guide does not preclude additions to or modifications of the management of obstetrical emergencies by the emergency medical technician (basic) as authorized by local medical protocol.

4.2 This guide shall be used by those who wish to identify the minimum training standard for the emergency medical technician (basic) as it relates to management of obstetrical emergencies.

4.3 This guide shall be used as the basis to revise Practice F 1031.

4.4 Every person who is identified as an emergency medical technician (basic) shall have been trained to this guide.

4.5 This guide does not stand alone and must be used in conjunction with all referenced documents cited in Section 2.

4.6 The management steps outlined in this guide are not necessarily in sequential order, and they will often vary with the patient's age, size, location, and condition.

## 5. General Guidelines

5.1 All emergency medical technicians (basic) shall be trained to:

5.1.1 Reassess all patients frequently and at least before and following every therapeutic intervention.

5.1.2 Deal with patient problems in the order of their severity.

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<sup>2</sup> *Annual Book of ASTM Standards*, Vol 13.02.

<sup>3</sup> Reprinted from *JAMA*, 6 June 1986, Vol 255, pp 2842–3044.

<sup>4</sup> Chameides, et al., American Heart Association, Dallas, 1988.

5.1.3 Immediately transport patients with life-threatening conditions that cannot be resolved in the field in accordance with local protocol.

5.1.4 Treat all patients in a professional, caring, and reassuring manner.

5.1.5 Transfer care of the patient to either advanced life support (ALS) providers responding to the scene or an appropriate hospital or other medical facility in accordance with local protocols.

5.1.6 Report the patient's problem and status to the receiving hospital or medical control as soon as possible without compromising patient care.

5.1.7 Transport patient expeditiously and safely.

5.1.8 The emergency medical technician (basic) shall provide all pertinent patient information at the receiving facility.

5.1.9 Upon completion of patient care responsibilities, prepare the ambulance or equipment and supplies, or both, to be ready to care for the next patient.

## **6. Obstetrical Emergencies—Labor and Delivery**

6.1 The emergency medical technician (basic) shall be trained to manage a patient in active labor as follows:

6.1.1 Place patient in position of comfort to the patient.

6.1.2 Administer oxygen as indicated.

6.1.3 Transport patient.

6.1.3.1 Recognize and allow appropriate interaction of "significant other" or labor coach.

6.1.4 Monitor the progress of labor.

6.2 The emergency medical technician (basic) shall be trained to manage a patient with an imminent delivery as follows:

6.2.1 Recognize the signs and symptoms of imminent delivery.

6.2.2 Position the patient in semireclining or position of comfort.

6.2.3 Identify abnormal presentations, administer oxygen, and immediately transport the patient in the knee-chest position or according to local protocols.

6.2.4 Don appropriate personal protective equipment.

6.2.5 Control but do not impede delivery of the head.

6.2.6 Suction the neonate when the head is delivered with either bulb-type or a filtered small-bore trap suction as appropriate.

6.2.7 Feel for umbilical cord around the neck, using index finger, and slip over shoulder or cut if necessary.

6.2.8 Identify meconium and suction it with a filtered small-bore trap suction (modified DeLee or similar device).

6.2.8.1 Recognize meconium staining as an emergent condition and request ALS assistance.

6.2.9 Support the head and shoulders during delivery.

6.2.10 Double clamp and cut the umbilical cord at least 5 in. from the infant and cut between the clamps.

6.2.11 Transport the patients.

6.2.12 If the placenta delivers, transport it to the hospital with the mother.

6.2.13 Following delivery of the placenta massage the mother's abdomen to cause the uterus to contract.

6.2.14 Allow the mother to nurse the infant if both are stable.

6.2.15 Document time and location of birth.

6.2.16 Request ALS intercept, as required.

## **7. Obstetrical Emergencies—Care of the Neonate**

7.1 Suction the neonate when the head is delivered with either bulb-type or a filtered small-bore trap suction as appropriate.

7.2 Identify meconium and suction it with a filtered small-bore trap suction (modified DeLee or similar device).

7.2.1 Request ALS intercept, as required.

7.3 Stimulate breathing if necessary.

7.4 Administer oxygen as indicated.

7.5 Dry off infant and keep warm.

7.6 Allow the mother to nurse the infant if both are stable.

## **8. Obstetrical Emergencies—Uterine Atony**

8.1 Identify uterine atony by excessive bleeding after delivery of the infant, or, soft noncontracted uterus, or both.

8.2 Perform uterine massage as in 6.2.13.

8.3 Have the mother stimulate her nipples.

8.4 Administer high concentration oxygen.

8.5 In accordance with local media direction, apply and inflate the pneumatic antishock garment.

## **9. Obstetrical Emergencies—Vaginal Bleeding in Late Pregnancy**

9.1 Administer high concentration oxygen.

9.2 Transport with left side down.

9.3 Be prepared for delivery.

## **10. Obstetrical Emergencies—Miscarriage**

10.1 Collect and transport all tissue passed from the vagina.

10.2 Transport the patient.

10.3 Manage excessive bleeding.

10.4 Administer high concentration oxygen.

## **11. Obstetrical Emergencies—Trauma in Pregnancy**

11.1 Treat traumatic injuries.

11.2 Transport with left side down.

11.3 Be prepared for delivery.

11.4 Administer high concentration oxygen.

11.5 Request ALS intercept, as required.

## **12. Obstetrical Emergencies—Pre-eclampsia/Eclampsia**

12.1 Minimize central nervous system stimulation.

12.2 Administer oxygen.

12.3 Manage seizures.

12.4 Request ALS intercept, as required.

## **13. Keywords**

13.1 delivery; emergency medical technician (basic); EMT; labor; miscarriage; neonate; obstetric; pre-eclampsia/eclampsia; pregnancy; training; trauma; uterine atony; vaginal bleeding



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