

EMRIC ECHO: The Laboring Patient

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OB Resources for the Emergency Department

Minimum Equipment:

Sterile gloves
Sterile towels
Scissors
Umbilical cord clamps (or any hemostat)
Gauze
NRP supplies

Minimum Medications:

Mom: Oxytocin
Infant: Vitamin K and Erythromycin ointment

Also nice to have...

Sterile drapes
Needle driver
Suture or packing
Baby blanket and hat
TXA
Cytotec (Misoprostol)
Methergine (Methylergometrine)
Baby warmer

Stages of Delivery

Nulliparous:

- 4-10cm – roughly 4 hours
- Median for each cm >6cm takes ~30 mins

Multiparous:

- 4-10cm- roughly 2.5 hours
- Median for each cm >6cm takes ~15 minutes

Transfer Decision-Making Resources

ACEP: <https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet/>

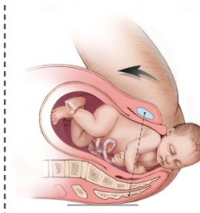
ACOG: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/07/hospital-based-triage-of-obstetric-patients>

Shoulder Dystocia



Identify

Fetal head retracts against perineum. Gentle axial traction does not lead to delivery.



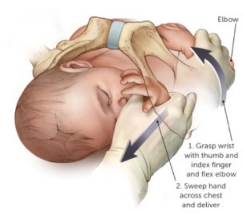
McRobert's

Flex maternal hips and bring knees to chest.



Suprapubic Pressure

Apply firm downward pressure just above the pubic symphysis in the direction of the infant's face.



Posterior Arm

Reach hand into vaginal canal, grasp posterior fetal arm, sweep across fetal chest and deliver arm.

Standard Post-Delivery Care

Mother:

Deliver and inspect placenta to ensure intact
Massage fundus
Fundal and pad checks
Give oxytocin 10U IM or 10-40U IV in 1000cc Saline
Inspect perineum for bleeding and tears

Infant:

Warm and dry
If okay, place on mom's chest (skin to skin)
Unless resuscitation needed, delay cord clamping 30-60 seconds

Mother and Infant:

Closely monitor vitals for the first hour
Support breast feeding as desired
More at <https://www.ncbi.nlm.nih.gov/books/NBK326674/#childbirth.s24>