

### Emergency During Childbirth

- Prolapsed Umbilical Cord
  - Slips downward in pelvis after membranes rupture.
- Classification
  - Complete – cord visible at vag opening.
  - Palpated – cord can not be seen but is felt as a pulsating structure during a vag exam.
  - Occult – prolapse is hidden and can not be seen or felt. Found after abnormal heart rates are suspected.

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### Emergency During Childbirth

- Risks (Prolapse Umbilical Cord)
  - Fetus does not completely fill space in pelvis.
  - Pressure is great when membranes ruptured.
  - Fetus may be high in pelvis.
  - Fetus may be very small.
  - Abnormal presentation.

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### Emergency During Childbirth

- Medical Treatment (Prolapse Umbilical Cord)
  - Risk to baby.
  - Displace fetus upward to stop compressions against pelvis.
  - Knee chest or Trendelenburg
  - Side lying with hips elevated on pillows.
  - Oxygen or tocolytics drugs.
  - Deliver fetus by quickest means - C section.

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### Emergency During Childbirth

- Nursing Care (Prolapse Umbilical Cord)
  - Remain calm
  - Quick actions
  - Make her feel that she is in competent hands.

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### Uterine Rupture

- Definition
  - Tear in uterine wall that occurs if muscle cannot withstand pressure inside the organ.
- Variations
  - **Complete rupture** – hole through uterine wall from uterine cavity to abd cavity.
  - **Incomplete** – uterus tears into nearby structure such as ligament but not all the way into abd cavity.
  - **Dehiscence** – old uterine scar, from previous C – section.

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### Uterine Rupture

• **Risks Factors**

- Previous surgery on uterus.
- Low transverse incision.
- Vaginal birth after low transverse incision.

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### Uterine Rupture

• **Characteristics**

- From no symptoms to severe.
- Shock
- Abd pain
- Pain in chest
- Cessation of contractions
- Abnormal FHT

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### Uterine Rupture

• **Medical Treatment**

- Deliver baby
- Stop bleeding
- Hysterectomy with excessive tear

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## Uterine Rupture

• **Nursing Care**

- Trial labor after a previous C-section.
- Receiving oxytocin – greatest risk.
- Prepare for immed C-section.
- Sometimes not discovered until after birth.
- Rising pulse or falling BP – hypovolemic shock.

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## Uterine Inversion

• **Definition**

- Uterus turns inside out after infant is born.
- Physician may see small depression in top of uterus.
- Uterus is not in abd but protrudes from vaginal with inner surface showing.
- Rapid on set of shock – common.
- Occurs if uterus is not firmly contracted.
- If umbilical cord is pulled on to deliver the placenta.
- Vigorous fundal massage, being pushed down toward the pelvis.

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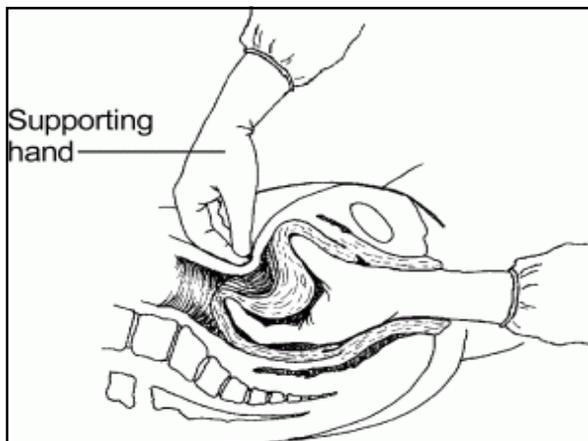
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### Uterine Inversion

• **Medical Treatment**

- Try to replace inverted uterus while Mom under anesthesia.
- **Anesthesia** – relax uterus.

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### Uterine Inversion

• **Nursing Care**

- IV – flds and medications.
- Assess uterus every 15 mins for firmness, height, and deviation from midline.
- VS
- Vaginal bleeding.
- Catheter
- Decreased output – shock
- NPO

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### Amniotic Fluid Embolism

• **Definition**

- Amniotic fld with its particles such as vernix, fetal hair, and sometimes meconium.
- Enter woman's circulation and attach small blood vessels in her lungs.
- Occurs during strong labor.

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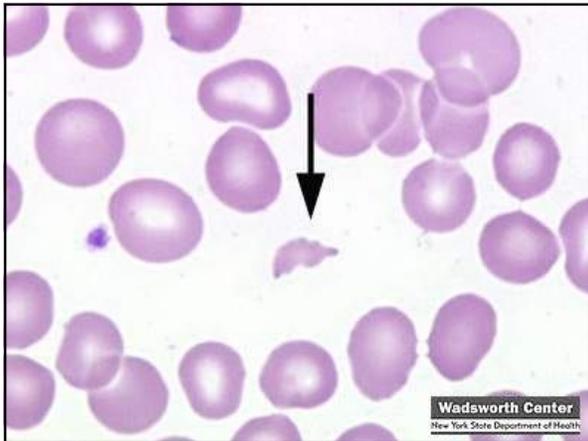
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**Amniotic Fluid Embolism**

- Characteristics
  - Abrupt hypotension.
  - Resp distress.
  - Coagulation abnormalities.

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**Amniotic Fluid Embolism**

- Treatment
  - Intubation
  - Treat shock
  - Electrolyte volume expanders
  - Replacing coagulation factors
  - Packed RBC
  - I&O
  - Pulse Ox

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