

# 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.

# 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.

# Emergency During Childbirth

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

# 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.

# Uterine Rupture

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

# Uterine Rupture

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

# Uterine Rupture

- Medical Treatment
  - Deliver baby
  - Stop bleeding
  - Hysterectomy with excessive tear

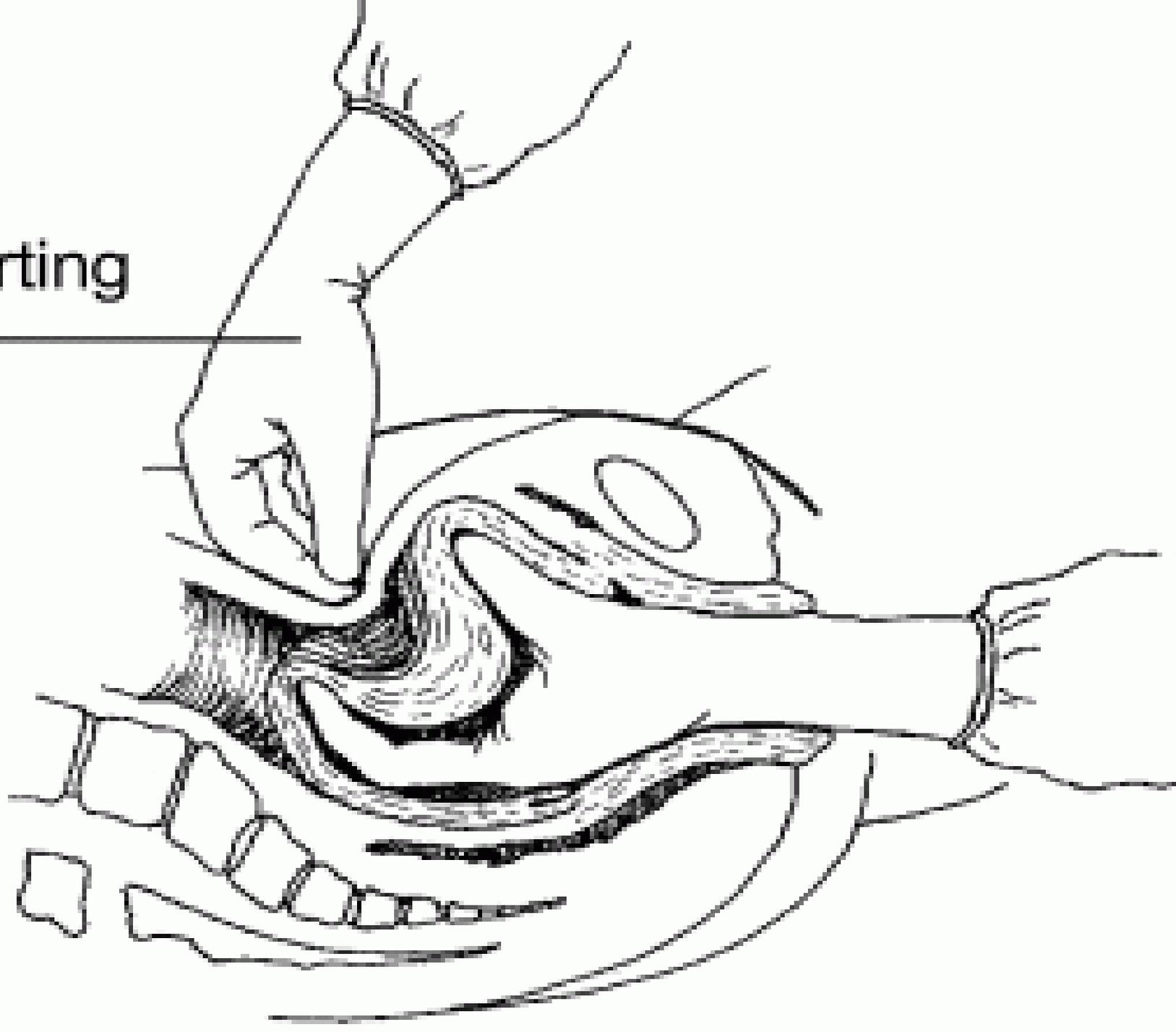
# Uterine Rupture

- 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.

# 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.

Supporting  
hand



# Uterine Inversion

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

# 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

# Amniotic Fluid Embolism

- Definition
  - Amniotic fluid 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.

# Amniotic Fluid Embolism

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

# Amniotic Fluid Embolism

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