Basic Emergency Obstetric Care

Prof Khin Pyone Kyi

Obs &Gyn Specialist Hospital

Nay Pyi Taw

Complications of pregnancy

- Most *cannot* be predicted and prevented.
- Any pregnant woman can develop complications at any time during pregnancy, at delivery, or in the postpartum period.
- *All pregnant women are at risk*.
- Cannot predict or prevent most of the obstetric complications that lead to death.
- But they can be *treated*.

- Haemorrhage
  - Cannot predict or prevent as this occurs anytime during pregnancy.
- Eclampsia,
  - Many eclamptic cases can occur without warning during pregnancy or after delivery.
- Infections
  - The role of antenatal care in preventing deaths and disability from **infection** is limited, according to WHO.
  - Although clean delivery kits and health education might reduce infection rates, the crucial factors that give rise to unclean delivery are probably related more to poverty and lack of facilities, than to ignorance.
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- **Obstructed labor**,
  - prediction or prevention has little role to play in alleviating the suffering of women from this complication.
  - What is strongly recommended is **treatment**, including Caesarean section, that must be made available to all women if outcomes for both mother and infant are to be improved.
- The complications from **unsafe abortion**
  - these can be treated in a well-equipped and –staffed health facility.

What is EmOC?

- EmOC or emergency obstetric care refers to the functions necessary to save lives.
- Women in emergency situation must have access to quality emergency obstetric care (EmOC), as it is essential to saving lives everywhere in the world.

Components of EmOC

- Basic emergency obstetric care
- Comprehensive emergency obstetric care

Basic Emergency Obstetric Care Services

1. Administer parenteral antibiotics
2. Administer parenteral oxytocic drugs
3. Administer parenteral anticonvulsant for PE & Eclampsia.
4. Perform manual removal of placenta.
5. Perform manual removal of retained products e.g. MVA
6. Perform assisted vaginal delivery.

Comprehensive emergency obstetric care

All of those included in Basic EmOC, plus

7. Perform surgery (Caesarean section)
8. Perform blood transfusion

Woman who needs Prompt attention (Priortization)

If she has any of the following symptoms :

- Bleeding PV in early pregnancy, in late pregnancy, during labour and after delivery
- Severe headaches; blurred vision; vomiting;
- Fits
- Unconsciousness
- Fever after abortion or delivery
- Respiratory distress.

To prevent maternal death

- All women must have access to quality EmOC.
- All health staff at primary care level must be able to provide basic EmOC.
- A functioning referral system must be in place which links peripheral facilities to district facilities or referral centres that can provide comprehensive EmOC.

Rapid initial assessment

Initial management

Rapid initial assessment

- When a woman of childbearing age presents with a problem, rapidly assess her condition to determine her degree of illness.
- Look for danger signs

ASSESS
Airway and breathing

INSPECTION	EXAMINE:	CONSIDER
•Pallor •Cyanosis (blueness) •Respiratory distress	•Cold and clammy extremities •lungs: wheezing or rales	•severe anaemia •heart failure •pneumonia •asthma

ASSESS
Circulation

INSPECTION	EXAMINE:	CONSIDER
•Pallor •Sweating •Respiratory distress	•Cold and clammy extremities •pulse: fast (110 or more) and weak •blood pressure: low (systolic less than 90 mm Hg)	•**SHOCK**

Initial management

In managing an emergency:

- Stay calm. Think logically and focus on the needs of the woman.
- Do not leave the woman unattended.
- Take charge. Avoid confusion by having one person in charge.

- **SHOUT FOR HELP**. Have one person go for help and have another person gather emergency equipment and supplies (e.g. oxygen cylinder, emergency kit).
- If the woman **is unconscious**, assess the airway, breathing and circulation.

- If **shock is suspected**, immediately begin treatment.
- Even if signs of shock are not present, keep shock in mind as you evaluate the woman further because her status may worsen rapidly.
- If **shock develops**, it is important to begin treatment immediately.

- Talk to the woman and help her to stay calm.
- Ask what happened and what symptoms she is experiencing.
- Perform a quick examination including vital signs (blood pressure, pulse, respiration, temperature) and skin colour.
- Estimate the amount of blood lost and assess symptoms and signs.

MANAGEMENT OF SHOCK

- **Immediate management**
  - **SHOUT FOR HELP. Urgently mobilize all available personnel.**
  - **Monitor vital signs (pulse, blood pressure, respiration, temperature).**
  - **Keep the woman warm but do not overheat her as this will increase peripheral circulation and reduce blood supply to the vital centres.**

Position of patient

- **Turn the woman onto her side to minimize the risk of aspiration if she vomits and to ensure that an airway is open.**
- **Elevate the legs to increase return of blood to the heart (if possible, raise the foot end of the bed).**

- Start an IV infusion (two if possible) using a large-bore (16-gauge or largest available) cannula or needle.
- *Collect blood for estimation of haemoglobin, immediate cross-match and bedside clotting just before infusion of fluids:*
- *Anticipate the need for blood early, and transfuse as necessary.*

Volume replacement

- Rapidly infuse IV fluids (normal saline or Ringer's lactate) initially at the rate of 1 L in 15–20 minutes;
  - Note: Avoid using plasma substitutes (e.g. dextran).
  - There is no evidence that plasma substitutes are superior to normal saline in the resuscitation of a shocked woman and dextran can be harmful in large doses.

- Give at least 2 L of these fluids in the first hour. This is over and above fluid replacement for ongoing losses.
  - Note: A more rapid rate of infusion is required in the management of shock resulting from bleeding.
  - Aim to replace 2–3 times the estimated fluid loss.

- *If a **peripheral vein cannot be cannulated**, perform a venous cut-down*
- Continue to monitor vital signs (every 15 minutes) and blood loss.
- Catheterize the bladder and monitor fluid intake and urine output. (minimum output of 30 mL/hr)
- *Give oxygen at 6–8 L per minute by mask or nasal cannulae*

General principles for minimizing the risk of an emergency occurring

Promote good antenatal health

- Good general health and a supportive home environment promote good health during pregnancy.
- The Confidential Enquiry into Maternal and Child Health (CEMACH): Why Mothers Die 2000-2002. reminds us of the increased risks not only of those with pre-existing disease, but also of the socially excluded, the obese, and those abusing substances.
- Good antenatal care is paramount in promoting health: women should be screened for a variety of risk factors and any problem that is identified should be acted upon.
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