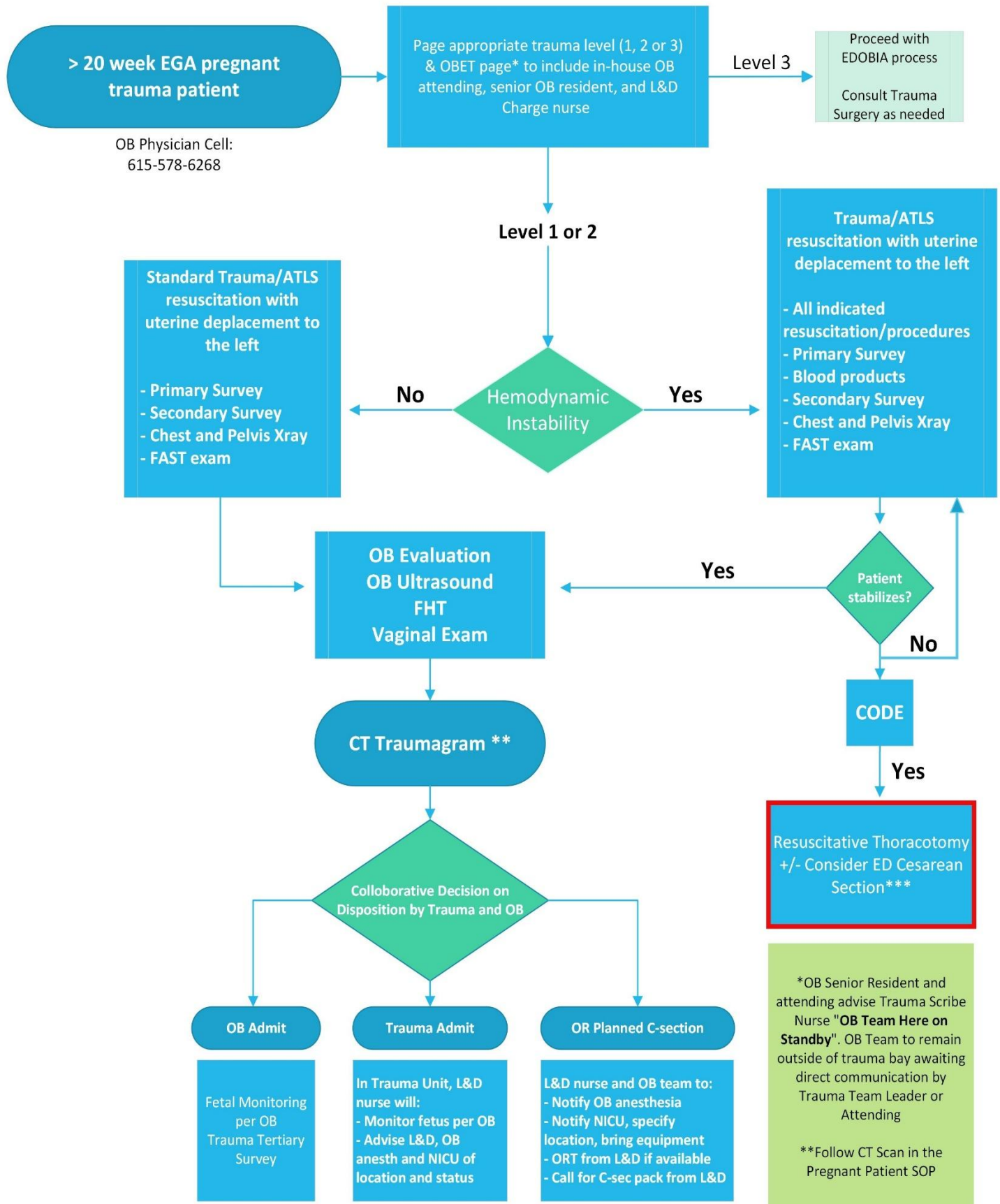


TRAUMA – OB PRACTICE MANAGEMENT GUIDELINE



***Emergent Cesarean Delivery/Resuscitative Hysterotomy in Trauma Patients

Cesarean delivery in the setting of Level 1 or Level 2 trauma activation should almost always occur in the Operating Room. Performing Cesarean delivery in the ED may be considered in the following circumstances:

1. Under the circumstances of perimortem hysterotomy to improve resuscitative efforts
2. Fetal bradycardia and negative FAST exam performed by Trauma or EM team.

The discussion regarding most appropriate location for delivery will occur between the attendings or fellows of the Trauma, OB and EM teams.

Inpatient management of pregnant patients admitted to Trauma Surgery service

*Consult VIDA for any pregnant patient or recently postpartum patient admitted to Trauma ICU.

Unknown fetal dates

- FHT documentation within 6 hours of arrival
- Obtain formal dating ultrasound within 24h of arrival

EGA <12w

- No FHT documentation needed
- No OB consult needed unless s/s of miscarriage or other OB complications
- Ambulatory referral to OB to establish prenatal care for patients without a primary obstetrician

EGA 12 - 20w

- FHT documentation within 6 hours of arrival
- FHT documentation pre- and post- all emergent surgeries
- Consult OB prior to non-emergent surgeries
- Ambulatory referral to OB to establish prenatal care for patients without a primary obstetrician

EGA >20w

- See flow chart above

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References:

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OBET
(OB Emergency Team)

Responds to pregnancy and delivery emergencies at:

- VUH 4th floor L&D
- VUH 4 South
- MCE 4 East
- Adult Emergency Dept
- PEDs Emergency Dept

EMS OB emergencies

Direct EMS to appropriate ED

PEDs ED - Unstable* Newborns (with stable mothers only) both will be directed to the PEDs ED

***Respiratory depression, thermal regulation concerns, anomalies, low Apgar, or paramedic expressed concern**

ADULT ED - All other OB scenarios

- pregnant females (stable & unstable regardless of age)
- Pregnant post trauma (MVA, etc)
- females with stable newborns delivered in the field

Diagnosis pick list:

- Pregnant Emergency
- Impending delivery
- STAT C-section
- Fetal Heart Rate deceleration
- Shoulder Dystocia
- Post-partum Hemorrhage

Dispatch OBET team

1. Nextel OBET responder team
Location of patient (building, floor, room)
Announce response type from pick list
2. Text page OBET team
Location of patient (building, floor, room)
Type in response type from pick list