

Management of Emergency Obstetrics

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Introduction

- Most pregnancies and deliveries usually occur without any complications.
- Today the high risk approach, abandon because all pregnancies carry some risk, be it maternal morbidity and mortality.
- About 15% of all pregnant women do develop a complication that may jeopardize her life.
- These complications may necessitate the use of major obstetrical interventions.

Introduction-1

- Emergencies occur suddenly, thus need for prompt action.
- It may be bleeding occurring after 22 weeks (WHO), 28 weeks (developing countries).
- Headaches, blurred vision, convulsions or loss of consciousness [Eclampsia, Epilepsy, Encephalopathies (malaria, viral toxoplasmosis)], elevated blood pressure.
- Unsatisfactory progress of labour.
- Fever in the ante partum, intra-partum and post-partum.
- Severe abdominal pain, ante-partum & intra-partum.
- Dyspnoea.

Objectives of Management

- Evaluate the degree of illness.
- Prevent maternal morbidity and mortality.
- Prevent foetal morbidity and mortality.
- Most emergencies can be prevented by quick assessment.

General Measures

Rapid Initial Assessment

Assess	Danger signs	Consider
Airway & Breathing	Cyanosis, respiratory distress, mucous membranes, lungs	Severe anaemia, heart failure, pneumonia, asthma.
Circulation (shock)	BP, pulse	
Vaginal Bleeding	Gestational age, delivery, placenta, Examine volume bleeding, uterus, placenta	Placenta praevia, abruptio, ruptured uterus, uterine atony, tears, retained products

General Measures-1

Rapid Initial Assessment

Unconscious or convulsion	Gestational age, BP Pulse, temperature	Eclampsia, malaria, epilepsy, tetanus
High temperature	Weakness, lethargy, frequent micturition, examine-unconscious, complete examination	UTI, Malaria, endometritis, DVT, mastitis etc.
Abdominal pain	Gestational age, BP, pulse, temperature, uterus	Labour, chorioamnionitis, abruptio placenta, rupture

Measures Specific to Obstetrics

Continue treatment accordingly:

- ANTEPARTUM-Bleeding
 - Placenta praevia: determine amount of bleeding, conservative or emergency management.
 - Abruptio placenta: rupture membrane, IV oxytocin, C/S when indicated.
 - Vasa praevia: usually postpartum diagnosis.
 - PET/eclampsia follow protocol of the service.
 - Fever, treat the aetiology.
 - Loss of consciousness/ convulsion, managed accordingly, eclampsia, epilepsy, encephalopathies, diabetes etc.

Measures Specific to Obstetrics-1

- INTRAPARTUM: Vaginal Bleeding:
 - Abruptio placenta
 - Placenta praevia
 - Imminent / uterine rupture
 - Vasa praevia
 - DIC
 - Dystocias, cervical, mechanical, dynamic
 - Foetal distress, chronic/ acute
 - Local causes: CA cervix, condyloma, endocervical polyp, varices etc.

Measures Specific to Obstetrics-2

- POSTPARTUM: Vaginal bleeding:
 1. Uterine atony, risk factor e.g. grand-multiparity, uterine myomas, use of oxytocics, prolonged labour, chorioamnionitis, placenta retention, uterine inversion etc.
 2. Uterine rupture, risk factors, uterine perforation, previous scars, grand-multiparity, instrumental delivery, internal / external versions etc.
 3. Lacerations to the genital tract, perineal tears, cervical tears, vaginal tears, episiotomy.
 4. Disseminated intravascular coagulation, IUD, chorioamnionitis, use of hypertonic saline solution 20%, abruptio placenta or retro-placenta haematoma.

Measures Specific to Obstetrics-3

- Dyspnoea, chest pain, pulmonary embolism.
- Convulsions, eclampsia, epilepsy, encephalopathies (viral, bacterial, protozoal).
- Fever / pain, endometritis, mastitis, malaria, typhoid fever, post-traumatic cellulitis, managed accordingly.