



Obstetric Emergencies & Neonatal Emergencies

For FLW





RECOGNIZING LIFE THREATENING SITUATIONS-NCD

- Sudden weakness in arms or legs (usually affects one side of the body)
- Sudden drooping or weakness in one side of face
- Sudden loss of balance, headache, dizziness or loss of consciousness
- Sudden blurring of vision
- Sudden difficulty in speech/inability to speak
- Sudden pain in the chest
- Diabetic emergencies (Low blood sugar level and High blood sugar level)



LEARNING OBJECTIVES



- Recognizing life threatening situations in relation to emergencies arising out to a pregnant women and newborn
- Management Protocol -General
- Management protocol - Specific measures for Obstetric and Neonatal emergencies
- Safe Transport and Referral
- Follow-up Care
- Prevention and Awareness Generation at Community Level





OBSTETRIC EMERGENCIES





IMPORTANT



- Pregnant women are not only vulnerable to obstetric emergencies but could also be a victim of trauma/accident or any of the other emergency conditions.
- Hence while attending to a distressed pregnant woman, always consider it an emergency.



SIGNS OF EMERGENCY



- Any bleeding from the vagina:
 - Heavy bleeding with severe stomach pain/ Cramping in the first 3 months of pregnancy
 - Bleeding with abdominal pain in the last 3 months of pregnancy
 - Severe bleeding within the first few days after delivery





Rising High Blood Pressure Above Normal

Sudden Weight Gain

Protein In Urine

Blurred Vision, Headache & Irritability

Pitting Edema

Swollen Face, Hands & Feet

Abdominal Pain

Muscle Twitching

Seizures & Coma



GENERAL MEASURES



- First step is to call for help.
- Immediately call the ambulance (102) or any other state specific ambulance services in place
- Inform the CHO and MO about the situation
- Stabilization of sick or injured persons to prevent further deterioration before they reach a medical facility





SPECIFIC MEASURES

- First principles of dealing with obstetric emergencies are same as for any emergency-
- **A**irway, **B**reathing, and **C**irculation
- Until help arrives, there certain measures that ASHA / MPW should take to stabilize the woman.



SPECIFIC MEASURES – EMERGENCY SITUATIONS



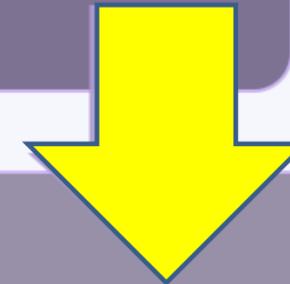
- Eclampsia (headache, blurred vision, fits)
- Antepartum Hemorrhage (vaginal bleeding during pregnancy)
- Postpartum vaginal bleeding few days after delivery
- Ruptured Ectopic Pregnancy



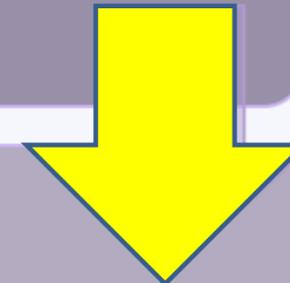


ECLAMPSIA

Sudden headache, blurred vision and fits



Provide basic first aid as in other cases of fits



Focus should be on keeping the airway clear of any obstructions so that the woman is able to breathe properly

MEASURES TO TAKE DURING FITS

Do not leave the woman unattended

Keep surrounding safe to avoid any maternal injuries due to fits (e.g. keeping pillows to avoid injury from surrounding objects)

Remove any objects in the way that can injure the woman further

Placing a clean cloth between the teeth of the woman so that she does not bite the tongue.

If the biting or jittering of the teeth is vigorous, do not attempt this since it could hurt your fingers





CAUTION DURING FITS

- Do not attempt to hold the woman's mouth open.
- Do not hold the woman down or try to stop her movements or restrain her arms/legs tightly.
- Do not offer the woman water or food until she is fully alert.



ANTEPARTUM HAEMORRHAGE

If a pregnant woman presents with vaginal bleeding, immediately call the ambulance and refer her to the nearest health facility where a gynaecologist is available.





POST-PARTUM HAEMORRHAGE



- Uterine massage can help control the bleeding and should be done until bleeding is visibly less. Rub the uterus gently from outside immediately to keep the uterus well-contracted.
- Encouraging the woman to empty her bladder. If she cannot urinate on her own, help her by trickling warm water over her abdomen.
- Maintain the woman's body warmth by covering with blanket.
- Position the woman by making her lay flat, rising her legs to maintain blood pressure.
- Keep the woman emotionally supported, and keep her calm.





RUPTURED ECTOPIC PREGNANCY



A condition in which a fertilized egg implants itself outside the uterus, most commonly the fallopian tube



Usually do not reach term, and rupture around 10-12 weeks



Causing severe internal bleeding



Lead to shock



Present as an emergency





RUPTURED ECTOPIC PREGNANCY

- First presentation may be after it has ruptured and the woman might not even know she was pregnant.
- Ruptured ectopic pregnancy always requires surgical intervention.

Any of the following symptoms and signs warrant an emergency:

- Sudden, severe abdominal or pelvic pain
- Dizziness or fainting
- Pain in the lower back
- Pain in the shoulders (due to leakage of blood into the abdomen affecting the diaphragm)
- Cold clammy skin, rapid thready pulse indicating hypovolemic shock





SAFE TRANSPORT



- Call for help as soon as you recognise a life-threatening situation
- Know the nearest public health facilities which provide care for Trauma
- Mapping of all the nearest referral centres
- Phone numbers for all available ambulance services
- Contact numbers of the CHO and MO
- Need to stay informed about the facility where the victim has been referred and follow up once she is discharged.





REFERRAL

SHC-HWC (CHO)

- Simple Burns
- Fresh scratches / superficial wounds
- Animal/insect bites
- Chest Pain (only for first aid)
- Uncomplicated choking



PHC HWC (MO)

- Fever with altered mental status
- Fever with Headache/ chest Pain/ Jaundice
- Chest pain
- Choking
- Simple burn injuries including chemical and acid burn
- Convulsions, Epileptic Seizures
- Headache
- Unconsciousness/ Fainting, Disorientation
- Breathing problems (difficult breathing, shortness of breath),
- Hanging / Drowning/ Electrocutation/ Stroke



- Abnormal bleeding Per Vagina
- Ongoing bleeding (Blood in vomitus, Blood in cough, Blood in urine, Nose bleeding etc)
- Acute abdominal pain,
- Drug overdose, Poisoning- with stable vital signs
- Severe allergic reactions
- Minor Head Injury and other Musculo skeletal injuries
- Suspected spine Injury (any)
- Injury to a pregnant woman





FRU/DH/Tertiary Care Centre (Specialist/MO)

- Chest pain
- Cardiac problems (e.g.: Heart block, CHF, rhythm disturbances)
- Breathing problems (difficult breathing, shortness of breath),
- Choking
- Unconsciousness/ Fainting, Disorientation/Stroke
- Shock (including due to blood loss, dehydration etc.)
- Uncontrollable bleeding, e.g.: nose bleed, hematuria
- Painful Bleeding P/R
- Cyanosed infant/child, (e.g.: Foreign Body inhalation)
- Convulsions, Epileptic Seizures





- Diabetic emergencies
- Animal bites, snake bites/Scorpion bite
- Drowning
- Poisoning -unstable vitals
- Acute abdominal pain (severe),
- Burns and inhalational injuries (including steam, acid attack and smoke inhalation)
- Musculo skeletal injuries (e.g.: Road Traffic Injuries, fall from height etc.)
- Injuries due to weapons (e.g.: gunshot wound, Stab wounds etc.)
- Injuries due to violence (e.g.: Suspected sexual assault, domestic violence)
- Any other life threatening condition





FOLLOW-UP CARE

- Most cases of obstetric emergencies do not require extensive care after discharge from the health facility for complete recovery.
- Require follow-up care to check for any post-discharge complications like bleeding, loose stitches, infections etc.
- Woman / family might need emotional support.
- Checking for such complications by ASHA during HBNC visits and informing the ANM/MPW for any suspected/reported complication.





NEONATAL EMERGENCIES





RECOGNISING LIFE THREATENING SITUATIONS

- Abnormally high or low body temperature
- Drowsy, lethargic or unconscious
- Not being able to feed or vomiting everything
- Convulsions
- Grunting and severe chest in-drawing
- Fast breathing
- Jaundice

MANAGEMENT PROTOCOL- SPECIFIC MEASURES

- In any type of neonatal emergencies
- Carry out HABCDE/ABCDE protocol
- Provide first-aid wherever possible
- Clear mouth of secretions, if any
- Refer the child to a facility where the presenting condition can be treated
- Keep warm while transferring newborn to hospital
- Keep on breast feeding the baby





NEONATAL EMERGENCIES - THE MISFITS



THE

- T:** Toxicity
- H:** Heart disease
- E:** Endocrine



MISFITS

- M:** Metabolic (electrolyte imbalance)
- I:** Inborn errors of Metabolism
- S:** Sepsis
- F:** Formula Mishaps
- I:** Intestinal problems
- T:** Trauma
- S:** Seizures





SAFE TRANSPORT AND REFERRAL

- Call for help as soon as there is a life-threatening situation
- Refer to an appropriate health facility





FOLLOW UP CARE

- Follow-up care to make sure there are no complications
- Educate the parents or guardians of the infant regarding wound care
- Report any complication to the ANM/CHO



PREVENTION AT COMMUNITY LEVEL



- Neonatal emergencies could be any of the emergency conditions ranging from poisoning, burns, choking, drowning, acute abdomen, trauma, bites etc.
- Can be prevented by being aware and taking specific precautions against them.
- Raising awareness among community members about these emergencies and educating them regarding their prevention by targeting parents during immunization days, VHSNDs etc.





SUMMARY-NEONATAL EMERGENCIES



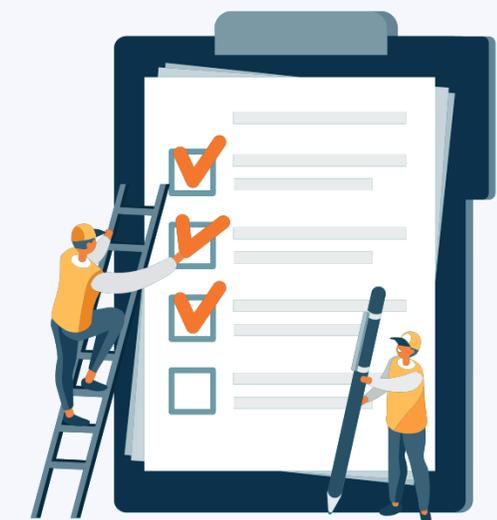
- “THE MISFITS” is helpful to recall the common neonatal emergencies
- Most of neonatal emergencies have non specific signs and symptoms
- Sepsis should be suspected in any critically ill neonate
- Initial management include Stabilization of the ABCDE





EVALUATION

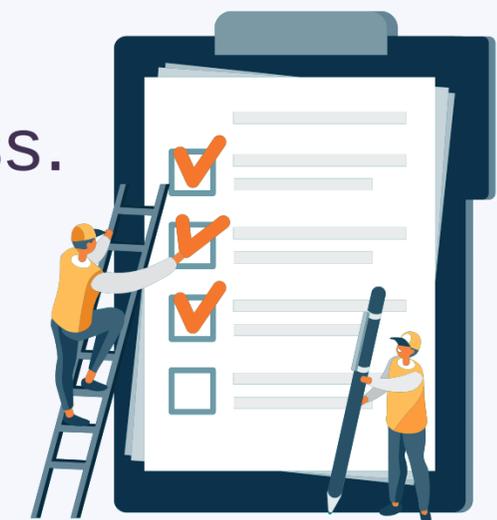
- Awareness about Neonatal emergencies in the community can be raised during _____ , _____.
- The most common neonatal emergencies are collectively called _____.
- Fast breathing in a newborn is an emergency situation. True / False
- Pain in the shoulders, pain in the lower back is not an emergency situation during ectopic pregnancy. True / False
- During fits offer water to pregnant women to regain consciousness. True / False





EVALUATION

- Awareness about Neonatal emergencies in the community can be raised during Immunization days, VHSNDs.
- The most common neonatal emergencies are collectively called “THE MISFITS”.
- Fast breathing in a newborn is an emergency situation. True
- Pain in the shoulders, pain in the lower back is not an emergency situation during ectopic pregnancy. False
- During fits offer water to pregnant women to regain consciousness. False





Thank You

