

EMERGENCIES IN OBSTETRICS

Essential Steps

By Eddie Mhlanga

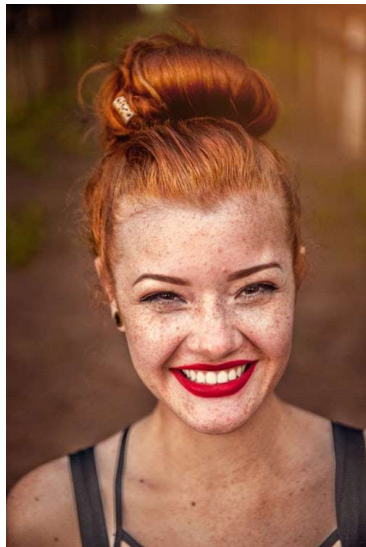
AFRICA HEALTH EXPO

JOHANNESBURG, SOUTH AFRICA | MAY 29, 2019



Women's empowerment is intertwined with respect for human rights.

Mahnaz Afkhami



- ♀ Women don't die of conditions that we cannot manage; they die because society has yet to decide that their lives are worth saving – Mahmoud Fathalla.
- ♀ Emergencies in obstetrics and gynaecology are inevitable and unpredictable.
- ♀ Preparedness and team work are key to managing reproductive conditions and emergencies.

FACTORS CONTRIBUTING TO UNPREPAREDNESS

- ♀ Supervision (decentralised), case loads
- ♀ Lack of resources in under & postgraduate training – human, material, financial
- ♀ Norms and standards – evidence based practices
- ♀ In SA, diminishing transfer of skills, with HIV overshadowing other basic needs, “urban” training, “rural” deployment
- ♀ Lack of resources in under & postgraduate training – human, material, financial

NEED FOR ESMOE

- ♀ Deterioration of care – UK, adopted in SA
- ♀ Uniform approach to common problems
- ♀ Protocols based on best practice
- ♀ Resource requirements
- ♀ Build teams for emergency response
- ♀ Response is applicable in both private and public sector – e.g. Better Births Initiative

- ♀ **PRIORITIES:** HYPERTENSIVE Disorders, Haemorrhage (Atony & Caesarean delivery), Uterine Rupture and Labour Mismanagement, **Anaesthesia**/Analgesia
- ♀ Shoulder dystocia, Cord Prolapse, Intrapartum asphyxia, Prematurity
- ♀ Ectopic pregnancy, Septic Abortion

♀ Senior trainer, mannequins, fire drills

♀ Set goals for training in teams

♀ Practise steps to be taken

♀ Conditions need of team (midwives)

♀ Hypertensive disorders, Haemorrhage, Shoulder dystocia, Cord prolapse, Fetal distress, Septic abortion

HYPERTENSION

- ♀ Preeclampsia, Eclampsia with/out HELLP
- ♀ Prevent fits, control BP, restore homeostasis, assisted delivery, rehabilitate
- ♀ MgSO4 regimen
- ♀ Complications and Rehabilitation
- ♀ Fetal growth restriction
- ♀ Mental health

HAEMORRHAGE

- ♀ Principle: Stop blood loss
- ♀ Restore hemodynamic balance/oxygenation
- ♀ Rehabilitate

SHOULDER DYSTOCIA

- ♀ FETAL Distress
- ♀ Cord prolapse

EARLY PREGNANCY

- ♀ Ectopic Pregnancy – ruptured
- ♀ HELP!
- ♀ Two wide bore venous access lines
- ♀ Anaesthesia
- ♀ Stop bleeding – laparotomy
- ♀ Resuscitation – fluid and blood products
- ♀ Monitoring

Non-septic INCOMPLETE ABORTION and TOP

- ♀ Rising mortality - forgotten in face of CTOP Act, one of leading causes of mortality
- ♀ Prevention – Mx Unwanted Pregnancy (safe abortion) – Safe TOP (Mifepristone, Cytotec) – Mx complications of unsafe abortion
- ♀ Future sexual and reproductive health, incl. contraception

MANAGEMENT

- ♀ Emergency – call for Help!
- ♀ Resuscitation and restoration of homeostasis in septic shock
- ♀ Antibiotics and blood products
- ♀ Evacuation: MVA, electrical vs. curettage
- ♀ Otherwise, hysterectomy
- ♀ Contraception and Family Planning

OBSTETRIC HAEMORRHAGE

♀ Abruptio and Placenta praevia, PPH, C/S

♀ Blood loss measurement, resuscitation

♀ Oxytocics, prostaglandins

♀ Emergency management – AAC, NASG, Balloon catheter (Balkri and other balloons)

♀ Surgical – devascularisation, B-Lynch, hysterectomy

TO CONCLUDE

- ♀ For women to survive, , it's important to do basic things properly
- ♀ Women's right to health care
- ♀ Choice for reproduction, right to choose
- ♀ Contraception/Family planning
- ♀ Right to abortion/pregnancy termination
- ♀ Respect for bodily integrity



Email: contact@dktwomancare.org
www.dktwomancare.org

WomanCare Global Trading CIC
50 Broadway, SW1H OBL, London
Company No. 07231920

DKT WomanCare Global Services SAS
27 Avenue de l'Opéra
SIRET: 844400143