



Things to Consider

Risk factors:

- History of maternal complications, parity
- Placental location
- No availability of continuous fetal monitoring in the village

Management considerations:

- Check U/A
- Monitor BP closely

Do not place a patient on a commercial flight if she could deliver en route regardless of gestational age.

Evaluate per CHAM with RMT guidance.

Consult HROB for disposition.

Complete evaluation per CHAM and RMT guidance. Observe in clinic at least 1 hour.

Send the patient on the next commercial flight to Bethel for full evaluation

Dosing Schedule for Tocolytics

- Nifedipine
 - Dose 1: 30 mg PO
 - Dose 2: 20 mg PO
 - Dose 3: 10 mg PO
- Terbutaline: 0.25 mg SC x3

Village health aide or SRC provider calls urgent RMT with a patient having contractions, vaginal bleeding, or other Sx suggestive of labor

Is the patient past her Be In Bethel (BIB) date?

No

RMT provider determines if the patient could be in labor

Yes

- Start IV and hydrate with 1 L of IV fluid.
- Give nifedipine (preferred) OR terbutaline.
- Consider ceftriaxone 1 gram IM AND betamethasone 12 mg IM (preferred) OR dexamethasone 6mg IM.

Did the contractions stop?

Yes

No

- Reassess every 30 minutes.
- Repeat tocolytic for up to 3 doses of nifedipine OR terbutaline.
- Give ketorolac 60 mg IM OR ibuprofen 800mg PO.

Did the contractions stop?

No

Give steroid and ceftriaxone if not already given.

Is there a problem that will be a threat to the patient or newborn's life if left in the village?

No

No medevac. RMT provider assists with birth by phone or VTC.

Do problems arise during the birth?

No

Send the mother and newborn to Bethel on the next commercial flight.

Yes

Contact HROB and pediatrician and activate a medevac.

Yes

If activating a medevac for village labor...

- Do not send a resident.
- Ensure that all Tiger Connect roles are covered by back-up physician.
- Notify E1/E2 physician, as they are medical control.
- Get OB/Pediatric [Village Delivery Backpack](#) from OB. Ensure it contains unexpired FFN, GC/CT swab, GBS swab, sterile speculum, etc.
- Discuss with pediatrician the need to bring surfactant.
- Bring warm clothing (extra gear in peds call room under the bed), snacks, drinks, money, motion sickness medication, etc.
- Coordinate with pediatrician and plan to meet at LifeMed hangar at 3600 Tower Road. Tell LifeMed Dispatch if there will be a delay of >20 minutes.

In the village...

- Help the crew, follow their instructions, and expect to carry equipment.
- If GA<34 weeks, perform a sterile speculum exam, obtain FFN, swab for GBS and GC/CT, and obtain urine sample for culture.
- If no concern for placenta previa, check cervix after obtaining cultures.
- Make decision about disposition based on cervical exam, possible complications, and risk/benefit of travel. Discuss with HROB if any uncertainty.
- Notify OB charge nurse of disposition ASAP so they can prepare.
- If village delivery is anticipated, see [Village Deliveries \(Pediatrics\) Resource](#) for newborn care and preparation.

Care After Birth
(If commercial flight not immediately available)

Mother: VS and fundal checks Q15 minutes x1 hour, then Q30 minutes x2 hours, then Q1h x3 hours. If all is well, may leave clinic with instructions to return immediately for return of bleeding or passing clots.

Baby: VS with axillary temperatures Q30 minutes x2 hours, then Q1h x4 hours. Low threshold for blood glucose after first feed. Ensure vitamin K, erythromycin, and hepatitis B vaccine are given. If all is well, may leave clinic with instructions to return immediately for any concerns, especially trouble breathing, fast breathing, pauses in breathing, etc.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 4/6/21.
Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact
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