



# Miracle twins

Seventy-five kilometres from Toowoomba Base Hospital, travelling lights and sirens, a series of events unfolded that presented rare challenges even for veteran ambulance officer Scott Campbell and partner Chris Haswell.

At just 27 weeks into her second pregnancy, Crow's Nest mother Karen Reeves went into labor with twins.

"From a subjective point of view we were in a position to observe nature take its course," Scott said.

"Mum was doing fine and was very intuitive."

Objectively though, mother and crew were an hour from a major hospital facility with only standard paediatric maternity kits available.

Within moments of leaving the party where Karen had been celebrating, Joanna, weighing just 1300g, was born without complication and breathing

on her own.

With her airways secured and given oxygen from the open hose initially, Joanna was given an Apgar score of 8.

"She opened her eyes and they were just mesmerizing," Scott said.

Still soaked in amniotic fluid, Scott and Chris chose not to cut the cord immediately allowing arterial and venous blood to drain naturally. Conscious of a second imminent delivery, the cord was eventually cut when it was fully drained. She was wrapped to prevent hypothermia and given to her father.

With about 50km still to travel, Karen started having contractions again.

Tom, weighing just 1000g, was born inside the amniotic sac.

Tearing the sac with scissors, Scott was aware of the possible complications for the tiny baby.

"Mother and crew were an hour from a major hospital facility with only standard paediatric maternity kits available"



## Standard drug has potential to save lives

The dramatic delivery of pre-term twins more than an hour from Toowoomba Base hospital highlighted a number of clinical issues.

"There were lots of things," QAS officer Scott said.

"Particularly how to manage non-compliant lungs and how to manage a number of difficult situations simultaneously."

While baby Joanna was delivered without complication, her brother Tom required life-saving interventions.

"Pre-term delivery in an ambulance is very rare," Scott said.

Fortunately in this case the mother was stable and her condition excellent. However, the increasing incidence of maternal morbidity and mortality due to excessive to catastrophic postpartum haemorrhage speaks a loud silence necessitating further exploration by the QAS beyond the existing sanctioned clinical practices.

Scott says this job highlighted the case for the consideration for oxytocin in remote and rural ambulances.

"It is a simple, potentially life saving, naturally occurring hormone that is routinely administered in many hospitals as a prophylactic during or following the third stage of labor."

Scott said while manual stimulation of the fundus, breast-feeding and routine management post delivery were effective in most deliveries, complications occurred in some cases.

"The statistics indicate that the further you get from primary care the greater the morbidity and mortality. Up to 40 percent."

While Scott says oxytocin has limitations, it had the real potential to save maternal lives providing 'peace-of-mind' for officers and patients.

**Note:** Tom suffered a grade 3 CVA in hospital, however, I have been told it has resolved without any neurological deficits. Chris and I are so, so pleased that all has worked out well for Karen, Joanna and Tom. For us, it has been an amazing experience.  
**Scott Campbell.**

"This was a fairly critical situation," Scott said.

Not breathing and working in very cramped conditions, Scott lifted Tom, still covered in blood and amniotic fluid onto Karen's stomach and began resuscitation. He was a very 'dusky' colour.

With IC Paramedic back-up still 20 minutes away, Scott and Chris continued to manage their three patients but faced the life-threatening complication of being unable to get air into Tom's (Apgar 3) immature lungs.

"I was very judicious with my delivery of IPPV," Scott said.

Mindful about the potential volutrauma to the lungs but aware that his chest was very stiff, Scott was unable to measure intake by the normal rise and fall of the patient's chest.

"Tom presented with a lot of resistance due to poor lung compliance which is to be expected with tiny immature lungs deficient of surfactant." Scott said.

"He would cry every now and then but then desaturated very quickly. Just prior to the IC paramedics arriving we clamped and cut the cord and attempted to give him to Karen to hold."

Fearing the worst for the tiny child, Scott said Karen was reluctant to hold Tom.

"It wasn't that she didn't want to hold him, she was frightened he was going to die," Scott said.

"We all were."

Quick thinking by Scott allowed Karen to hear Tom's heartbeat via his stethoscope.

"Once we did that she was happy to hold him."

Not out of the woods, Scott continued to manually ventilate Tom until they reached Toowoomba where the twins were attended to by a specialist paediatric team and transported to Brisbane.

Both babies are doing well and expecting to be released from hospital within six weeks.