



# Obstetrical Emergency

## Assessment

### History:

- Past medical history
- Hypertension meds
- Prenatal care
- Prior pregnancies / births
- Gravida / Para

### Signs & Symptoms:

- Vaginal bleeding
- Abdominal pain
- Seizures
- Hypertension
- Severe headache
- Visual changes
- Edema of the hands and face

### Differential:

- Pre-eclampsia / Eclampsia
- Placenta previa
- Placenta abruptio
- Spontaneous abortion

## Clinical Management Options

P	P	P	P	P	P	• Oxygen, target SpO <sub>2</sub> to 92-96%
L	L	L	L	L	L	• If post-partum hemorrhage, then fundal massage and encourage infant to breast feed
1	2	3	4	5	6	• Vascular access with Isotonic Crystalloid titrated to effect for vaginal hemorrhage
						• Suspected Eclampsia: Magnesium Sulfate
						• Monitoring & Interpretation of ECG and EtCO <sub>2</sub>
						• Tranexamic Acid for hypotension due to significant hemorrhage following delivery or delayed placenta delivery

## Consult Online Medical Control As Needed

### Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- **Eclamptic seizures may occur up to 2 months post-partum. Always consider in pregnant/recently pregnant seizing patient.**
- Severe headache, vision changes, edema, or RUQ pain may indicate preeclampsia.
- In the setting of pregnancy, hypertension is defined as a SBP greater than >140 or a DBP > 90, or relative increase of 30 systolic and 20 diastolic from the patient's normal (pre-pregnancy) blood pressure.
- Ask patient to quantify bleeding - number of pads used per hour.
- Any pregnant patient involved in a MVC should be seen immediately by a physician for evaluation and fetal monitoring in a Trauma Center.
- Magnesium may cause hypotension and decreased respiratory drive, monitor closely.
- Post-partum hemorrhage defined as blood loss > 1000mL or greater than 500mL with signs/symptoms of hypotension. 500mL blood loss is commonly seen in uncomplicated vaginal deliveries without signs or symptoms. The perineum should be checked for bleeding from vaginal tears which may be mistaken for uterine bleeding. Bleeding should be controlled by direct pressure over the laceration.
- The most common cause of post-partum hemorrhage is uterine atony due to prolonged labor or multiple gestations
- If > 20 weeks, consider left lateral position.
- Ultrasound, if available, for PL-5 for fetal heart tones and movement.