

Obstetrical Emergency



History

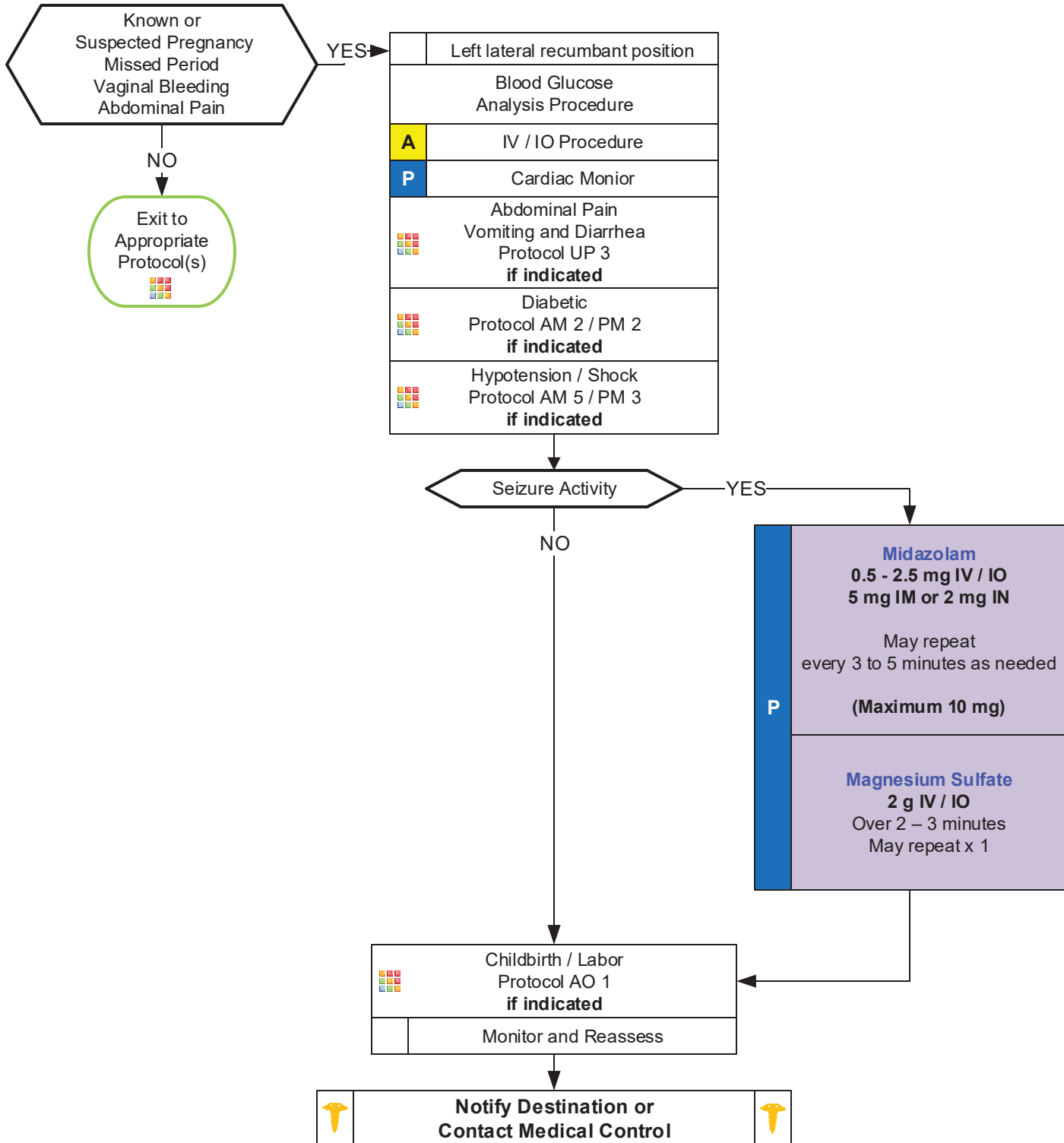
- Past medical history
- Hypertension meds
- Prenatal care
- Prior pregnancies / births
- Gravida / Para

Signs and Symptoms

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

Differential

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



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Pearls

- **Recommended Exam: Mental Status, Abdomen, Heart, Lungs, Neuro**
- **Midazolam 5 – 10 mg IM is effective in termination of seizures. Do not delay IM administration with difficult IV or IO access.**
- **Magnesium Sulfate should be administered as quickly as possible. May cause hypotension and decreased respiratory drive, but typically in doses higher than 6 g.**
- **Any pregnant patient involved in a MVC should be seen immediately by a physician for evaluation. Greater than 20 weeks generally require 4 to 6 hours of fetal monitoring. DO NOT suggest the patient needs an ultrasound.**
- **Ectopic pregnancy:**
Implantation of fertilized egg outside the uterus, commonly in or on the fallopian tube. As fetus grows, rupture may occur. Vaginal bleeding may or may not be present. Many women with ectopic pregnancy do not know they are pregnant. Usually occurs within 5 to 10 weeks of implantation. Maintain high index of suspicion with women of childbearing age experiencing abdominal pain.
- **Preeclampsia:**
Occurs in about 6% of pregnancies. Defined by hypertension and protein in the urine. RUQ pain, epigastric pain, N/V, visual disturbances, headache, and hyperreflexia are common symptoms.
In the setting of pregnancy, hypertension is defined as a BP greater than 140 systolic or greater than 90 diastolic, or a relative increase of 30 systolic and 20 diastolic from the patient's normal (pre-pregnancy) blood pressure.
Risk factors: < 20 years of age, first pregnancy, multigestational pregnancy, gestational diabetes, obesity, personal or family history of gestational hypertension.
- **Eclampsia:**
Seizures occurring in the context of preeclampsia. Remember, women may not have been diagnosed with preeclampsia.
- Maintain patient in a left lateral position, right side up 10 - 20° to minimize risk of supine hypotensive syndrome.
- Ask patient to quantify bleeding - number of pads used per hour.