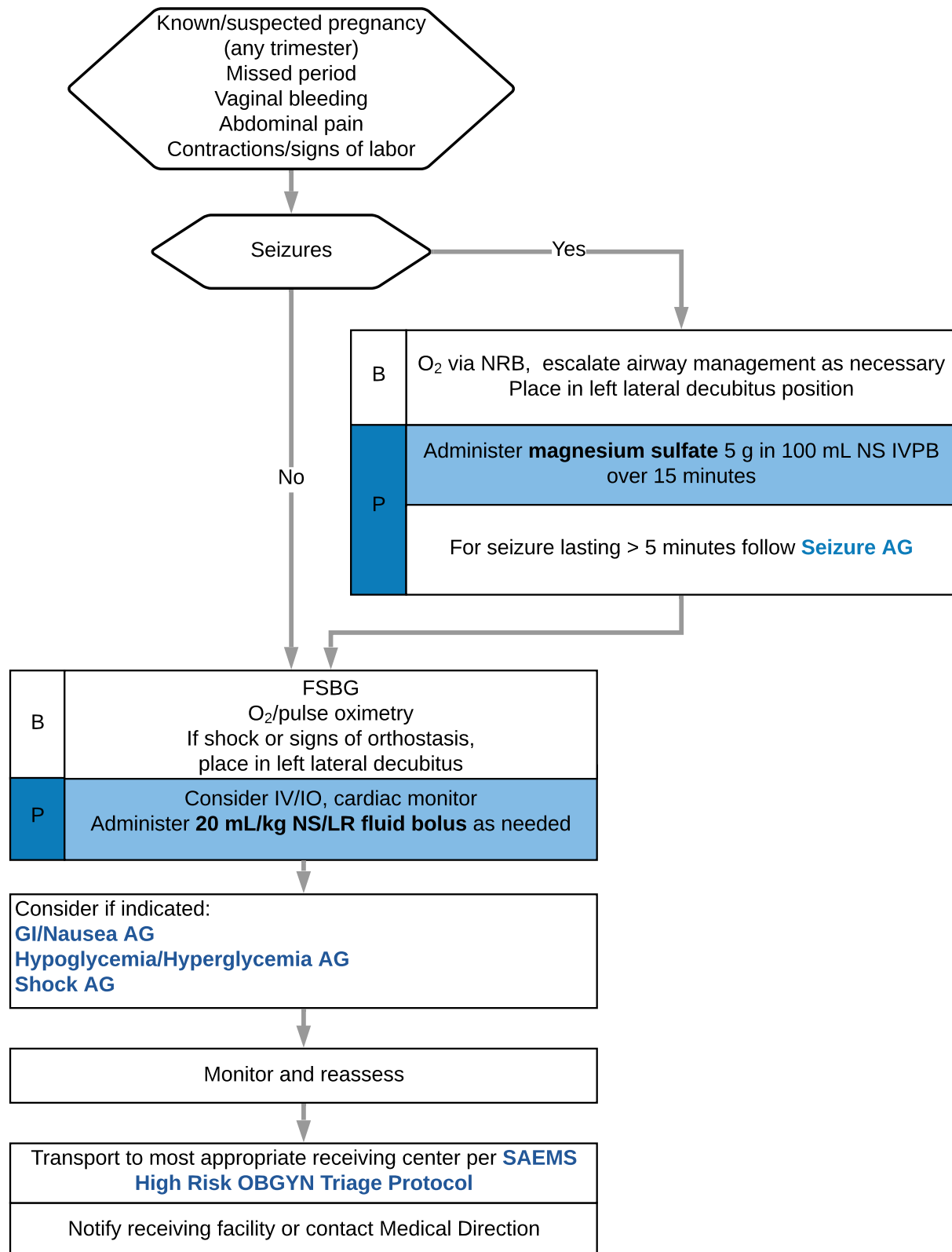


Obstetric Emergencies Administrative Guideline

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|--|--|---|
| History <ul style="list-style-type: none"> • Past medical history • History of hypertension • Prenatal care • Prior pregnancies/complications | Signs and symptoms <ul style="list-style-type: none"> • Vaginal bleeding • Abdominal pain • Seizures • Hypertension • Severe headache • Visual changes • Edema of hands and face | Differential <ul style="list-style-type: none"> • Preeclampsia/eclampsia • Placenta previa • Placental abruption • Spontaneous abortion • Ectopic pregnancy |
|--|--|---|



Education/Pearls

- **Ectopic Pregnancy**: the implantation of the fertilized egg outside of the uterus, which may cause rupture of organs, bleeding, and death. It may mimic other abdominal pathology, like appendicitis.
 - Patients may or may not be aware they are pregnant (usually occurs within 5-10 weeks of implantation).
 - Maintain a **high suspicion** in women of childbearing age with severe abdominal pain, syncope, or shock.
 - May or may not present with vaginal bleeding.
- **Pre-eclampsia**: a disorder thought to be related to the placenta, pre-eclampsia may cause hypertension, swelling of hands and legs, abdominal pain, and in severe cases cerebral edema with vision changes.
 - Occurs in approximately 6% of pregnancies, up to 6 weeks postpartum
 - Some symptoms include: headache, RUQ pain, visual disturbances, leg/arm swelling, frothy urine
 - Management of hypertension associated with preeclampsia is typically not performed in the prehospital environment.
- **Eclampsia**: seizures or altered LOC in the context of pre-eclampsia.
 - Can occur up to 6 weeks post-partum
 - Treatment consists of magnesium sulfate administration and delivery of the fetus.
 - Priority is administration of magnesium IV. Due to the serious consequences of seizures in the eclamptic patient, if magnesium sulfate is not effective in stopping seizure activity, administer your traditional benzodiazepine for seizure control.
- **Placental Abruption**: a pathological detachment of the placenta, abruption presents as vaginal bleeding with or without abdominal pain.
 - Can occur after abdominal trauma
 - Treatment consists of delivery of the fetus.
 - May present with shock due to rapid internal blood loss.

Destination: Transport to facility based on gestational age - Per **SAEMS High Risk OB Triage**

- ≥ 20 weeks and < 28 weeks - BUMC-T or TMC (NICU capable)
- ≥ 28 weeks - BUMC-T, TMC, SJH or NMC