



**Obstetric Emergencies**

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Approval: John Poland – Executive Director

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- Obstetric emergencies can be high-acuity/low-frequency situations that can rapidly escalate & may include one or more of the following:
  - Premature Labor – Regular uterine contractions or cervical dilation prior to the 37<sup>th</sup> week of gestation.
  - Placenta Previa – Placenta covers the cervical opening (painless, often profuse, bright red bleeding).
  - Abruptio Placenta – Separation of placenta from the uterine wall (severe abdominal pain/abdominal rigidity).
  - Pre-Eclampsia – A condition of pregnancy characterized by high blood pressure & other symptoms.
  - Eclampsia – Seizures secondary to a pregnancy-related high blood pressure disorder.
- Pre-Eclampsia & Eclampsia may occur up to 8 weeks post-partum.
- If pt is in the 3<sup>rd</sup> trimester & has a BP >160/100, altered mental status, & visual disturbances, consult with base/modified base for consideration of magnesium sulfate

**BLS**

- Determine gestational age
- Assess V/S, including SpO<sub>2</sub>
- O<sub>2</sub> at appropriate rate if SpO<sub>2</sub> <94% or short of breath
- Pts with obstetric emergencies should be rapidly transported to the closest appropriate facility
  - Transport pts >20 weeks pregnant in left lateral recumbent position

**Premature Labor**

- For pts <20 weeks gestation, transport to the closest appropriate facility
- For pts 20-37 weeks gestation, consult with closest base/modified base hospital for destination determination

**ALS**

Consider IV/IO NS TKO

**Eclampsia**

**ALS**

- Cardiac monitor
- IV/IO NS TKO

Previous diagnosis of pre-eclampsia/eclampsia?

NO

YES

- Active or recently completed seizure:**
- **Magnesium Sulfate**
    - 6 g IV/IO in 100 mL NS, infuse over 15 mins **OR** 5 g IM in each buttock if no IV/IO access

- Active seizure:**
- **Midazolam**
    - 5 mg IV/IO **OR** 10 mg IM/IN if no IV/IO access
  - **Magnesium Sulfate**
    - 6 g IV/IO in 100 mL NS, infuse over 15 mins **OR** 5 g IM in each buttock if no IV/IO access
- If seizure has terminated prior to midazolam administration move directly to magnesium.*

**Recurrent seizure: Midazolam: 5 mg IV/IO **OR** 10mg IM/IN**