



# OB-GYN Emergency

## History

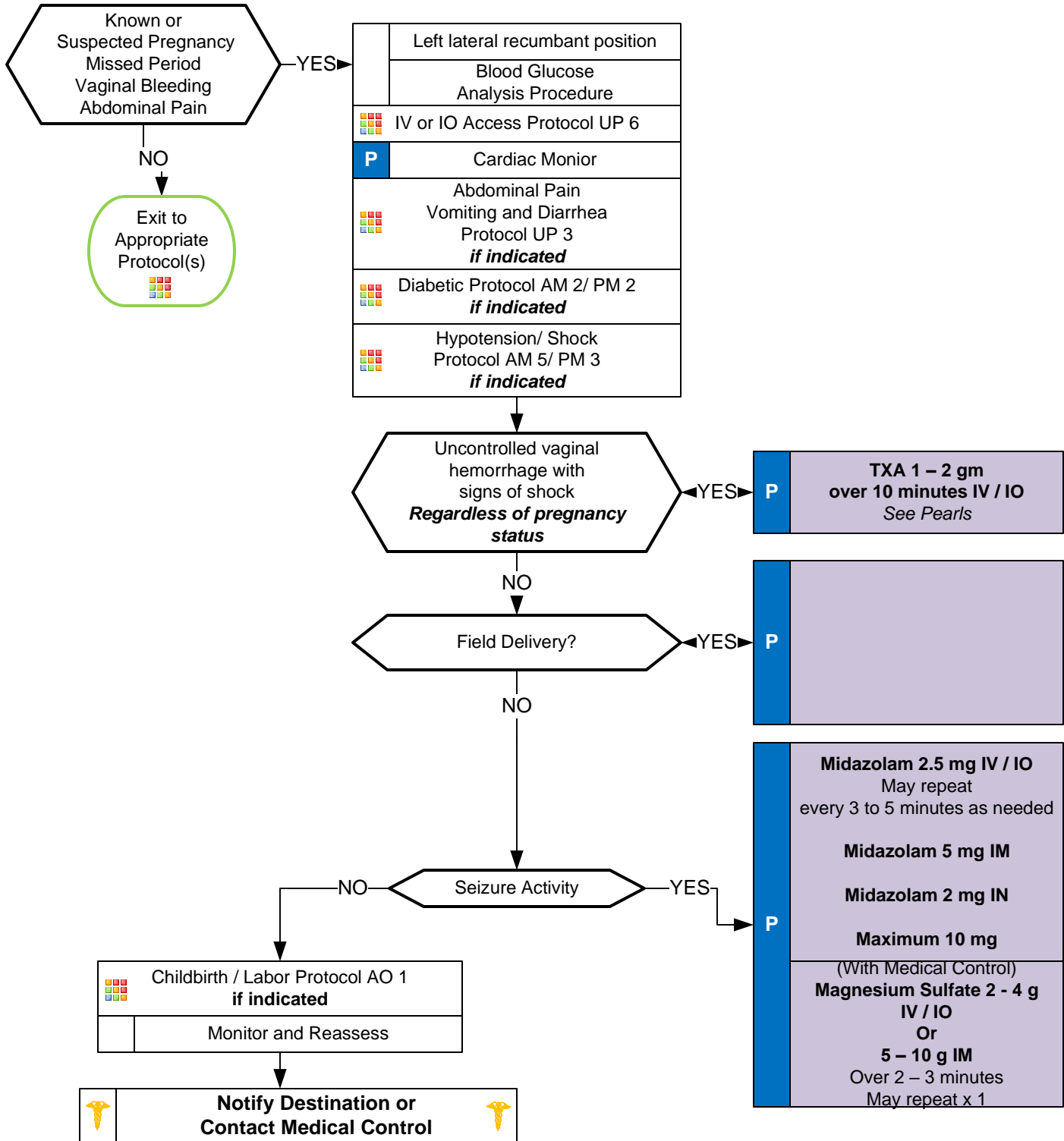
- Past medical history
- Hypertension meds
- Prenatal care
- Prior pregnancies / births
- Gravida / Para

## 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**
- **With active seizure activity, benzodiazepine is a priority over magnesium sulfate.**
- **Midazolam 5 – 10 mg IM is effective in termination of seizures. Do not delay IM administration with difficult or no IV or IO access.**
- **Magnesium Sulfate should be administered as quickly as possible. May cause hypotension and decreased respiratory drive, but more likely in doses higher than 6 gm.**
- **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 but emphasize patient needs 4 to 6 hours of fetal monitoring.**
- **After delivery, massaging the uterus (lower abdomen) will promote uterine contraction and help to control post-partum bleeding (apply uterine massage only after placenta delivery).**
- **Postpartum or Vaginal hemorrhage:**
  - **Tranexamic Acid (TXA):**
    - **Administer when postpartum hemorrhage is associated with signs and symptoms of shock. CONTRAINDICATED where birth occurs > 3 hours prior to EMS arrival.**
    - **Vaginal hemorrhage unrelated to pregnancy, administer with signs and symptoms of shock.**
- **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 > 140 systolic or > 90 diastolic mmHg, 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, multi-gestational 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.**