TRIAGE OF PREGNANT PATIENTS IN EMERGENCY DEPARTMENT (WITHOUT OBSTETRIC COVERAGE)

Pregnant patient presents to emergency department

Obtain patient's EDD (due date) to determine gestational age (GA)

AND

Symptoms that could be pregnancy-related?
(headache, visual changes, shortness of breath, abdominal pain, cramping, contractions, abdominal trauma, vaginal bleeding/discharge, decreased fetal movements)

GA < 20 weeks with/without possible Pregnancy-related symptoms

Usual ED care

GA ≥ 20 weeks WITH possible Pregnancy-related symptoms

Prompt evaluation should include:
OB history ($G_?P_?$)
Vital signs
Fetal heart rate via handheld Doppler or US
Pelvic exam for cervical dilation
Digital exam is acceptable in absence of vaginal bleeding, rupture of membranes, known vasa previa, or known placenta previa
+/- Labs (including CBC and CMP if hypertension)
+/- POCUS for fetal presentation

Ideally within 15 minutes of patient's arrival

Call appropriate transfer center for higher level of obstetric/neonatal care

Call should NOT be delayed for labs, US

OneCall for MaineHealth Maine Medical Center: (207) 662-6632
for transfer to MMC Portland or consultation with Maternal-Fetal Medicine

Northern Light Integrated Transfer Center for Eastern Maine Medical Center: (207) 973-9000
for transfer to Northern Light EMMC or consultation with OB/GYN

**may be suitable for transfer to local hospital with OB coverage at later GA*

GA ≥ 20 weeks Without possible Pregnancy-related symptoms

Usual ED care

*Clinical guidelines translate best evidence into best practice. If concurrent conditions and/or special circumstances exist, patient care can, **and** should be, individualized. Please consider this guidance as only suggestions for clinical care, not mandates.*

POSTPARTUM patients:
If within **6 weeks** of delivery with: fever/chills, breast pain, chest pain, SOB, abdominal pain, heavy vaginal bleeding, BP ≥160/110 mmHg, dehiscence or infection of perineal laceration or cesarean incision

Call appropriate transfer center above for OB/GYN consultation and/or transfer (if indicated)

Revised 11.8.2024

For treatment of hypertension, refer to Hypertensive Disorders in Pregnancy guideline available at: https://www.mainehealth.org/health-care-professionals/clinical-guidelines-protocols/obstetrical-perinatal-guidelines

POTENTIAL ANTEPARTUM MEDICATIONS
Only administer if advised to do so by MFM or OB/GYN

FOR fetal lung maturity:
Betamethasone 12 mg IM for single dose **(preferred)**
OR Dexamethasone 6 mg IM for single dose

FOR tocolysis of contractions:
Indomethacin 50 mg PO for single dose **(only if < 32w0d)**
OR Nifedipine 20 mg PO for single dose

FOR Group B strep (GBS):
Penicillin G 5 million units IV **OR** Ampicillin 2 grams IV for single dose
IF low-risk penicillin allergy (e.g., isolated rash without urticaria)
Cefazolin 2 g IV x 1 dose
IF high-risk penicillin allergy (e.g., urticaria, anaphylaxis)
Clindamycin 900 mg IV x 1 dose

FOR neuroprotection:
for GA < 32w0d to
↓risk of cerebral palsy
Magnesium sulfate 4 gm bolus, followed by 1 gm/hour
Bolus: 4 gm in 100 mL NS, infuse once (over 15-20 minutes)
Maintenance: 2 gm in 500 mL NS, infuse at rate of 25 mL/hr

FOR seizure prophylaxis:
for preeclampsia/eclampsia
Magnesium sulfate 4 gm bolus, followed by 2 gm/hour
Bolus: 4 gm in 100 mL NS, infuse once (over 15-20 minutes)
Maintenance: 2 gm in 500 mL NS, infuse at rate of 50 mL/hr

Calcium gluconate 10% (1 gm) available for magnesium toxicity

Alternative: Magnesium sulfate 10 gm, intramuscular
Administer 5 gm in each buttock. Mix with 1 mL 2% xylocaine.

Potential POSTPARTUM Medications
Recommend discussion with OB/GYN prior to administration

FOR postpartum hemorrhage:
May include one or more of the following options:
Methergine 0.2 mg IM for single dose **(avoid with hypertension)**

Carboprost 250 mcg IM for single dose **(avoid with asthma)**

Misoprostol 800 mcg per rectum for single dose

Tranexamic acid (TXA) 1 gm IV for single dose

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for preeclampsia/eclampsia
Magnesium sulfate 4 gm bolus, followed by 2 gm/hour
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Maintenance: 2 gm in 500 mL NS, infuse at rate of 50 mL/hr

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