

## Guidelines for Care of the Obstetrical Patient presenting to the Emergency Room at NWH

Gestational Age in Weeks	Presentation	Evaluation Site	Evaluator	Evaluation Required
<b>&lt;20 weeks</b>	<b>Identified OB Related Symptoms</b> <ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Uterine or Contractions</li> <li>• Pelvic pressure/cramping</li> <li>• Leaking fluid</li> <li>• Increased vaginal discharge</li> </ul>	ED	<b>&lt;15weeks</b> ED MD (OB consult if deemed necessary)	<ul style="list-style-type: none"> <li>• Confirm intrauterine pregnancy</li> <li>• Confirm positive fetal heart</li> <li>• Notify OB Provider (provide names if necessary).</li> <li>• Rhogam for Rh<sup>negative</sup> patient (vaginal bleeding)</li> </ul> <p style="margin-left: 20px;">*If patient is admitted, notify OB Attending</p>
		L&D Triage	<b>15 to 19 weeks</b> L&D Triage	As above plus: <ul style="list-style-type: none"> <li>• Patients with viable pregnancy need cervical length evaluation.</li> </ul>
	<b>Non OB Related Symptoms</b> <ul style="list-style-type: none"> <li>• All other presentations</li> <li>• Trauma, MVA</li> </ul>	ED	ED MD	<ul style="list-style-type: none"> <li>• Confirm positive fetal heart via doppler</li> <li>• Instruct patient to notify OB Provider (provide names if necessary)</li> </ul>

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<b>≥20 weeks</b>	<b>OB Related Symptoms</b> <ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Abdominal/back pain</li> <li>• Increased pressure</li> <li>• Vaginal Leakage</li> <li>• Cord Prolapse</li> <li>• Decreased fetal movement</li> <li>• Symptomatic Hypertension ( 2 consecutive high blood pressures in 15 minute time frame)</li> </ul>	Prompt transfer to L&D	OB Attending	To be done on L&D: <ul style="list-style-type: none"> <li>• Determine etiology of symptoms</li> <li>• Fetal well-being evaluation</li> <li>• Labor evaluation</li> <li>• Preeclampsia evaluation</li> <li>• Blood pressure control</li> <li>• Seizure prophylaxis</li> </ul>
	<b>Critical presentation (ESI level 1 and 2)</b> <ul style="list-style-type: none"> <li>• <b>Acute medical presentations that pose significant morbidity and mortality to mother and fetus.</b> <ul style="list-style-type: none"> <li>• Acute chest pain</li> <li>• Acute respiratory distress</li> <li>• Acute neurological symptoms (severe headache, visual disturbance, altered mental status, seizures) suggestive of an intracranial vascular event</li> <li>• Major trauma (consider major trauma any MVA where airbag is deployed)</li> <li>• Major metabolic disorders (DKA, thyroid storm)</li> </ul> </li> </ul>	ED	Call OB Team for assistance  Call for ICU consult	<ul style="list-style-type: none"> <li>• Maternal status evaluation</li> <li>• Fetal well-being evaluation via continuous fetal monitoring</li> <li>• Labor evaluation</li> </ul>
	<b>Imminent delivery</b>	ED	Call for Neonatal Code 100  Call OB Team for assistance	<ul style="list-style-type: none"> <li>• Perform delivery</li> </ul>

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<b>≥20 weeks</b>	<b>Physician Escalation- requires notification</b> <ul style="list-style-type: none"> <li>• <b>Medical/Surgical conditions that could impact fetal well-being</b></li> </ul> i.e.: <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Sepsis</li> <li>• Asthma</li> </ul>	ED	Call for ICU consult  Alert OB Team	<ul style="list-style-type: none"> <li>• Maternal status evaluation</li> <li>• Fetal well-being evaluation via continuous fetal monitoring at discretion of OB.</li> <li>• NST to be done in ER by L&amp;D nurse</li> </ul>
	<b>Non Critical conditions that will not likely impact fetal well-being</b> i.e.: <ul style="list-style-type: none"> <li>• DVT</li> <li>• Fracture</li> <li>• Toothache</li> <li>• Burns</li> </ul>	ED	ED MD	<ul style="list-style-type: none"> <li>• Document Fetal Heart tone</li> <li>• ED providers will determine whether OB needs to be consulted for fetal evaluation based on clinical picture</li> </ul>
	<b>Other clinical scenarios</b> i.e.: <ul style="list-style-type: none"> <li>• MVA</li> <li>• Abdominal trauma</li> <li>• Falls</li> </ul>	ED then to L&D	ED MD as well as L&D Team	<ul style="list-style-type: none"> <li>• Requires uterine contraction monitoring and Fetal heart rate monitoring (minimum 4-6 hours) prior to discharge</li> <li>• Rhogam for Rh<sup>+</sup> Negative patients</li> </ul>

Simultaneous evaluation of mother and fetus will initially take place in the ED.

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<b>&lt;6 weeks post-partum</b>	<b>Hypertension with ESI level 1 or 2</b> <ul style="list-style-type: none"> <li>• <b>Severe Hypertension (<math>\geq 160/90</math>) and medical symptoms that pose significant morbidity and mortality i.e. intracranial vascular event</b> <ul style="list-style-type: none"> <li>• Acute chest pain</li> <li>• Acute respiratory distress</li> <li>• Acute neurological symptoms (severe persistent headache, visual disturbance, altered mental status, seizures)</li> <li>• Abnormal focal exam</li> </ul> </li> </ul>	ED	ED MD Call OB Physician ICU consult- Notify OB Team	<ul style="list-style-type: none"> <li>• Blood pressure control</li> <li>• Seizure prophylaxis</li> <li>• Consults as necessary</li> <li>• Consider imaging if concerned for ICH</li> <li>• Admit to L&amp;D if not an ICU candidate</li> </ul>
	<b>Hypertension without concern of an intracranial vascular event</b> <ul style="list-style-type: none"> <li>• All other Hypertensive patients</li> </ul>	Prompt transfer to L&D		To be done on L&D: <ul style="list-style-type: none"> <li>• Blood Pressure control</li> <li>• Seizure prophylaxis</li> </ul>

See our hypertensive emergency/postpartum preeclampsia guideline