Pregnancy

REFRESHER

RECOGNIZE IT

- Cardiovascular changes: blood volume up to +40%, cardiac output to +50%, HR +15 bpm, BP down 5–15 mmHg
- Respiratory: diaphragm displaced up to 4 cm, functional residual volume down up to 25%, tidal volume up up to 40%
- GI: motility reduced, bowels and bladder displaced, stretched abdominal wall — greater risk of aspiration; hormonal congestion and mucosal edema
- Medical complications: gestational diabetes, vaginal bleeding (ectopic, miscarriage, trauma), spontaneous abortion, placenta previa, PIH, pre-eclampsia, eclampsia
- Trauma complications: falls, MVC, maternal death, maternal shock, hypoxia, placental abruption, direct fetal injuries

ASSESS

- Ask: last menstrual cycle; how many weeks / due date; OB care; single or twins
- Any complications this pregnancy; any drugs or alcohol; urge to push or bowel movement
- Any bleeding or vaginal discharge; gravida/para and complications with those pregnancies
- General assessment: ABCs

ACT — FIRST MOVES

1. Monitor vitals; monitor fetal heart tones if able; administer oxygen if needed; IV access; patient positioning
2. PIH: consider treating hypertension with an antihypertensive
3. Pre-eclampsia/eclampsia without seizure: keep the patient calm, reduce disturbances, position
4. Pre-eclampsia/eclampsia with seizure: consider magnesium sulfate
5. Supine syndrome: position if no volume depletion; volume replacement if volume depleted
6. Vaginal bleeding: control bleeding but do not pack; signs of hypovolemia — administer appropriate volume replacement

PEARLS

- Her 'normal' vitals aren't a non-pregnant normal: expect a faster heart rate, a lower BP, and up to 40% more blood volume

Take Home Message:

Assess the pregnancy as deliberately as the complaint — dates, complications, bleeding, urge to push — and position and volume-treat by what's actually wrong.