Management of Pregnant/Postpartum Patients in the ED

Patient of Childbearing Age arrives to ED (Age 15-55)

ASK:
- Are you currently pregnant?
- Have you had a baby in the last 6 months?

Follow ED Pregnancy Management algorithm in ED

Patient is Critical, Unstable, or Triage 1 or 2 (ED terms)

Yes

ED Nurse CALL OB RN for OB/ED Triage

GESTATION ≥ 16 Weeks?

No

Is Patient HIGH RISK? *See criteria at right*

No

ED REGULAR CARE for the pregnant patient

All ED/OB staff:
- ENSURE that the OB Charge RN has been consulted for every case ≥ 16 weeks gestation*
  - OB Charge RN should be notified of all pregnant patients arriving in the ED.
  - Provide patient education and enroll patients in the Maternal Newborn Navigator program. If not available, contact Mom’s Help Line (1-844-624-6667) or Indiana 211.
- DOCUMENT (OB RN) presence of fetal HR for patients <23 weeks gestation. Evaluate and treat as appropriate
- USE Fetal monitor by OB RN for patients ≥ 23 weeks gestation
- CONSULT MFM/Ob-GYN on call after OB/ED MSE

Yes

ED CARE for the HIGH-RISK pregnant or postpartum patient

- TRIAGE patient as 2 or 1
- MOVE patient to treatment room immediately
- NOTIFY ED physician and OB RN
- ED Physician
  - SEE patient ASAP
  - INITIATE the OB CONSULT PROCESS with the MFM, OB-GYN, or OB provider on call
    - Time Target: 30 minutes
- OB Nurse
  - ASSESS fetal HR
  - MONITOR patients ≥ 23 weeks gestation

HIGH RISK CRITERIA

- Critical, unstable, or Triage 1 or 2
- Abdominal pain (e.g., upper right quadrant pain) or trauma (as from falls, domestic violence)
- Injury from MVA
- Uterine contractions or abdominal cramping
- Decreased Fetal Movement
- Advanced cervical dilation or ruptured membranes
- Vaginal bleeding
- HTN >135/85 (esp. with headaches or visual changes)
- Other serious medical conditions e.g., sepsis, seizure, hypotension, respiratory difficulty

* Gestational Age may differ based on facility

Adapted with permission from IU Jay Hospital