ROYAL HOSPITAL FOR WOMEN Approved by
LOCAL OPERATING PROCEDURES Quality & Patient Safety Committee
CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL 19/8/10

PRE-ECLAMPSIA – Intrapartum Care

1. OPTIMAL OUTCOMES

Appropriate diagnosis and management of woman with pre-eclampsia in labour.

2. PATIENT

- Woman with pre-eclampsia in labour.
- Pre-eclampsia is defined by the De novo onset of hypertension (≥ 140/90) after 20 weeks gestation in pregnancy with one or more of the following :
  - proteinuria
  - liver function abnormalities
  - renal impairment
  - thrombocytopenia
  - intra-uterine growth restriction
  - neurological impairment

3. STAFF

- Midwifery Staff
- Medical Staff

4. EQUIPMENT

- Mercury Sphygnomanometer and Stethoscope
- Cardiotograph (CTG)
- 16G IV Cannula

5. CLINICAL PRACTICE

- Perform Midwifery and medical admission
- Assessment by Obstetric Registrar or more Senior Obstetrician
- Site IV Cannula
- Perform blood tests including :
  - Full blood count
  - Urea Electrolytes Creatinine (UEC)
  - Liver Function Test (LFT)
  - Group and Hold
  - Coagulation studies when platelets <150 x 10^9 or if severe pre-eclampsia
- Perform Urinalysis and send Urine Protein / Creatinine ratio
- Notify Anaesthetic Registrar of admission
- Perform continuous CTG monitoring during labour
- Perform 30 minutely blood pressure (BP) recordings or more frequently as indicated
- Treat severe and urgent hypertension as per Local Operating Procedures
- Maintain accurate fluid balance chart
- Total fluid intake not to exceed 120ml/hr
- Record urine output, if <120ml over 4 hours insert IDC and measure hourly urine output
- Consult with Anaesthetist with regards to fluid pre-loading for Epidural block
- Assess neurological symptoms and consider need for seizure prophylaxis
- Manage third stage actively with IV or IM Syntocinon 10 units (not Ergometrine or Syntometrine)

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Previous title 'Intrapartum Care of Women with Pre-eclampsia
Approved Quality Council 17/11/03
Maternity Services Clinical Committee 11/11/03

PRE-ECLAMPSIA – Intrapartum Care cont'd

6. HAZARDS / SUB-OPTIMAL OUTCOMES

- Uncontrolled hypertension
- Placental abruption
- Sudden hypotension
- Pulmonary oedema
- Renal failure
- Eclamptic seizures
- Intracerebral haemorrhage
- Fetal compromise
- Maternal death

7. DOCUMENTATION

- Partogram
- Integrated clinical notes
- Medication chart
- Fluid balance chart

8. EDUCATIONAL NOTES

- Oedema alone is not a diagnostic feature of pre-eclampsia
- Low dose aspirin is generally not a contraindication to epidural / spinal anaesthesia
- Induction of labour may be a less haemodynamically stressful option than a LSCS in some women
- Women with a platelet count of $<100 \times 10^9$/per litre should have the option of discussing Epidural with an Anaesthetist prior to labour
- Ergometrine and Syntometrine are contraindicated as both can have hypertensive effects
- Syntocinon is structurally related to Anti-Diuretic Hormone and can cause fluid retention

9. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE GUIDELINES

- Management of Eclampsia
- Magnesium Sulphate Infusion
- Severe and Urgent Hypertension
- Hydralazine
- Labetalol
- Induction of Labour
- Fetal Heart Rate Monitoring
- Blood Pressure Measurement on a Pregnant Women
- Obesity in Pregnancy, Labour and Postpartum

10. REFERENCES

1 Lowe, S.A., Brown, M.A., Dekker, G.A., Gatt, S., McLintock, C.K., McMahon, L.P., Mangos, G., Moore, M.P., Muller, P., Paech, M., Walters, B. Guidelines for the management of hypertensive disorders of pregnancy 2008. *Australian and New Zealand Journal of Obstetrics and Gynaecology 2009; 49 (3): 242-246.*

2 American Academy of Family Physicians. Medical complications of Pregnancy. *Advanced Life Support in Obstetrics* – Course syllabus: Part One, pp 5-11.