Assessment of the OB Patient Presenting to the ED

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IOWA
Maternal Quality Care Collaborative
OBSTETRICS MOBILE SIMULATION UNIT
Did you take a vacation this summer?- If so, where did you go?
Support acknowledgement:
HRSA State Maternal Health Innovation Program

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Disclosures

• I have no financial disclosure to make

• Any specific products mentioned, I receive no compensation for any products or social media platforms mentioned

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Objectives

• At the conclusion of this presentation participates will be able to:
  • Define terminology related to assessment of and during a pregnancy capable person
  • Apply terminology to assessment of patient
Creating CME Profile
• Go to: https://uiowa.cloud-cme.com/default.aspx
• Click Sign In
• Click Sign in with your email
• Click Create New Account

If you already have a CME Profile with UIHC
• If this is your first time texting your attendance, you must first pair your mobile number to your account. Text your email address that is connected to your registration to (844) 980-0525. You will receive a text notification indicating your phone number has been updated.

Once your account is created and paired to your number, text 44733 to (844) 980-0525.
EMS Credits

Send Marleine EMS license #

In Chat put in name and facility

Must attend live Zoom Meeting
Simulation Updates

- Working on a virtual simulation format
- Our Team is excited to develop this type of format
- Developing agendas for in-person site visits
- Simulation Workshop specifically for ED’s
Simulation Training

Does your facility have a point of contact for coordination?

Does your facility do simulations?

Are you comfortable creating and running an effective simulation?

Would your facility participate in a simulation workshop?
   - Virtual
   - In-Person
Transverse Lie
Placenta Previa
Chorioamnionitis
Intraamniotic Infection (IAI)
Triple I

**Causes**
- Bacteria infect the chorion and amnion (the membranes that surround the fetus) and the amniotic fluid (in which the fetus floats)
- A bacterial infection that usually starts in the mother’s urinary tract
- Prolonged Rupture of membranes

**Signs and Symptoms**
- High temperature and fever
- Rapid Heartbeat (maternal and fetus)
- A uterus that is tender to the touch
- Discharge from the vagina that has an unusual smell
- Deliver fetus
Chorioamnionitis
Intraamniotic Infection (IAI)
Triple I

Diagnosis
• Physical Exam
• Blood test for bacteria
• Can take samples of the amniotic fluid

Treatment
• Antibiotics – Broad Spectrum
• Deliver fetus

Chorioamnionitis: Causes, Symptoms, Diagnosis & Treatment (clevelandclinic.org)
Diagnosis and Management of Clinical Chorioamnionitis (nih.gov)
https://www.uptodate.com/home
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- Deliver fetus

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Tocolytic

Uterine Relaxants (Tocolytics)

- Indomethacin (NSAID)
- Nifedipine (CA Channel Blocker)
- Magnesium Sulfate
- Terbutaune (Adrenergic Agonist)

It’s Not My Time!

30 Weeks
• Gestation

• How long a birth person is pregnant

• Gestational Age

• Measured in weeks from the first day of last menstrual period
• How to calculate a due date – EDD
  • OB Wheel
  • Pregnancy Due Date Calculator (perinatology.com)
Fundal Height

• The fundal height in centimeters should be equivalent to the number of weeks of the pregnancy that have been completed.
Corticosteroids

- 24 0/7 – 33 6/7 GA
- Betamethasone 12 mg IM
- 24 hours apart
Questions?
Priority #2/
Urgent:

9/2021
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Jill Henkle RNC-OB
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Objectives

- Participants will be able to describe triage for Preterm labor
- Participant will be able to describe priority maternal assessments
AWHONN Maternal Fetal Triage Index (MFTI)

Priority based:
1. Stat
2. Urgent
3. Prompt
4. Non-urgent
5. Scheduled
Triage Steps

General Steps for triage of OB patient

- **Ask Questions**
  - Gestation, Signs/Symptoms

- **Position left lateral and Assess the Patient**

- **Categorize on Triage list** (which Priority Level)

- **Based on Priority level**
  - **Priority Level 2 (Urgent):**
    - IV (18 gauge)
    - Notify nearest transfer hospital/Mode of transport
    - SBAR to receiving hospital
    - Plan for delivery or care needed in your facility if unable to transfer
Priority 2/Urgent

Findings:

• **<34 weeks complaining of:**
  - Contractions
  - Rupture of membranes
  - Bleeding

• **>34 weeks with:**
  - Planned, medically-indicated C-section
  - Breech or malpresentation
  - Multiple gestations
  - Placenta Previa
Preterm Labor

Assessment

• Monitor for contractions
• Monitor for FHT during and after contractions
• Reasons for Preterm labor:
  • UTI
  • Dehydration
  • Infection
  • History of previous preterm birth/labor
Preterm Labor

Treatment options based on diagnosis

OR

If no other reason for preterm labor is identified we treat with:

• Tocolytic drugs: prior to 34 weeks and not before 24 weeks

• Corticosteroids: Betamethasone or dexamethasone used to enhance fetal pulmonary function

• Magnesium sulfate: used for fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery; Found to decrease incidence of cerebral palsy.
Priority 2/Urgent

Findings:

• **Abnormal Vital Signs**
  - HR: >120 or <50
  - SBP ≥ 140 or DBP ≥ 90 **OR** <80/40
  - SpO2: <93%
  - Temp: ≥ 101/38.3
  - RR: >26 or <12
  - FHR: > 160 bpm for > 60 seconds; Decelerations

• **Severe Pain**
  - ≥7 on 0-10 scale (Unrelated to contractions)
Priority 2/Urgent

Findings:

• **High Risk situations**
  • Difficulty breathing
  • Altered mental status
  • Suicidal or homicidal
  • Complaint of decreased fetal movement
  • Recent Trauma
  • Unstable, high risk medical condition

• **Transfer of Care**
  • Clinical needs of woman and/or newborn indicate transfer of care, per hospital policy
Maternal Transfer SBAR

Situation
• Signs/symptoms patient is exhibiting

Background
• Patients history
• Pregnancy related history
  • EDD

Assessment
• Your findings: labs, assessment of patient and fetus

Recommendation
• Do you feel transfer is needed? How is this done?
• Ask OBGYN for recommendations
References
