MANAGEMENT OF A PREGNANT WOMAN WITH A NON-OBSTETRIC PROBLEM

INTRODUCTION
- Assessment and management of disease unrelated to the pregnancy are altered by the pregnancy
- The need to consider two patients (mother plus fetus) may change treatment decisions
- Anatomical and physiological changes in pregnancy result in altered:
  - clinical features during CVS and respiratory system and abdominal examination
  - biochemical and haematological values
  - pharmacological management
  - response to any systemic pathology
  - protocols for the management of critical illness

AIM
- To ensure
  - every pregnant patient admitted is managed promptly
  - communication link is established between admitting team and obstetric team so that the most appropriate care can be delivered

ACTIONS

Accident and emergency
- Ask apparently pregnant woman presenting to Emergency department for any reason (irrelevant of gestation) if she has booked for maternity care
- if not booked for maternity care, inform delivery suite co-ordinator, who can advise on appropriate follow-up and booking arrangements
- In cases of trauma or bleeding at any gestation, give consideration to woman’s blood group and need for Anti-D. If in doubt, discuss with on-call obstetric registrar

Nursing
- Women in the second and third trimester must be nursed on a left lateral tilt (never supine) to prevent aortocaval compression
- If the disease causes reduced mobility, consider VTE prophylaxis (see VTE – Thromboprophylaxis guideline)
- Use local obstetric VTE risk assessment proforma
- Use early warning scoring system (MEWS) to help in the timely recognition, treatment and referral of women who have or are developing critical conditions

Contact
- If any pregnant woman is seen outside the maternity service you must contact:
  - on-call obstetric registrar who will inform the on-call consultant obstetrician
  - if she is critically ill, or likely to need urgent surgery, refer early to the critical care team and/or anaesthetist
  - if her gestation is ≥16 weeks, contact delivery suite co-ordinator, who will advise which healthcare professional(s) should review
- By giving consideration to the pregnancy and the fetus, the maternity service providers can help with:
  - assessment of maternal and fetal wellbeing
  - investigations
  - treatment

Radiological investigations are not contraindicated during pregnancy where there is a significant clinical indication. Discuss with obstetric team

Documentation
- Document all communication (including inter-departmental) in maternal healthcare record, highlighting pregnant or newly delivered woman’s attendance or admission to non-midwifery ward or department