midwifery

antenatal

INCLUDED IN THIS PACK:

- Eclampsia
- Blood values
- Pre-eclampsia
- Fetal Heart Rate
- Abdominal Palpation
- Intravenous Drip Rates
- Antepartum Haemorrhage
- Eclampsia Seizure Management

ANTENATAL
INTRAVENOUS DRIP RATES

$$\text{RATE} = \frac{\text{VOLUME}}{\text{TIME}} \times \frac{20}{60}$$

$$\frac{\text{VOLUME REMAINING (in ml)}}{\text{DROPS PER MINUTE}} \times \frac{\text{DROP FACTOR (20 adult)}}{1} = \text{MINUTES REMAINING}$$

BASED ON 1000mL CONTAINER

MACRO DRIP 20 DROPS/mL

2HRLY	500mL/HR	167 DPM
4HRLY	250mL/HR	83 DPM
6HRLY	167mL/HR	56 DPM
8HRLY	125mL/HR	42 DPM
10HRLY	100mL/HR	33 DPM
12HRLY	83mL/HR	28 DPM
16HRLY	63mL/HR	21 DPM
18HRLY	56mL/HR	19 DPM
24HRLY	42mL/HR	14 DPM

This card is for educational purposes and is not intended to replace professional medical advice.

critical second

ANTENATAL
BLOOD VALUES

FULL BLOOD EXAMINATION (FBE)		
Hb BB-137		<110-one iron tablet D <100+iron studies
Mg Theraputic range		1.7-3.5
Platelets		150-400
WCC		5.5-18.0
MCH		27-32
MCV		81-89
Ferritin		9-136
Urea		3.4.8
Creatinine		20-90
Uric Acid		0.14-0.36
GLUCOSE TOLERANCE TEST	Glucose load:	75g
Plasma Glucose	Fasting:	3.8mmol/L
	2 hours:	5.1mmol/L
Gestational Diabetes	Fasting:	>=5.5
and/or 2 hr post 75g glucose load:		>=8.0
ROUTINE COAGULATION		
APTT		27-39 sec
D-Dimer		<0.5ug/ml
Fibrinogen		3.0-8.0g/L
INR Ratio		0.8-1.2
FETAL SCALP BLOOD VALUES	LACTATE	PH
Normal	3.2-4.1	7.25-7.35
Pre-Acidotic	4.9	7.20
Acidotic	5.7	7.15
CBP	Maternal <1	Neonatal <.8

This card is for educational purposes and is not intended to replace professional medical advice.

critical second

ANTENATAL
FETAL HEART RATE

VARIABLE

Repetitive or intermittent decreasing of Fetal Heart Rate with rapid onset and recovery. Variable shape and relationship to contraction (cord compression).

Complicated - the following features increase the chance of fetal hypoxia:

- Rising baseline rate or fetal tachycardia.
- Reducing baseline variability.
- Slow return to baseline FHR after the end of the contraction.
- Large amplitude (by 60 bpm or to 60 bpm) and/or long duration (60 seconds).
- Loss of pre and post deceleration shouldering
- Presence of post deceleration smooth overshoots

PROLONGED

A decrease in FHR below the baseline of more than 15 bpm for longer than 90 seconds but less than 5 minutes.

LATE

Uniform, repetitive decrease of FHR, occurs after the onset of the uterine contraction, returns to baseline after contraction has finished (fetal hypoxia).

This card is for educational purposes and is not intended to replace professional medical advice.

critical second

ANTENATAL
ECLAMPSIA SEIZURE MANAGEMENT

PREVENTION OF FURTHER SEIZURES

Give **MAGNESIUM** loading dose 4g (8 mls) over 10 min.
Commence maintenance dose of MgSO4 1-2g (2-4 mls/hr)
Recurrent Seizures consider another 2g MgSO4 bolus (refer local protocols).

FOLLOWING SEIZURE

- Assess obs 15/60 for 1 hr, (eg. BP, P, RR, T, O2 sats).
- CTG monitoring.
- Consciousness, twitching or restlessness.
- Uterine activity and progress of labour.
- Vaginal loss.
- Nil orally.
- IV fluids and medications
- Bloods - (FBE, plateletes, U&E, AST, ALT, LDH,BSL,Ca, Mg)
- IDC 1/24 measures • Strict FBC • ? oligouria. (<80mls over 4/24).
- Observe for pulmonary oedema.
- Dark quiet room, restrict visitors.
- MgSO4 levels are checked 6/24 and dose adjusted accordingly.
- Plans should be made regards mode of birth.
- Fetal assessment.

Watch for signs of Haemolysis, Elevated Liver enzymes, Low Platelets syndrome. (HELLP).

This card is for educational purposes and is not intended to replace professional medical advice.

critical second

ANTENATAL
ANTEPARTUM HAEMORRHAGE

BLEEDING FROM THE GENITAL TRACT AFTER THE 20TH WEEK OF PREGNANCY AND BEFORE THE ONSET OF LABOUR.

*BLEEDING IN PREGNANCY REMAINS A MAJOR CAUSE OF PERINATAL MORTALITY.

INCIDENCE

- 2-5% of pregnancies.

CAUSES

- Placenta praevia 30%.
- Placental Abruption 25%.
- Vasa praevia (rare).
- Cervical and lower genital tract bleeding 45%.

MANAGEMENT

PATIENT ASSESSMENT

- Observations.
- History (e.g. Any PV bleeding throughout pregnancy, EDD, including recent trauma, etc)
- Note time, colour, consistency and weigh amount of blood loss.
- Abdominal Palpation-check fundal height, lie and presentation-**gently**. May use Ultrasound.

This card is for educational purposes and is not intended to replace professional medical advice.

critical second

critical second

www.criticalsecond.com