These guidelines were prepared by Intermountain Healthcare’s Women and Newborns Clinical Program and the Emergency Department (ED) Operations team. When a pregnant woman arrives at the hospital ED, there are two patients to care for, the mother and fetus. To ensure good care, a systematic approach is needed to assess and monitor both patients, provide appropriate care, and facilitate accurate communication between the ED and obstetric providers. This care process model (CPM) outlines the recommended approach.

### Key Points

- **All pregnant patients at ≥ 20 weeks of gestation require a Labor and Delivery (L&D) consultation** to determine appropriate location and care, regardless of the severity of their condition.

- **ED provider should initiate the OB CONSULT PROCESS within 30 minutes** for pregnant patients (≥ 20 weeks gestation) who are high risk, unstable, or critically ill. This will connect the ED physician with the obstetrician, laborist, or maternal-fetal medicine physician on call.

- **Pregnant patients (≥ 20 weeks gestation) presenting with abdominal pain, bleeding, leaking of fluid, or hypertension should be strongly considered for transfer to L&D, provided that urgent care or ED-specific services are not required.**

- **Pregnant patients < 20 weeks gestation can be treated in the ED.**

- **ED care for pregnant patients should include fetal heart rate (FHR) assessment or monitoring conducted by either ED or L&D staff.** See algorithm on page 2.

### Measurement & Goals

The goal of this guideline implementation is to ensure the following:

Pregnant patients with severe hypertension are to receive appropriate treatment within 60 minutes of two persistent, severe-range blood pressures.

### Supporting Evidence

- **Severe Hypertension in Pregnancy (2022)**
  Alliance for Innovation on Maternal Health (AIM)

- **Gestational Hypertension and Preeclampsia**

### Guidance for Select Circumstances

- **Postpartum patients.** Postpartum patients can be evaluated and treated in the ED. If there is a concern for postpartum preeclampsia, initiate an OB CONSULTATION. Patient may require admission.

- **Patients seeking Labor and Delivery care.** The charge nurse should briefly assess the patient to determine if safe transfer to L&D is possible.
  - If safe transfer is possible, have ED staff member transport patient to L&D in a wheelchair.
  - If there are concerns about transferring patient, notify L&D and treat patient in the ED.

- **Fetal demise.** In the case of fetal demise, consult with L&D charge nurse to identify appropriate patient care processes and resources.

- **Methotrexate.** Methotrexate must be ordered by a qualified OB provider and administered by specifically trained staff. See the Intermountain care process model *Non-surgical Management of Ectopic Pregnancy*. 

### Maternal-Fetal Medicine Contact information

Call 801-321-BABY (801-321-2229) to be connected with the Maternal-Fetal-Medicine (MFM) specialist on call for your area.
Pregnant or postpartum patient presents to the ED

Is the patient exhibiting ANY of the following?
• Critical status
• Hemodynamic instability
• Cardiovascular instability
• Respiratory distress
• Traumatic injury (level 1,2)
• Altered mental status

Gestational age or Postpartum

ED CARE FOR CRITICAL, UNSTABLE, OR TRAUMA (level 1,2)

ED Provider
• CONDUCT medical screening exam (MSE)
• INITIATE the OB consultation process with MFM or OB/GYN in-house or on-call in < 30 min.
• If severe HTN; SBP ≥160 or DBP ≥110, INITIATE OB Emergency Checklist for Severe Hypertension

ED Nurse
NOTIFY L&D charge nurse who will contact MFM or OB/GYN (in-house or on-call)

Patients <20 weeks
• DOCUMENT presence of FHR by Doppler on admit and prior to discharge
• CONSULT with L&D charge nurse and MFM or OB/GYN in-house or on-call as needed

PATIENTS ≥ 20 weeks
• Have L&D nurse come to ED to help perform continuous FHR monitoring and provide patient care as needed

<20 weeks

≥20 weeks

Postpartum

Is the patient exhibiting ANY Peripartum High Risk Symptoms?
• Abdominal pain
• Contraction
• Persistent hypertension BP ≥140/90
• Leaking fluid

no

yes

ED REGULAR CARE <20 WEEKS
• CONDUCT MSE
• DOCUMENT presence of FHR by Doppler on admit and prior to discharge
• If HTN ≥140/90, BEGIN OB consult process for evaluation of preeclampsia
• If severe HTN; SBP ≥160 or DBP ≥110, INITIATE OB Emergency Checklist for Severe Hypertension
• CONSIDER communication with primary OB/GYN on-call provider prior to discharge
• REFER to OB for discharge follow-up

ED REGULAR CARE ≥20 WEEKS
• CONDUCT MSE
• DOCUMENT presence of FHR by: Doppler if 20–23 weeks or NST if ≥24 weeks
• CONTACT L&D staff for review of FHR monitor
• EVALUATE and TREAT as indicated
• CONSIDER communication with primary OB/GYN on-call provider prior to patient discharge

ED HIGH RISK CARE ≥20 WEEKS
• CALL/CONSULT L&D charge nurse
• ED Provider CONSULT with MFM or OB/GYN in-house or on-call
• If severe HTN; SBP ≥160 or DBP ≥110, INITIATE OB Emergency Checklist for Severe Hypertension
• TRANSFER to L&D if appropriate after provider assessment

L&D
• CONDUCT MSE
• ASSUME patient care, monitoring and follow-up

ED POSTPARTUM CARE
• CONDUCT MSE
• EVALUATE and TREAT as appropriate
• If HTN ≥140/90, BEGIN OB consult process for evaluation of preeclampsia
• If severe HTN; SBP ≥160 or DBP ≥110, INITIATE OB Emergency Checklist for Severe Hypertension
• CONSIDER communication with primary OB/GYN on-call provider prior to patient discharge

Abbreviations: BP—blood pressure; DBP—diastolic blood pressure; FHR—fetal heart rate; HTN—hypertension; MFM—maternal fetal medicine; MSE—medical screening exam; NST—non-stress test; OB—obstetrics; OB/GYN—obstetrician-gynecologist; SBP—systolic blood pressure;
This CPM presents a model of best care based on the best available scientific evidence at the time of publication. It is not a prescription for every physician or every patient, nor does it replace clinical judgment. All statements, protocols, and recommendations herein are viewed as transitory and iterative. Although physicians are encouraged to follow the CPM to help focus on and measure quality, deviations are a means for discovering improvements in patient care and expanding the knowledge base. Send feedback to Annette Crowley, Clinical Programs Manager, Intermountain Healthcare, (WomenandNewborns@imail.org).