



MANAGEMENT OF

Pregnant Patients in the Emergency Department

These guidelines were prepared by Intermountain Healthcare's **Intensive Medicine Clinical Program** and **Women and Newborns Clinical Program**. They guide emergency department (ED) staff making initial assessments and disposition decisions for pregnant patients presenting to any Intermountain hospital ED.

► BACKGROUND

When a pregnant woman arrives at the hospital ED, there are really two patients. To ensure good care, **we need a systematic approach that helps us assess and monitor both patients, specifies the most appropriate place to provide care, and facilitates communication between emergency and obstetric providers.** This care process model (CPM) outlines the recommended approach in the algorithm on the following page.

► KEY POINTS

- **All pregnant patients at 20 or more weeks of gestation, regardless of the severity of their condition, require a Labor and Delivery (L&D) call/consult to determine appropriate location for care.** This guideline evolved after extensive discussion and analysis of many individual cases at Intermountain — and in pilot implementation, proved to be one of the most successful aspects of the model. Pilot participants report that this L&D consult has improved communication and dramatically reduced confusion between the ED and L&D units.
- **The ED physician should initiate the OB CONSULT PROCESS for pregnant patients with gestation 20 weeks or greater who are high risk, unstable, or critically ill.** This communication process connects the ED physician with the obstetrician (OB) or maternal-fetal medicine (MFM) physician on call. The OB CONSULT PROCESS should follow local facility-specific guidelines and be completed in 30 minutes or less.
- **ED and L&D personnel should strongly consider transferring to L&D any pregnant patient at or beyond 20 weeks gestation who complains of uterine contractions or abdominal or vaginal symptoms that might be related to the pregnancy** as long as she does NOT have a condition requiring urgent care or evaluations that can only be obtained in the ED.
- **Pregnant patients at less than 20 weeks gestation can be treated in the ED.**
- **ED care for pregnant patients includes fetal heart rate (FHR) assessment and/or monitoring,** conducted either by ED or L&D staff as outlined in the algorithm.

Additional guidance re: select circumstances

- **Fetal demise.** In case of fetal demise, ED staff should consult with L&D charge nurse to identify appropriate patient care process and resources.
- **Dilation and curettage (D&C).** A D&C should NOT be performed in the ED. When necessary, this procedure should be arranged by an OB provider in an OR or surgical center.
- **Methotrexate.** Methotrexate must be ordered by a qualified OB provider and administered by specially trained staff. See the Intermountain care process model "[Nonsurgical Management of Ectopic Pregnancy](#)" and the policy "[Hazardous Drug Methotrexate Procedure](#)."
- **Pregnant patients seeking care from the L&D department.** See the note in the sidebar at right.

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► GOALS OF THIS MODEL

- Support intake decisions for pregnant patients in the ED.
- Support disposition decisions for pregnant patients in the ED.
- Clarify roles and facilitate communication within the ED and between the ED and L&D.
- Promote consistency and integration across the Intermountain system.
- Improve clinical care and outcomes.

► WHAT ABOUT PATIENTS SEEKING LABOR AND DELIVERY (L&D) CARE?

This model outlines care for pregnant patients seeking emergency services, not labor-related obstetrical care. When pregnant patients come to the ED seeking care from the Labor and Delivery (L&D) department, the ED charge nurse should:

- Briefly assess the patient to determine if safe transfer to L&D is possible.
- If safe transfer is possible, move patient to L&D in a wheelchair, accompanied by an ED staff member.
- If there are concerns about transferring the patient to L&D, treat the patient in the ED and notify L&D.

► **ALGORITHM: MANAGEMENT OF PREGNANT PATIENTS IN THE ED**

