



MANAGEMENT OF

Pregnant Patients in the Emergency Department

2023 Update

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](#).

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](#)

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](#)

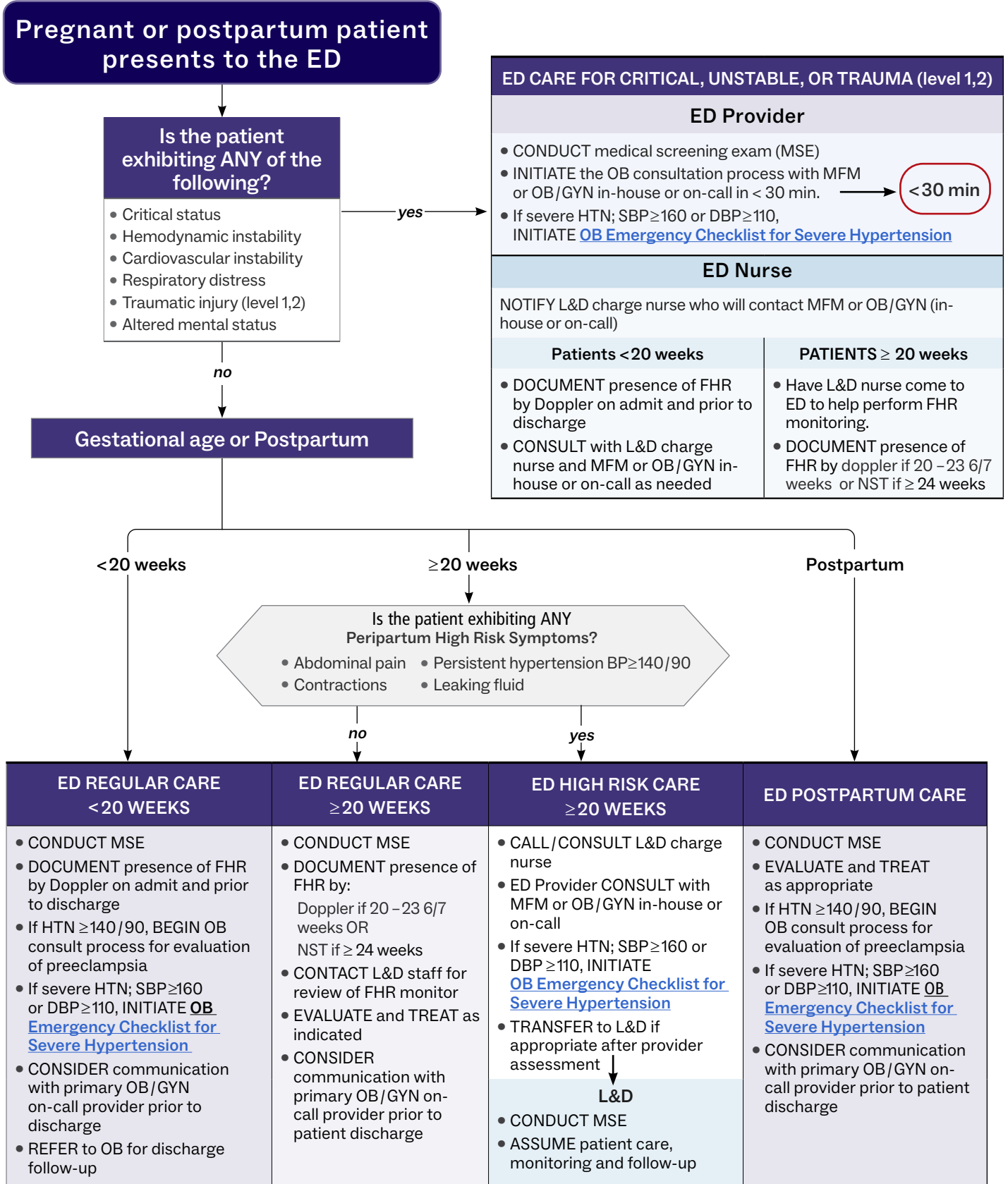
ACOG Practice Bulletin Summary, Number 222. *Obstet Gynecol.* 2020 Jun;135(6):1492-1495

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.



► TRIAGE OF PREGNANT AND POSTPARTUM PATIENTS IN THE EMERGENCY DEPARTMENT (ED) AND LABOR AND DELIVERY (L&D)



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;

CARE PROCESS MODEL EXPERT CONSULTANTS

Amy Campbell, MSN, RN

Annette Crowley, MSN, RN

Donna Dizon-Townson, MD

Sean Esplin, MD

Tiffany Hanson, MSN, RN

Heidi Thompson, PhD (Medical Writer)

Rachelle Rhodes, RN



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).