



اسم السياسة /الخطة: سياسة إدارة تسمم الحمل (management of re-eclampsia –Eclampsia)

رقم السياسة/ الخطة: OSD-PP- 09

المعنيين بالسياسية: كوادر قسم النسائية والتوليد		المجموعة: رعاية المرضى
توقيع مسؤول صالات الولادة:	تاريخ الاعداد: 2025/8/12	إعداد: قسم النسائية والتوليد
التوقيع:	تاريخ التدقيق: 2025/11 /1	دقتت من قبل: مدير قسم الجودة
التوقيع:	تاريخ الاعتماد: 2025 /11 / 8	اعتمد من قبل: مدير المستشفى
تاريخ المراجعة القادمة: 2027/ 11 /8	الطبعة: الاولى	عدد صفحات السياسة/الخطة: (4)

1. Purpose:

- 1.1 To establish a treatment plan to prevent potential complications during delivery.
- 1.2 To provide a safe delivery of the mother and the baby.
- 1.3 To reduce strain to the heart and maintains adequate cardiac output to meet maternal and fetal needs
- 1.4 To provide a clear, evidence-based protocol for the identification, management, and prevention of eclampsia,
- 1.5 Ensuring the safety and well-being of both the mother and fetus, and promoting timely interventions to minimize complications

2. Policy:

- 2.1 Patient's history must be obtained by resident doctor and midwife to provide valuable information to help the patient and fetus achieve a good outcome. History must include elevation of blood pressure during current pregnancy or previous pregnancy and any complaints of associate PET effects currently such as:
 - 2.1.1 Lower or upper limbs edema
 - 2.1.2 epigastric pain
 - 2.1.3 headache
 - 2.1.4 blurred vision
 - 2.1.5 Sudden increase in body weight
 - 2.1.6 protein urea or oliguria
 - 2.1.7 thrombocytopenia
 - 2.1.8 pulmonary signs
 - 2.1.9 liver or renal dysfunction
- 2.2 Provide psychological support as necessary, as eclampsia can be a traumatic experience.

3. Scope:

- 3.1 This policy is applicable to all patients in Labour department whom diagnosed as preeclampsia., eclampsia

4. Responsibility:

- 4.1 It is responsibility of head department OF LABOR
- 4.2 Its responsibility of all midwives.
- 4.3 It is responsibility of all resident doctors who interact with patient.

5. Definitions:

- 5.1 **Preeclampsia:** pregnancy specific syndrome that usually occurs after 20 weeks of pregnancy is determined by gestational hypertension plus (renal involvement lead to proteinuria)
- 5.2 Eclampsia is a severe complication of pregnancy characterized by the onset of generalized tonic-clonic seizures in a patient with preeclampsia. It typically occurs after the 20th week of gestation but can present in the postpartum period. Eclampsia is a medical emergency that can lead to maternal and fetal morbidity and mortality.

6. Equipment's/Forms/Attachments:

- 6.1** Sphygmomanometer ,
- 6.2** Stethoscope
- 6.3** File documents
- 6.4** Catheterization set
- 6.5** Hypo tray for intravenous Fluid
- 6.6** Airways different size in case of eclampsia
- 6.7** Cannula DIFFERENT SIZE
- 6.8** Oxygen, suction
- 6.9** Pulse oximeter.
- 6.10** Consent form

7. Procedures:-

- 7.1** Management of pregnancy-induced hypertension
 - 7.1.1** continuous Monitoring of blood pressure,
 - 7.1.2** Check urine (for proteinuria)as ordered
 - 7.1.3** Continuous monitoring of fetal condition (Cardiotocography) as ordered
 - 7.1.4** Administration of antihypertensive medication as doctors order
 - 7.1.5** If the condition remain stable, allow to proceed with normal labor and childbirth
 - 7.1.6** If the cervix is favorable (soft, thin, partly dilated), rupture the membranes with an amniotic hook and induce labor using oxytocin

 - 7.1.7** If the cervix is unfavorable (firm, thick, closed), ripen the cervix using prostaglandins or deliver by caesarean section according to condition of mother and fetus
 - 7.1.8** Catheterization to monitor urine output and proteinuria
 - 7.1.9** Maintain a strict fluid balance chart (monitor the amount of fluids administered and urine output) to prevent fluid overload
- 7.2** Management of eclampsia
 - 7.2.1** Clinical presentation
 - 7.2.2** Sudden onset of tonic-clonic seizures in a patient with preeclampsia
 - 7.2.3** Seizures may occur without prior warning and can last from 1 to 2 minutes or longer.
 - 7.2.4** Symptoms of preeclampsia often precede eclampsia, including high blood pressure, proteinuria, swelling, severe headaches, visual disturbances, epigastric pain
- 7.3** **Initial Stabilization**
 - 7.3.1** Ensure patient safety:
 - 7.3.2** Protect the airway and prevent aspiration (turn patient to the side if possible)
 - 7.3.3** Insert airway (suitable size) as soon as possible to prevent aspiration and keep patent airway.
 - 7.3.4** Ensure the environment is clear of any hazardous objects that could injure the patient.
 - 7.3.5** If the seizure lasts longer than 5 minutes, treat as status epilepticus

7.4 Positioning:

7.4.1 Place the patient in a left lateral decubitus position to promote uteroplacental perfusion and prevent aspiration

7.5 Seizure Management:

7.5.1 Administer magnesium sulfate (the drug of choice for both preventing and treating seizures):

7.5.1.1 Loading dose: 4-6 grams IV over 5-10 minutes.

7.5.1.2 Maintenance dose: 1-2 grams per hour intravenously, or intramuscular

7.5.1.3 If seizures continue, repeat the loading dose and increase the infusion rate.

7.5.1.4 Monitor for signs of magnesium toxicity, including: loss of deep tendon reflexes, respiratory depression, or oliguria

7.6 Airway management:

7.6.1 Ensure adequate oxygenation with supplemental oxygen (preferably via face mask).

Intubation may be necessary if the patient is unable to maintain their airway

7.7 Antihypertensive Management:

7.7.1 If the systolic BP is ≥ 160 mm Hg or the diastolic BP is ≥ 110 mm Hg, initiate antihypertensive therapy to reduce the risk of further seizures and cerebral hemorrhage.

7.7.2 First-line agents include labetalol or nifedipine.

7.7.3 If BP cannot be controlled with these agents, hydralazine may be considered

7.8 Documentation:

7.8.1 Proper documentation on patient file by doctors and midwife

7.8.2 Maintenance dose

Remove 20ml solution from 100ml normal saline infusion bag and discarded
Add 10g MgSO₄ (4 amps = 20ml) to the bag Maintenance infusion for 24 hrs.
post-Nataly

7.8.3 Contraindication Ergometrine drug.

8. References:

8.1 NICE 2024