
ANTE, INTRA, POSTPARTUM NURSING MANAGEMENT AND ASSESSMENT OF PREECLAMPSIA: MATERNAL/FETAL ASSESSMENT AND MONITORING RECOMMENDATIONS

Brenda Chagolla, RNC, MSN, CNS, University of California Davis Medical Center
Ocean Berg, RN, MSN, IBCLC, Nurse Family Partnership Program
Kristi Gabel, RNC-OB, C-EFM, MSN, CNS, Sutter Roseville Medical Center

BACKGROUND

Antepartum management as an outpatient can be considered for select women who have preeclampsia without severe features (mild), who have access to follow-up appointments and can adhere to the treatment plan.¹ Management of preeclampsia without severe features (mild) preeclampsia at term, severe preeclampsia, or those whose conditions have worsened will require frequent monitoring of blood pressure, urinary output, cardiac and respiratory status, and central nervous system status. Because early recognition of changes in maternal-fetal status is imperative, women with preeclampsia should be cared for by a nurse who is experienced in caring for high-risk patients and has the experience to recognize worsening signs of preeclampsia. Specific preventable errors contributing to maternal deaths include failure to control blood pressure for hypertensive women, and failure to adequately diagnose and treat pulmonary edema in preeclampsia.²⁻⁴

Maintaining a quiet, calm atmosphere and controlling environmental stressors are important for the patient and the family. Frequent updates for the family on the condition of the mother help them to maintain a focus on the mother and infant rather than on the illness.⁵ Postpartum preeclampsia/eclampsia can develop four to six (4-6) weeks after birth among women who had no evidence of preeclampsia during their pregnancy or at the time of delivery.⁶ Women and their family members should be given specific instructions prior to discharge on signs and symptoms that warrant immediate follow up.

KEY LEARNING POINTS

1. Assess for signs and symptoms of worsening or severe preeclampsia and notify provider if any of these are present:
 - Increasing blood pressure
 - Headache
 - Altered level of consciousness – agitation, restless, lethargy, hallucinations, confusion
 - Visual disturbances – blurred vision, floaters, spots, blind spot
 - Upper abdominal pain
 - Urine output <30 ml/hr
 - Shortness of breath
 - Complaints of chest pain
 - SaO₂ < 95%
 - Cough

- Tachypnea > 26 breaths per minute
 - Tachycardia > 100 bpm
 - Adventitious breath sounds
 - Eclamptic seizure
 - Magnesium toxicity
2. Patient care assignments should take into account the level and expertise of the clinician or nurse assigned to care. Patients diagnosed with severe preeclampsia should be staffed with a 1:1 nurse to patient ratio, with the most experienced nurse available.
 5. Women with severe preeclampsia should receive care by a multi-disciplinary team. The team should consist of an obstetric provider credentialed to perform cesarean sections, nursing, anesthesia, NICU, laboratory, blood bank, social work, and other sub-specialties as needed.
 6. Utilize the following as parameters (Table 1) as recommended guidelines for the frequency of nursing assessment. The recommended assessment frequencies listed in Table 1 are guidelines and additional or more frequent assessments can be done as needed based on patient condition.⁷