Nurses Content
Downloaded from nursescontent.com

Obstetrical Emergencies and Complications

Midwifery & Obstetrical Nursing

Abortion, ectopic pregnancy, molar pregnancy, antepartum haemorrhage, placenta previa, placental abruption, pre-eclampsia, eclampsia, preterm labour and premature rupture of membranes.

For educational purposes only.

CHAPTER 11 / MIDWIFERY AND OBSTETRICAL NURSING 11. Obstetrical Emergencies and Complications

1. Emergency assessment

Obstetric emergencies threaten maternal or fetal health. Assess ABCDE, gestation, bleeding/fluid loss, pain, BP/pulse, consciousness, fetal status when appropriate and available team. Call help early, establish monitoring/access and prepare referral/resuscitation per authorized protocol; maternal stabilization is central. Avoid dangerous examinations in suspected placenta previa and do not delay transfer for nonessential tests.

Abortion / pregnancy loss

Definition and pathophysiology: Loss or termination of pregnancy before viability definition used locally; threatened, inevitable, incomplete, complete, missed and septic miscarriage are traditional types.

Clinical features and investigations: Bleeding/cramps, cervical findings and ultrasound/hCG; fever/foul discharge and shock suggest sepsis or haemorrhage.

Management and nursing care: Urgent evaluation when heavy bleeding, pain, fever or instability; expectant, medical or surgical care according to clinical indication, preference and law. Rh prophylaxis when indicated. Provide grief support and confidential reproductive care; MTP services by authorized providers under law.

Ectopic pregnancy

Definition and pathophysiology: Implantation outside uterine cavity, usually tubal; rupture causes internal haemorrhage.

Clinical features and investigations: Abdominal/pelvic pain, vaginal bleeding, shoulder pain, syncope; positive pregnancy test, ultrasound and serial hCG in appropriate cases.

Management and nursing care: Emergency surgical assessment for instability/rupture; selected stable cases medical/surgical/expectant management under specialist. Monitor shock, pain and follow-up hCG as indicated.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 19

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Molar pregnancy

Definition and pathophysiology: Gestational trophoblastic disease, complete or partial mole.

Clinical features and investigations: Bleeding, excessive hCG, variable uterine size, severe vomiting or early pre-eclampsia; ultrasound and pathology.

Management and nursing care: Specialist uterine evacuation and hCG surveillance; counsel follow-up and contraception during required monitoring, assess haemorrhage and emotional impact.

Nurses Content
Downloaded from nursescontent.com

Antepartum haemorrhage: placenta previa

Definition and pathophysiology: Placenta overlies or lies near internal os; classic painless bleeding but presentations vary.

Clinical features and investigations: Bleeding later pregnancy, ultrasound placental localization.

Management and nursing care: Urgent assessment and stabilization; no digital vaginal examination until previa excluded. Prepare appropriate delivery/referral, blood availability and fetal assessment.

Placental abruption

Definition and pathophysiology: Premature separation of normally implanted placenta.

Clinical features and investigations: Painful bleeding, tender/tense uterus, fetal compromise; bleeding may be concealed; clinical diagnosis supported by assessment.

Management and nursing care: Urgent maternal resuscitation, coagulation/blood assessment, fetal monitoring and delivery plan. Visible bleeding may underestimate severity.

Pre-eclampsia and eclampsia

Definition and pathophysiology: New hypertension after 20 weeks with proteinuria or specified organ dysfunction (proteinuria not mandatory). Eclampsia is seizures associated with pre-eclampsia not explained by another cause.

Clinical features and investigations: BP >= 140/90 on appropriate repeated readings; severe >= 160 systolic or >= 110 diastolic merits urgent confirmation/treatment; headache, visual change, RUQ pain, thrombocytopenia, renal/liver dysfunction.

Management and nursing care: Urgent specialist assessment, prescribed antihypertensive and magnesium sulfate for indications, monitor respiration, reflexes, urine and toxicity; calcium gluconate antidote available per protocol. During seizure protect airway/injury, lateral position when safe, no objects in mouth; plan delivery after stabilization.

Preterm labour and PROM/PPROM

Definition and pathophysiology: Labour before 37 weeks; prelabour rupture of membranes before contractions, PPROM before 37 weeks.

Clinical features and investigations: Contractions, pressure, fluid leakage; assess maternal temperature, fetal status and membrane status with approved methods.

Management and nursing care: Urgent obstetric assessment, avoid unnecessary digital exams with ruptured membranes; selected corticosteroids, antibiotics, tocolysis or magnesium for neuroprotection according to gestation/indication. Monitor infection/cord prolapse and determine timing of birth with team.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 20

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

2. Nursing responsibilities

Record time/onset, measured blood loss and trends, vital signs, fetal assessment, interventions/drugs, response and referral. Support privacy, communication and informed decisions. Ensure emergency drugs, oxygen/ventilation equipment, IV supplies, blood readiness and trained team. Avoid assuming painless bleeding is harmless or seizures always psychiatric/epileptic.

Nurses Content
Downloaded from nursescontent.com

3. Important Examination Questions

Long Answer Questions

1. 1. Discuss placenta previa, abruption and hypertensive emergencies with nursing management.

Short Answer Questions

1. 1. Explain ectopic pregnancy, molar pregnancy and PPROM
2. 2. differentiate types of miscarriage.

Very Short Answer Questions (with answers)

1. 1. Is digital vaginal exam safe before excluding placenta previa in APH? - No.
2. 2. First-line anticonvulsant for eclampsia? - Magnesium sulfate under protocol.

4. Quick Revision

- Maternal stabilization is urgent.
- Concealed bleeding can be severe.
- Proteinuria is not mandatory for pre-eclampsia diagnosis.

5. Conclusion

Maternal stabilization is urgent. Concealed bleeding can be severe. Proteinuria is not mandatory for pre-eclampsia diagnosis.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which presentation is classically associated with placenta previa?

A. Painful bleeding with a tense tender uterus
B. Painless bleeding in later pregnancy
C. Early-pregnancy bleeding with shoulder pain and syncope
D. Bleeding with fever and foul discharge after pregnancy loss

2. Why may visible bleeding underestimate the severity of placental abruption?

A. Abruption never affects maternal circulation
B. Blood loss is always limited to a small external amount
C. Bleeding may be concealed
D. Ultrasound excludes all clinically important abruption

3. Which finding can support a diagnosis of pre-eclampsia even without proteinuria?

A. Isolated nausea with normal blood pressure
B. Mild backache without hypertension
C. Normal blood pressure with uncomplicated discharge
D. New hypertension after 20 weeks with specified organ dysfunction

Nurses Content
Downloaded from nursescontent.com

4. A patient at 32 weeks has painless vaginal bleeding and placenta praevia is possible. Which action should be avoided until specialist assessment has established a safe plan?

A. Assessment of vital signs

B. Urgent obstetric notification

C. Digital vaginal examination

D. Preparation for monitoring and emergency care

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. B - Painless bleeding in later pregnancy

Placenta previa classically produces painless bleeding, though presentations vary.

2. C - Bleeding may be concealed

Abruption may involve concealed haemorrhage.

3. D - New hypertension after 20 weeks with specified organ dysfunction

Specified organ dysfunction can satisfy diagnostic criteria in the setting of new hypertension.

4. C - Digital vaginal examination

A digital examination can provoke severe haemorrhage when placenta praevia is present. The patient needs urgent appropriate obstetric assessment and stabilisation.

Source and attribution

Online chapter: https://nursescontent.com/learn/midwifery-obstetrical-nursing/unit-11-obstetrical-emergencies-and-complications/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.