MEDICAL COMPLAINTS IN PREGNANCY

CHANGES IN PREGNANCY

HISTORY:
Uterus problem: Fetal movement, vaginal bleeding, contractions, fluid from vagina?
Screen for IPV and depression
ROS: Common: 80% GERD, 60% SOB, 50-75% N/V, urinary frequency/urgency, lower extremity edema

PHYSICAL:
↓BP ↑HR ↑TV
Fundus ~ gestational age above pubic symphysis
Asymptomatic hydronephrosis
Lower extremity edema

LABS/RX:
↑ Alk phos ↑ WBC ↓ H/H
EKG: PR and QT shorten
↑ Volume of distribution, ↑ renal clearance (pharm)

RISKS:
Abd pain: ↓PID, ↑ pyelonephritis
Fever: ↑severe influenza
SOB: ↑ Heart failure, ↑ PE
Neuro: ↑ venous thrombus

HTN, PRE-E, ECLAMPSIA

WORKUP:
CBC, LFT, LDH, uric acid, type and screen, creatinine, udip, urine protein/creatinine

DEFINITIONS (over 20 weeks):
HTN: BP > 140/90 x 2 or > 160/110 x 1
Pre-E: HTN WITH proteinuria
Severe Pre-E: HTN WITH end organ damage.
Ecclampsia: Pregnancy > 20w+ seizures.
HELLP: **H**emolysis,**E**levated **L**iver, **L**ow **P**latelets

MANAGEMENT:
If HTN: labetalol IV 10mg Q5-10 min, doubling (max 220mg), hydralazine IV 5-10mg Q15min (goal 140s/90s)
If eclampsia spectrum: DELIVER! magnesium
Load: 4gm IV OR 10gm IM
Drip: 2gm/hour
+ HTN management as needed
If HELLP: steroids + blood exchange

COMMON MEDS

ANTIBIOTICS:
UTI: Cephalosporins, nitrofurantoin, fosfomycin
Surgical Abd: ceftriaxone + flagyl OR pipercillin-tazobactam.
Mastitis: Dicloxacillin OR Keflex OR clindamycin
PNA: Augmentin OR 2nd, 3rd gen cephalosporin
Baddies: Fluoroquinolones, aminoglycosides

NAUSEA/VOMITING/GERD:
vitamin B6 10-25mg PO TID + Doxylamine 12.5mg PO TID
Promethazine 25mg PO/IV Q6H
Metoclopramide 10mg IV Q6H
Ondansetron 4-8mg IV Q6H
H2 blockers, PPI okay

IMAGING NEEDED?

GENERAL RULE:
Below 5 rads: No immediate fetal risk
Increases childhood cancers from .3→1%

BY TEST (rads to fetus):
CXR: 0.00007 rads
CT head: 0.05 rads
CT A/P: 3.5 rads
CT PE: 0.006 rads, 3.5 rads to breasts
CT contrast is okay
VQ scan: 0.03-0.07 rads to fetus
MRI: No rads. Do NOT use gadolinium