

## 12. Obstetric and Gynaecological conditions

- Strictly monitor fluid intake, and record output (through a Foley's catheter)
- Consider delivery after administering corticosteroids

### Note:

- a) Consider prophylactic magnesium sulphate use for severe preeclampsia
- b) If need arises for prophylactic magnesium sulphate, delivery must be effected within the next 48-72 hours.
- c) Diuretics are discouraged in pregnancy except for cardiac disease  
*If the patient convulses treat as eclampsia*

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### 12.6.3 Eclampsia

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- Convulsions in a woman with pre-eclampsia. Convulsions can occur prior to labour, intrapartum or postpartum.
- Convulsions **also do occur** without previous symptoms
- Before starting treatment for eclampsia, be *absolutely sure to exclude*:
  - Epilepsy
  - Meningitis
  - Cerebral malaria

#### *Initial management:*

- Prevent the patient from hurting herself
- Secure airway, aspirate secretions or vomitus
- Control convulsions with magnesium sulphate see dose below
- Refer to hospital as soon as possible accompanied by a nurse
- Give adequate oxygen supply by nasal prongs or face mask

#### *Treatment*

- At health centre give loading dose of **magnesium sulphate** 4 g of 20% solution in 500 ml of normal saline infused over 10 minutes plus 5 g of 50% solution in each buttock deep i/m
- Refer immediately
- Closely monitor the respiratory rate (not less than 16), patella reflexes and urinary output should not be less than 25mls an hour.
- Continue magnesium sulphate for 24 hours post delivery or 24 hours after the last convulsion whichever was the last
- **Maintenance dose:** Magnesium sulphate 5 g of 50% solution every 4 hours deep i/m till 24 hours post-delivery or 24 hours after the last convulsion which ever was the last.  
{Addition of 1.0ml of 2% lidocaine minimizes discomfort}