

# CONSERVATIVE MANAGEMENT OF SEVERE PRECLAMPSIA

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# POTENTIAL BENEFIT

- Advance gestational age
- Less days in NICU
- Less fetal complications
  - Respiratory distress
  - NEC

# GESTATIONAL AGE TO BEGIN

GESTATIONAL AGE (weeks)	SURVIVAL
<23 0/7	0/34 (0%)
23 0/7	4/22 (18%)
24 0/7	15/26 (58%)

# MATERNAL EVALUATION

- VS & urine output
- Symptoms
- Contractions, abdominal pain or bleeding
- CBC, LFT's, serum creatinine

# FETAL EVALUATION

- NST with contraction monitoring
- Amniotic fluid assessment
- Growth ultrasound every 2 weeks

# INITIAL MANAGEMENT

- Observe on L and D
- Steroids
- Magnesium
- Anti-hypertensive medication
- Maternal evaluation
- Fetal evaluation

# CONTRAINDICATIONS TO EXPECTANT MANAGEMENT

- Eclampsia
- Pulmonary edema
- DIC
- Uncontrollable severe HTN
- Abnormal fetal testing
- Abruptio placentae
- Fetal demise

# DELIVERY AFTER CORTICOSTEROIDS

- >33 6/7 weeks
- Persistent symptoms
- HELLP
- Fetal growth restriction (<5<sup>th</sup> percentile)
- Severe oligo
- Reversed EDF
- Labor or PROM
- Significant renal dysfunction



# EXPECTANT MANAGEMENT

- Adequate maternal & neonatal resources
- Inpatient only
- Stop magnesium
- VS, symptoms, and lab monitoring
- Oral antihypertensive drugs

# ABANDON EXPECTANT MANAGEMENT

- 34 0/7 weeks
- New onset contraindications
- Worsening maternal labs
- Abnormal fetal testing
- Labor or PROM
- Uncontrolled hypertension on meds

# MODE OF DELIVERY

GESTATIONAL AGE (weeks)	CESAREAN DELIVERY
<28	93-97%
28-32	53-65%
32-34	31-38%

<https://sctelehealth.org/services/pregnancy-wellness>

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