Management of eclampsia

Loading dose magnesium sulfate
• 4 g IV over 20 minutes via controlled infusion device

If seizures occur/ongoing while preparing magnesium sulfate
• Diazepam 5–10 mg IV at a rate of 2–5 mg/minute (maximum dose of 10 mg) OR
• Clonazepam 1–2 mg IV over 2–5 minutes OR
• Midazolam 5–10 mg IV over 2–5 minutes or IM

Maintenance dose magnesium sulfate
• 1 g per hour IV via controlled infusion device for 24 hours after birth
• Then review requirement

If seizures reoccur while receiving magnesium sulfate
• Magnesium sulfate 2 g IV over 5 minutes
  o May be repeated after 2 minutes
• Diazepam 5–10 mg IV at a rate of 2–5 mg/minute (maximum dose of 10 mg) OR
• Midazolam 5–10 mg IV over 2–5 minutes or IM OR
• Clonazepam 1–2 mg IV over 2–5 minutes

If impaired renal function
• Reduce maintenance dose of magnesium sulfate to 0.5 g/hour
• Ongoing serum monitoring

Monitor
• BP and pulse every 5 minutes until stable then every 30 minutes
• Respiratory rate and patellar reflexes hourly
• Temperature 2nd hourly
• Continuous CTG monitoring
• Measure urine output hourly via IDC
• Strict fluid balance monitoring
• Check serum magnesium if toxicity is clinically suspected
• Therapeutic serum magnesium level 1.7–3.5 mmol/L

Stop infusion
• Review management with consultant if:
  o Urine output < 80 mL in 4 hours
  o Deep tendon reflexes are absent or
  o Respiratory rate < 12 breaths/minute

Antidote
• 10% calcium gluconate 10 mL IV over 5 minutes

Follow resuscitation principles
D – Dangers
R – Response
S – Send for Help
A – Airway
B – Breathing
C – Compressions
D – Defibrillation

Resuscitate

Control seizures

Control hypertension

If antepartum, plan birth asap

Treat hypertension
• If: sBP ≥ 160 mmHg or dBP ≥ 110 mmHg
• Aim to reduce sBP to 130–150 mmHg and dBP to 80–90 mmHg
• Avoid maternal hypotension
• Monitor FHR with continuous CTG
• Choice of antihypertensive drug as per local preferences/protocols

Nifedipine
• 10–20 mg immediate release tablet oral, repeat after 45 minutes
• Maximum dose 80 mg

Hydralazine
• 5–10 mg IV over 3–10 minutes
• Repeated doses 5 mg IV every 20 minutes if required
• Maximum dose 30 mg
• Infusion may be required
• May require plasma expansion

Labetalol
• Initially 20 mg IV bolus over 2 minutes
• Repeated doses 40–80 mg IV every 10 minutes to maximum of 300 mg if required
• Infusion may be required

Diazoxide
• 15–45 mg IV rapid bolus
• Repeat after 5 minutes if required
• Maximum 150 mg/dose
• Monitor BGL

Birth
• Plan birth as soon as feasible using a multidisciplinary approach
• Mode of delivery based on maternal and fetal wellbeing
• Continue close fetal monitoring
• Stabilise the woman prior to birth
• Actively manage third stage
• Ergometrine should NOT be used in severe preeclampsia or eclampsia
• Consider *carbetocin if increased risk of PPH
• Consider VTE prophylaxis

Investigations
• Full blood count and platelets
• Urea and electrolytes
• Liver function tests/LDH
• Coagulation screen
• Group and hold serum


Queensland Clinical Guidelines


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