

Corticosteroids as Needed

Quarter-on-steroids

When the fetus is preterm and the patient is stable with no immediate need for delivery, it's advisable to administer corticosteroids to promote lung development. This can enhance fetal lung maturity and improve neonatal outcomes.

Emergent Delivery

Emergency-lights Stork Delivering-baby

In hemodynamically unstable patients, an immediate cesarean delivery is recommended. If the delivery is rapidly approaching, and conditions are favorable, vaginal birth can also be an option.

Considerations

Increased Risks for Neonate

Up-arrow Risk with Neon-natal Baby

Increased risks for the neonate include preterm birth, intrauterine growth restriction, hypoxia, anoxia, neurological injury, and fetal death related to hemorrhage.

Rh (Rhesus) Incompatibilities

Recess-playground Incompatibles

Due to possible mixing of maternal and fetal blood, sensitization can occur if the fetus is Rh positive. The mother may be given Rhogam if she is Rh negative.

Increased Risk for Shock

Up-arrow Risk Shocking

Excessive bleeding places the mother at risk for hypovolemic shock. It is important to note that during pregnancy, signs of shock may not be present until 25-30% of maternal blood loss has occurred. Be sure to closely monitor vital signs, maintain IV access with a large bore IV, and provide fluids, blood products, and oxygen as prescribed.

Monitor Fetal Heart Rate

Fetus Heart-Monitor

Monitor fetal heart rate as signs of possible decline include prolonged fetal bradycardia, repetitive late decelerations, or decreased short-term variability.