

**PROTOCOL #7** – Testing and Triage, University of New Mexico

**Triage Protocol for Noncatastrophic Trauma in Pregnancy**

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- I. Maternal assessment:
  1. Obtain emergency room clearance prior to labor and delivery evaluation to exclude catastrophic trauma.
  2. Re-evaluate airway, breathing, and circulation
  3. Maternal vitals including oxygen saturation
  4. Consider intravenous access
  5. Left lateral displacement of uterus
  6. Evaluate for obstetrical complications such as placental abruption (mark fundus of uterus), preterm labor, preterm rupture of membranes, and fetomaternal hemorrhage
  7. Sterile speculum exam to identify vaginal bleeding or amniotic fluid
  
- II. Fetal assessment:
  1. Perform obstetrical ultrasound to establish gestational age, determine placental location, fetal well-being, fetal injury/fetal demise, and amniotic fluid volume
  2. Continuous fetal and uterine monitoring for all women greater than or equal to 24 weeks of gestation
  
- III. Laboratory evaluation:
  1. Complete blood count
  2. Type and screen
  3. Coagulation studies including fibrinogen
  4. Kleihauer-Betke (KB) test in Rh (D)-negative women
  
- IV. Management:
  1. Perform initial external uterine monitoring for a minimum of four hours
  2. Admit and monitor for a minimum of twenty-four hours if uterine contractions greater than one in fifteen minutes, nonreassuring fetal heart rate, vaginal bleeding, significant uterine tenderness, rupture of fetal membranes, direct abdominal trauma, or impact from trauma/motor vehicle accident at a high speed.
  3. If after four hours and no evidence of complications noted in #2 and normal laboratory studies, discharge home
  4. Administer rhogam for all unsensitized Rh (D)-negative women

V. Prevention:

1. Education about correct seat belt use in pregnancy
2. Intimate partner violence screening

References:

1. Hull and Bennett. "The Pregnant Trauma Patient: Assessment and Anesthetic Management." 2007.
2. Up To Date. Trauma in pregnancy, February, 2007.
3. ACOG Practice Bulletin. Obstetric Aspects of Trauma Management, September 1998.
4. Creasy and Resnik, Fifth edition. Intensive Care Monitoring of the Critically Ill Pregnant Patient.