Eclampsia

General

- Eclampsia is characterized by new-onset tonic-clonic, focal, or multifocal seizures in the absence of other causative conditions such as hypoglycemia or drug/alcohol withdrawal. Eclampsia can occur during pregnancy or up to *6 weeks postpartum*.
- Patients with eclampsia may or may not be hypertensive. If hypertension is present, treatment of elevated blood pressure (BP) is recommended.
- This is a time-critical disease. Develop a plan or local policy to provide treatment that includes magnesium sulfate and possibly antihypertensives. This may include requesting an intercept from a paramedic-staffed response or transport vehicle, and/or developing clinical protocols and agreements with local hospital facilities.
- Transport the patient to a hospital with obstetric services or the most appropriate local/regional facility if an obstetric facility is not readily available. Notify the receiving facility as early as is feasible.

All EMS Clinicians

- Perform an initial assessment.
- Place a visibly pregnant patient in the recovery position to help lessen the likelihood of aspiration or other airway complications and to allow improved blood return to the heart by shifting the uterus off the inferior vena cava. If patient must be placed supine for airway management or vascular access, ensure manual displacement of uterus leftward.
- Be prepared to manage the patient's airway, provide supplemental **oxygen** for maternal oxygen saturation ≤94%, and assist with ventilation.
- Initiate an IV for medication administration, if able.
- Monitor vital signs. Check BP at least every 15 minutes. If severe-range BP (**SBP ≥ 160 or DBP ≥ 110 mm Hg**) is present, refer to the Elevated Blood Pressure in Pregnancy and up to 6 Weeks Postpartum model guideline.

Advanced EMS Clinicians

May include advanced EMTs, paramedics, and other advanced-level clinicians with medication administration capabilities

- Magnesium sulfate is the preferred first-line option for treatment.
  - **Magnesium sulfate:** 4-g IV loading dose, administered over 20 minutes.
    - If IV access cannot be obtained, a 10-g IM loading dose of **magnesium sulfate** (5 g in each buttock) may be administered. The medication can be mixed with 1 mL of a 2% lidocaine

solution, if available, to reduce discomfort. There are no data on IO administration of magnesium sulfate in eclamptic seizures.

    - **Maintenance dosing:** After administering the loading dose, begin an IV infusion at a rate of 2 g/hour. Maintenance infusion of **magnesium sulfate** should be administered via an infusion pump, if available.

- Most eclamptic seizures will resolve spontaneously within a short period. If seizure activity lasts more than 5 minutes (eg, status epilepticus) despite administration of **magnesium sulfate,** consider alternate causes of seizure and consider administering **benzodiazepines** in accordance with your local seizure management protocols.
- Assess BP after seizure resolves and **magnesium sulfate** has been given. Check BP at least every 15 minutes. If severe-range BP (**SBP ≥ 160 or DBP ≥ 110 mm Hg**) is present, refer to the Elevated Blood Pressure in Pregnancy and up to 6 Weeks Postpartum model guideline.

Reference

Chronic hypertension in pregnancy. ACOG Practice Bulletin No. 203. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e26–50.

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