HOT TOPICS

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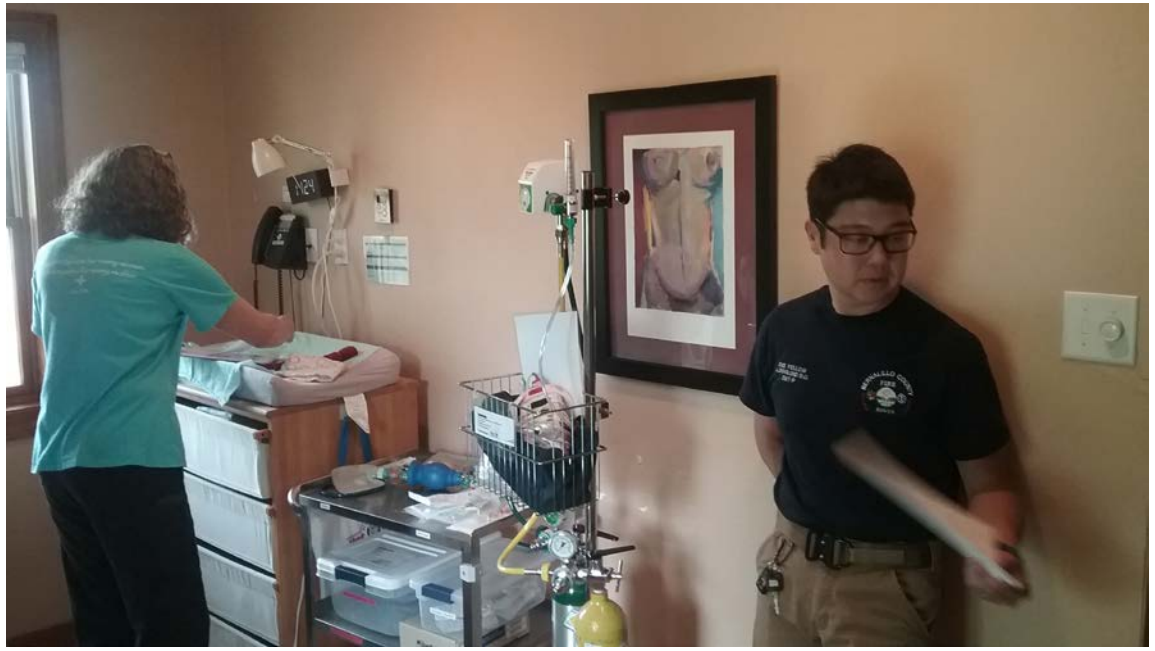
How Problem Identified



1. During Ob Emergency Simulation at location Birthing center with EMS responders invited

2. Maternal Mortality Review Committee for New Mexico identified many woman used Emergency Rooms for care especially if no OB care in community

3. Presence in a Level 4 regional maternity center and receiving the transports who have not had accurate identification of problems and situation – e.g. not realizing cord prolapse a critical event.

Problems Identified

1. Emergency Departments often only source of care for pregnancy and postpartum women in a community that does not have obstetric services.
2. EMS personnel often the only care source during long transports (>100 miles)
3. Emergency Medical Service staff education is extremely variable and often poor for dyad care – staffing may be volunteers
4. Supplies in Emergency Departments and on EMS transport vehicles are limited or non-existent for pregnancy related complications
5. Emergency Departments ask about current pregnancy but rarely about recent pregnancy or plans to become pregnant.

Interventions – State Level

1. Talks to Emergency Medical Providers at local and state- wide meetings.

Why is this important to Emergency Medicine providers?

Many of these women presented to Urgent Cares, Emergency Departments or Physician offices prior to their deaths.

Were opportunities missed?

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Patient #1

38-year-old woman presents to the urgent care with headache. She says she is 7 months pregnant.

- Brief exam shows her to be generally healthy with some pedal edema.
- Vitals: BP 170/95, HR 105, RR 16, Temp 36.4

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- Brief exam shows her to be generally healthy with some pedal edema.
- Vitals: BP 170/95, HR 105, RR 16, Temp 36.4

- While waiting for return call from OBGYN patient's headache acutely worsens and the patient becomes altered then unresponsive.
- Repeat BP 220/110.
- What next?

Interventions – State Level

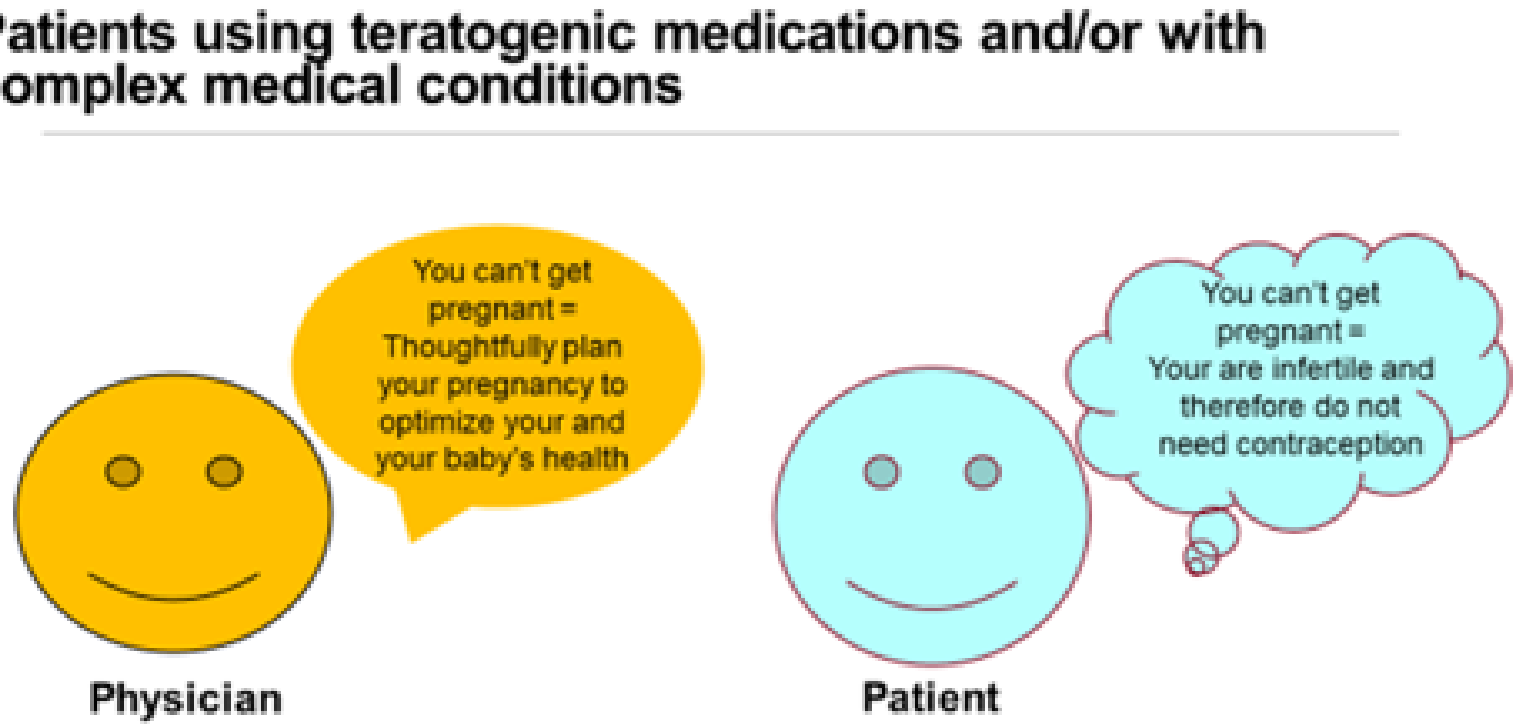
1. Talks to Emergency Medical Providers at local and state- wide meetings.

2. Talks to general medical community including specialist and primary care- to promote need to speak to reproductive planning and use of contraception .

Realize that patient and providers interpret the statement

“You can’t get Pregnant”

Differently



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3. Ask at emergency room visits and primary care visits – not only if a patient is currently pregnant but also HAVE they been pregnant in past 3-6 months or planning to become pregnant.

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Case based examples

-

This was for 25 yo healthy woman who presents to ED with SOB and fatigue.

Patient #2 : Differential

- Bronchitis
- Community Acquired pneumonia
- Asthma/reactive airway disease exacerbation
- Muscular strain from coughing
- URI

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Case based examples

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Patient #2 : Differential if recently pregnant

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- Community Acquired pneumonia
- Asthma/reactive airway disease exacerbation
- Muscular strain from coughing
- URI

Peripartum fatigue

Bronchitis

Peripartum Cardiomyopathy

Community Acquired pneumonia

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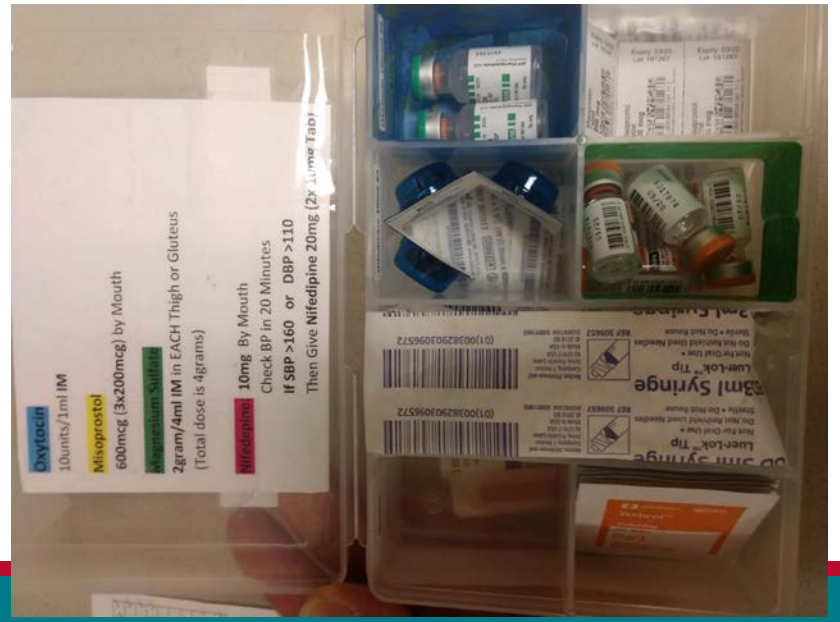
4. Assess OB emergency supplies in Emergency rooms,

Clinics and ambulances such as HTN medications and

Hemorrhage medications



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5. Including Emergency departments and first responders in simulations for ob emergencies – especially hypertension, sepsis, acute abdomen, and hemorrhage as well as emergency deliveries

Update on Initiative

Despite the occurrence of the COVID-19 pandemic we have accomplished the following:

1. A small dedicated team to identify the various components of the EMS/ED system in the state from the levels of training, staffing, professional and state regulations, location of service, located at a community with/without hospital obstetrical care unit, funding.

2. A larger group of individuals involved in obstetrical care or ER/EMS services to provide direction and guidance to the team

3. Contacting state based professional organizations to present talks and/or simulations to attendees focused on the care in the first 30 minutes of an ob related emergencies.

4. Exploring funding sources for such an initiative

5. Plan to have a white paper completed by late spring outlining the information note in #1 and then hold a “summit” of stakeholders to identify recommendations and priorities.

Interventions – beyond the state

1. District VIII Maternal Mortality Review Summit will provide data regarding issues for these rural states and provide a collaborative setting for problem solving. (Although Summit was postponed until Sept 2021 a virtual update was conducted.)

2. National efforts – ACOG hosting exploratory summit with leadership in Emergency Medical Services and obstetric providers to see what the needs are, identify limitations and potential interventions. (This unfortunately was cancelled due to Covid. It has not been rescheduled at this time)

Thank you and Questions?