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AN EVIDENCE-BASED APPROACH TO EMERGENCY MEDICINE

Risk Management Pitfalls For Pregnant Trauma Patients

1. **"She told me she wasn't pregnant."** Incidental finding of pregnancy occurs, and it can happen to your trauma patient as well. Any female of reproductive age involved in trauma should have a screening pregnancy test sent as part of the initial workup.

2. **"She wasn't complaining of abdominal pain, so I wasn't worried about the pregnancy."** Even relatively minor orthopedic injuries have been associated with adverse perinatal outcomes due to occult intrauterine trauma. All pregnant patients beyond 24 weeks—even those with relatively minor trauma—should have electronic fetal monitoring to assess for intrauterine pathology for a minimum of 4 to 6 hours.

3. **"She didn't look like she was that far along, so I wasn't worried about the fetus."** Gestational age can be assessed by fundal height, bedside ultrasound, or prior medical records, but it should be assessed and the emergency clinician should err on the side of fetal viability, especially with regard to major resuscitations.

4. **"I wasn't worried about bleeding, so I didn't order Rho(D) immune globulin."** Even minor trauma can result in fetal-maternal hemorrhage and complications in subsequent pregnancies in Rh-negative mothers. All pregnant patients with abdominal trauma or significant mechanism of injury should be Rh(D) typed and administered empiric Rho(D) immune globulin if they are Rh-negative.

5. **"She looked fine, so I just discharged her home."** The abdominal examination and laboratory tests can be deceptive, even with minor trauma. All pregnant trauma patients should have a minimum of 4 to 6 hours of electronic fetal monitoring and obstetric follow-up prior to discharge from the ED.

6. **"She was worried about radiation risks, so we didn't do the imaging studies I would have normally done."** The relative risk of radiation for most routine ED x-rays and CT scans is well below the recommended threshold of radiation exposure during pregnancy and shouldn't inhibit a thorough workup for trauma.

7. **"I wanted to give the mother 1 round of CPR and check for fetal heart activity before doing a perimortem cesarean section."** The indication for perimortem cesarean section is loss of vital signs, and in order to have the baby out in less than 5 minutes, no delay should be undertaken before performing this potentially life-saving maneuver.

8. **"I didn't ask about domestic violence."** Domestic violence is more common during pregnancy and, frequently, a victim's first contact with a medical provider is in the ED. Simple screening questions, asked in a private setting, can evaluate for further potential injuries.

9. **"I figured she was wearing her seat belt."** The number 1 source of mortality for pregnant women is motor vehicle trauma. Education regarding proper lap- and shoulder-belt placement can prevent life-threatening injuries.

10. **"We just laid her down, and she suddenly lost her vital signs."** The supine hypotensive syndrome is common in later pregnancy and can result in syncope and dramatically reduced cardiac output. It is easily avoided by keeping the patient in the left-lateral decubitus position or by tilting the spine board 15° to the left.

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