

Antepartum Triage and Urgent Maternal Warning Signs

A plain-English guide for you and your family

WHAT IS HAPPENING

During pregnancy, your body makes huge changes to support the baby. Your blood volume goes up by almost half—imagine filling a bathtub halfway, then adding five more gallons. Your blood also gets stickier so you won't bleed too much when the baby is born. Blood vessels all over your body relax and widen, which is why blood pressure usually drops in the middle months. Your heart beats ten to twenty times more per minute even when you're resting. Your immune system dials itself down so it won't attack the baby, who carries proteins from the father that your body would normally see as foreign. All of this means things that would signal sickness in someone who isn't pregnant—being short of breath, a faster heartbeat, swollen feet—are often completely normal when you're expecting. But when these systems fail, serious emergencies can appear fast: preeclampsia shows up as high blood pressure plus signs that organs are being damaged—protein spilling into urine, liver enzymes climbing, platelets (the blood cells that form clots) dropping, bad headaches, blurry vision or flashing lights, or a sharp pain under your right ribs. Placental abruption means the placenta peels away from the uterus before the baby is born; you feel sudden pain that doesn't let up, see vaginal bleeding, your belly becomes rock-hard, and the baby's heart rate drops. A pulmonary embolism (a clot lodging in a lung artery)—a clot blocking the arteries in your lungs—causes chest pain and shortness of breath that is much worse than the normal breathlessness of pregnancy. Blood clots in the leg veins, called a clot in a deep leg vein (deep vein thrombosis), cause one leg to swell, turn red, and hurt. Infections like chorioamnionitis (infection of the sac holding the baby and fluid) bring fever, a tender uterus, and a fast heart rate in both mother and baby; pyelonephritis (kidney infection) brings fever, back pain, nausea, and pain when you pee. Preterm labor means contractions and cervix changes before thirty-seven weeks. None of these signs are random—each one traces back to a specific broken system. Your body will try to compensate and can look stable on the outside while damage builds on the inside, then suddenly you can crash. Recognizing the pattern early saves lives.

What you might feel

- Severe headache that does not go away with acetaminophen (Tylenol)
- Vision problems (blurry vision, seeing spots or flashing lights, blind spots, bright light hurts your eyes, or complete loss of vision)
- Sharp pain in the right upper belly or just below the ribs in the middle (the epigastric area)
- Overactive reflexes when the doctor taps your knee or ankle, sometimes with rhythmic twitching (clonus) of the foot
- Sudden trouble breathing or chest pain that feels different from the normal shortness of breath in late pregnancy
- Blood pressure of 140 over 90 or higher that starts after 20 weeks of pregnancy
- Protein in the urine (300 milligrams or more in 24 hours, or a urine protein-to-creatinine ratio of 0.3 or higher)
- Swelling, especially sudden puffiness in the face or hands, or gaining more than 4 to 5 pounds in one week
- Urinating much less than normal (less than about 400 to 500 milliliters, or 2 cups, in 24 hours)
- Nausea, vomiting, or feeling sick and exhausted in the last few months of pregnancy (after the normal morning sickness has ended)

Call the doctor right away if...

- Blood pressure of 160 over 110 or higher that stays high for 15 minutes or more—the brain can have a stroke (bleeding or blood vessel rupture), so blood pressure medicine (labetalol or hydralazine IV, or nifedipine by mouth) must be given within 30 to 60 minutes
- A seizure (eclampsia) that happens for the first time during pregnancy or in the first few days after delivery—this means the brain is severely swollen; the airway must be protected (turn her on her side so she does not choke), magnesium sulfate given through the IV to stop more seizures, and the baby delivered as soon as it is safe
- Platelet count below 100,000 per microliter or platelets dropping fast—this means the blood cannot clot properly and dangerous bleeding could happen during delivery or surgery
- Liver enzyme levels (AST or ALT) more than twice the normal limit, especially with sharp right upper belly pain—the liver could rupture (liver a pooled collection of blood (hematoma) rupture) and cause life-threatening internal bleeding into the belly
- Fluid in the lungs (pulmonary swelling (edema)) or oxygen level below 95 percent on room air—the heart and lungs are failing and intensive care with oxygen, diuretics, or even a breathing tube is needed immediately

- Kidney function worsening with creatinine above 1.1 milligrams per deciliter or doubling from the woman's usual level—the kidneys are shutting down and dialysis may be needed if the creatinine keeps climbing

What the care team will do

- Obtain blood pressure manually in both arms within 2 minutes of arrival, then repeat in 15 minutes if the first reading is 140 over 90 or higher.
- Start continuous fetal heart monitoring and uterine contraction monitoring immediately.
- Establish large-bore IV access (18-gauge or bigger) in each arm and draw labs: complete blood count, comprehensive metabolic panel, liver enzymes (AST and ALT), and platelet count.
- Assess deep tendon reflexes at the knees and ankles, and check for rhythmic muscle jerking (clonus) by quickly bending the foot upward and watching for rhythmic bouncing.
- Prepare magnesium sulfate 4 to 6 grams IV loading dose to infuse over 15 to 20 minutes, and have calcium gluconate 1 gram at the bedside.
- Place the patient in a quiet, dimly lit room on her left side with the bed in a low position and side rails up.
- Monitor urine output hourly with a Foley catheter, and notify the provider if output drops below 30 milliliters per hour for 2 hours.
- Prepare for expedited delivery: notify anesthesia, operating room, and neonatal team, and explain to the patient that delivery may be the only cure for severe preeclampsia.

Medicines you may be given — and why

Labetalol (IV)

Labetalol works like a dimmer switch on two parts of the system that controls blood vessels and the heart. It blocks beta receptors in the heart—little docking stations that normally tell the heart to pump harder—so each beat is gentler and a bit slower. At the same time, it blocks alpha receptors in the walls of blood vessels—the signals that normally make vessels squeeze tight—so the vessels relax and widen. When vessels are wider and the heart pumps less forcefully, the pressure inside drops fast, usually within minutes. This protects the mother's brain from stroke (a blood vessel bursting or getting clogged) and keeps blood flowing steadily to the placenta so the baby stays fed.

Hydralazine (IV)

Hydralazine works like loosening a tight knot in a garden hose. It goes straight to the smooth muscle cells wrapped around small arteries—called arterioles, the last stop before blood

reaches tiny capillaries—and tells those muscles to relax. Inside the muscle cells, calcium is the signal that says 'contract now.' Hydralazine interferes with calcium's action, so the muscle lets go. When the muscle relaxes, the artery walls widen, resistance drops, and blood pressure falls. The heart does NOT slow down—in fact it often speeds up a little to keep blood flowing—but the overall pressure in the system comes down, protecting the mother's brain and organs from stroke and other damage.

Nifedipine immediate-release (oral)

Nifedipine shuts off the 'squeeze' signal to blood vessel walls. Calcium is the key that unlocks muscle contraction: it floods into smooth muscle cells and makes them tighten. Nifedipine blocks the doors—called L-type calcium channels—that let calcium rush in. With less calcium inside, the muscle cannot tighten, so vessels relax and widen. Blood pressure drops smoothly over 15 to 30 minutes, lowering stroke risk while keeping steady flow to the placenta.

Magnesium sulfate (IV)

Magnesium sulfate acts like a brake on overexcited nerves in the brain. In preeclampsia, the brain's blood vessels go into spasm and swell, and nerve cells start firing too easily—like a smoke alarm that goes off from steam, not smoke. This can trigger a seizure called eclampsia. Magnesium competes with calcium at the nerve endings where one nerve cell talks to the next (the synapse). Since calcium is the 'go' signal that makes nerves fire, blocking it calms the nerves down. Magnesium also relaxes blood vessel walls a little, which may help reduce the spasm. It does NOT lower blood pressure as powerfully as labetalol, hydralazine, or nifedipine, but it is the ONLY drug proven to prevent eclamptic seizures.

Where this information comes from

- ACOG Practice Bulletin No. 222: Gestational Hypertension and Preeclampsia (2020, reaffirmed 2023)
- American College of Cardiology/American Heart Association Guideline on the Management of Blood Pressure in Pregnancy (2019)
- Society for Maternal-Fetal Medicine (SMFM) Consult Series on Preeclampsia and Severe Hypertension
- Magee LA et al., Hypertension 2022: Diagnosis, Evaluation, and Management of the Hypertensive Disorders of Pregnancy (AHA/ACC)

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