

BUSOG OSCE STATION: Pre-eclampsia

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[Student instructions](#)

Mrs Brown, a 33 year-old female is currently 38 + 4 weeks pregnant. Her midwife recorded her blood pressure in clinic earlier today and is concerned that it is elevated.

Her blood pressure was recorded as 165/110.

You are the FY doctor on the Obstetrics ward today. Please take a history from Mrs Brown, interpret her abdominal examination and urinalysis results and discuss with her your management plan

[The History](#)

[Introduction](#) - Ask for patient details (name and date of birth) and introduce self

[Presenting Complaint](#) - clarify with patient why she has come in for review today and her knowledge regarding the referral

[History of Presenting Complaint](#) – as patients blood pressure is elevated it is important to consider symptoms of pre-eclampsia and eclampsia. Ensure to ask about the following:

- Headache
- Visual disturbance
- RUQ pain
- Swollen ankles/hands/face
- Drowsiness
- Nausea or Vomiting
- Seizures
- SOB
- Reflux
- Systemic enquiry including feverish, malaise

Include a SOCRATES (site, onset, character, radiation, associated symptoms, timing, exacerbating/relieving factors and severity) approach to any positive symptoms

[Current Pregnancy –](#)

- Gestation and expected delivery date/last menstrual period
- How was the pregnancy confirmed
- Progress and any problems throughout pregnancy – bleeding? Infection? Diabetes mellitus?
- Foetal movements – are they normal for the patient? Have they stopped or reduced in frequency?
- Blood type and rhesus status
- Antenatal care. Scans – up to date? Growth normal? Did she undergo CVS or amniocentesis
- Identify risk factors for pre-eclampsia including twin pregnancies, >10 years between pregnancies

[Past Obstetric History –](#)

- Gravidity/parity. Ask sensitively about any previous miscarriages or terminations of pregnancies.
- Ask about details of previous pregnancies including gestation at delivery, method of delivery, spontaneous or induced, any complications in the antenatal, intrapartum and postnatal periods including pre-eclampsia and gestational diabetes mellitus, weight at delivery and any neonatal complications

[Gynaecological History –](#)

- Menstrual history – menarche, cycle length, regularity, dysmenorrhoea, intermenstrual or postcoital bleeding
- Contraception – previous methods? Adherence?
- Last cervical smear and any abnormal results in past
- Any gynaecological surgeries, interventions or investigations
- Previous STI/PID
- Enquire about any abnormal vaginal discharge and urinary symptoms including urgency, frequency, dysuria

[Past Medical History](#) – including diabetes mellitus, hypertension, asthma (important when considering medications for pre-eclampsia – labetalol to be avoided). Immunisations.

[Medication History and Allergies](#)

Social History –

- Living situation
- Occupation
- Relationships
- Smoking/alcohol
- Recreational drug use
- BMI

Family History – specifically asking about any pregnancy related conditions such as delivery complications, gestational diabetes mellitus and gestational hypertension, eclampsia and pre-eclampsia.

Ideas, concerns and expectations

On Enquiry

You find out that Mrs Brown has had a frontal headache for a few days now, her feet and wrists are becoming increasingly swollen and oedematous. She denies any abdominal pain, nausea, vomiting, drowsiness, seizures or altered vision. Her antenatal care has been provided and her pregnancy has been uncomplicated. This is her first pregnancy and she is 38 + 4 weeks. Foetal movements are present and normal. There is no significant past medical, family or social history. She has no allergies.

O/E

There is no abdominal tenderness, foetal heartbeat is normal. Her SFH is 34cm. Urinalysis reveals protein ++.

What further examinations or investigations do you require for this patient?

- LFTs/coagulation screen/FBC/U&Es
- Foetal USS for growth, volume of amniotic fluid and uterine artery Doppler.
- Neurological examination – hyperreflexia/clonus as nervous system becomes excited, this is a concerning finding which may lead to seizure activity

Explain this information and the management plan to the patient

- “Following asking some questions and performing some tests, these show that you have a condition known as pre-eclampsia. Have you heard of this before?”
- Provide a description to patient – “Pre-eclampsia occurs when the placenta – the organ transferring baby’s blood supply to mum – is not working efficiently and as a result the blood pressure raises. This can affect both mum (liver, kidney and blood clotting) and baby’s growth”
- Explain SFH result – appears to be intrauterine growth restriction “baby is not coping well with the raise in your blood pressure”
- Plan – admit, labetalol/hydralazine to lower BP, magnesium sulphate – prophylactically acts as a neurological depressant increasing seizure threshold and a mild vasodilatory effect -, monitor urine output +/- fluid restrict. Explain to the patient that ultimately you will need to admit her and deliver the baby following discussion with seniors. H2 receptor antagonists can be given during labour. Patient may require steroids if <34-36 weeks.

References

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