

Eclamptic Seizure = HAB&C IMB BD

- H** Call for **H**elp
- A,B&C** Airway, **B**reathing (O₂) and **C**oma position
- I** **I**V access
- M** **M**agnesium sulphate loading dose
- B** **B**lood pressure control
- B** **B**ladder catheter
- D** **D**eliver the baby

H is for **H**elp

Call for at least one extra person if any patient has a grand mal seizure

It is best to regard all seizures in pregnancy as due to eclampsia

Remember that up to 1/3rd occur after delivery

A,B&C is for **A**irway, **B**reathing and **C**oma position

Ensuring an adequate airway for breathing and protecting the patient from harm is more important than using any drug to stop the seizure (which is usually self limiting)

A Guedel airway is an excellent means of ensuring an airway and stopping the patient from biting her tongue

Administer Oxygen by face mask (if possible)

Nurse the patient on her side in a coma position

I is for **I**V access

Secure and anchor an IV line and commence Hartmanns by infusion

A group and save for Cross-match is desirable

M is for **Magnesium sulphate**

This is the drug of choice for the control and prevention of eclampsia

The loading dose is:

- 4G by slow intravenous infusion. Dilute 8 ml of 50% (or 16 ml of 25%) MgSO₄ in 20 ml saline and infuse into the IV line over 10 – 15 minutes
- Plus 10G intramuscular. Give 5G into the thigh of each leg

B is for **Blood Pressure control**

Give IV Hydralazine 5 mg every 15 minutes until the BP is <150 systolic and <100 diastolic

B is for **Bladder catheter**

Test the urine for protein

Monitor urine output hourly

D is for **Deliver the patient**

Takes steps to deliver the patient

Ventouse if fully dilated and the head is sufficiently far down

Induction of labour if the cervix is favourable

Consider Caesarean section if the cervix is very unfavourable or there is suspected fetal compromise

The mother requires ongoing close surveillance, BP control and maintenance doses of Magnesium sulphate (consult written guidelines)

If seizures recur another IV bolus of Magnesium sulphate (2 – 4G) is recommended