4.3 Management of Eclampsia (15 min)

Introduction

As an introduction you can watch a part of a panel discussion about hypertensive disorders in pregnancy in Cameroon. In this fragment you will see Dr. Thomas Egbe, obstetrician and gynecologist in Cameroon at Douala General Hospital and University of Buea. He explains what management is needed in a 32 weeks pregnant patient with a blood pressure of 170/120 mmHg.

Self-Test

1. What is the preferable anti-convulsant drug treatment, including dosage, mode of administration and duration of treatment?
2. In concern about MgSO4 toxicity there is a tendency to use lower doses or shorter durations of treatment. Based on what parameters should you adjust the dose?
3. What medication should be available at the bedside to treat toxicity? And how to use?
4. If there is no magnesium sulfate available, what other anti-convulsants could be used?
5. What drugs should be used to treat severe hypertension?

Self-Test – Answer Key

1.
    - Magnesium sulfate 4-6 g bolus i.v. with 1-2 g/hr maintenance dose for 24 hours.
    - If no i.v. access, can give 2-3g Magnesium sulfate i.m. in each buttock.
    - Use MgSO4 for 24 hours postpartum.

2.
    - per urine output (due to exclusive renal excretion of MgSO4)
    - and/or clinical signs (loss of reflexes, double /blurred vision, respiratory depression)
    - and/or elevated Magnesium sulfate levels if available

3.
    - Calcium gluconate
    - How to use: 1g/hr

4. Diazepam, phenytoin
5. labetalol, hydralazine, nifedipine or other antihypertensives; avoid methergine