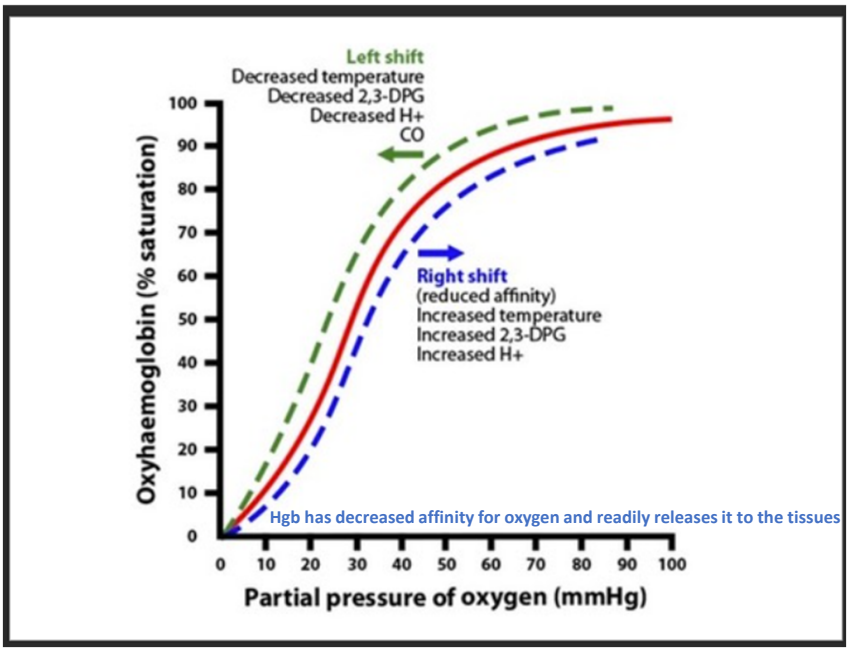


Normal Bohr Curve

AllinaHealth

21

21

EXAMPLE

Safe Motherhood Initiative: Maternal Early Warning System

ACOG The American College of Obstetricians and Gynecologists District II

Recommended MEWS Option: Modified MEWC

(MEWC = Maternal Early Warning Criteria)*

If ANY of these, mom is already in trouble!

Systolic BP (mmHg)	<90 or >160
Diastolic BP (mmHg)	>100
Heart Rate	<50 or >120
Respiratory Rate	<10 or >24
O_2 Sat on room air; %	<95
Oliguria, mL/hr x 2hrs	<35
Temperature	<36 C or >38 C
WBC	<4,000 or >15,000

Positive screen

1 abnormal criteria, sustained for >20 minutes

Maternal agitation, confusion, or unresponsiveness; patient with hypertension reporting a non-remitting headache or shortness of breath
→ *requires immediate attention*

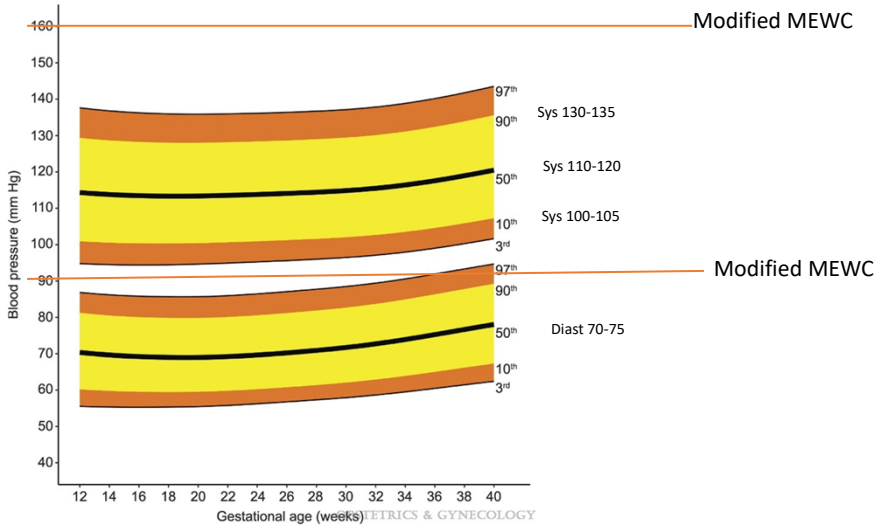
ACOG The American College of Obstetricians and Gynecologists District II

AllinaHealth 8 Safe Motherhood Initiative

*Mhyre et al., 2014, National Partnership for Maternal Safety

22

22

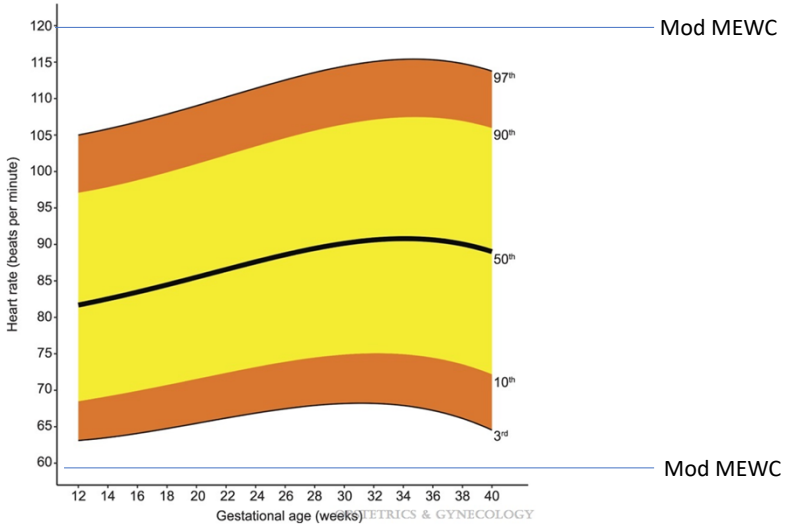


Allina Health

Obstetrics & Gynecology135(3):653-664, March 2020

23

23

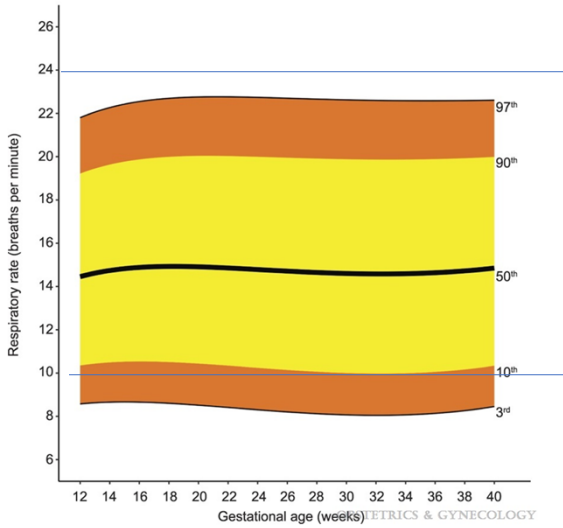


Allina Health

Obstetrics & Gynecology135(3):653-664, March 2020

24

24



Mod MEWC

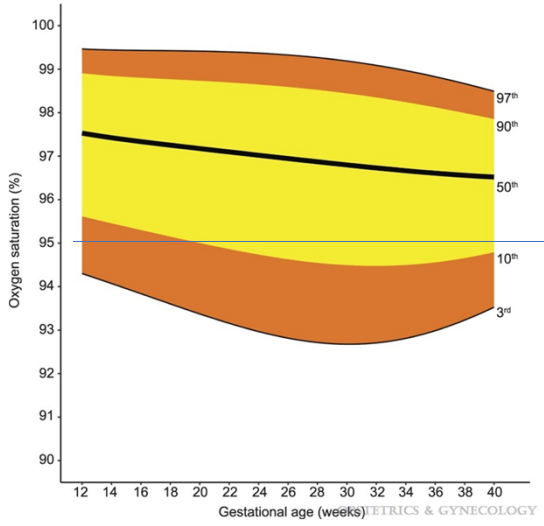
Mod MEWC

Allina Health

Obstetrics & Gynecology135(3):653-664, March 2020

25

25



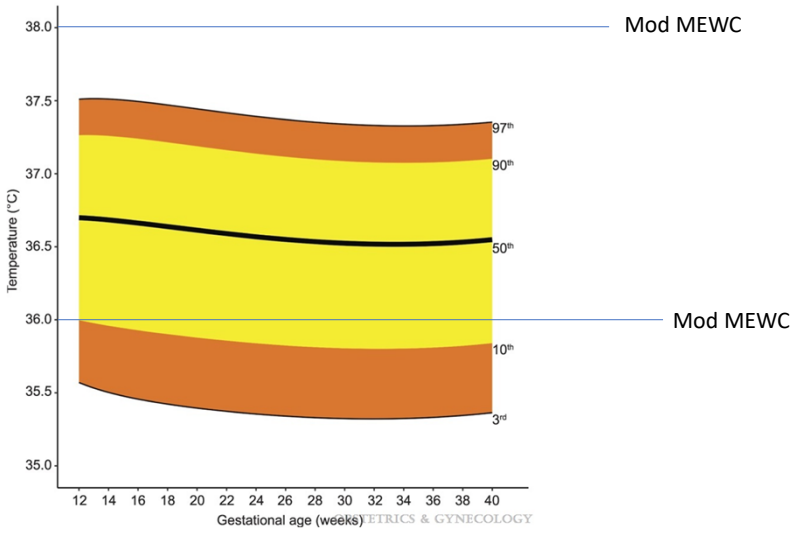
Mod MEWC

Allina Health

Obstetrics & Gynecology135(3):653-664, March 2020

26

26



Allina Health

Obstetrics & Gynecology135(3):653-664, March 2020

27

27

The Obstetric Airway

Table 1. Anatomic and physiological factors affecting the obstetric airway

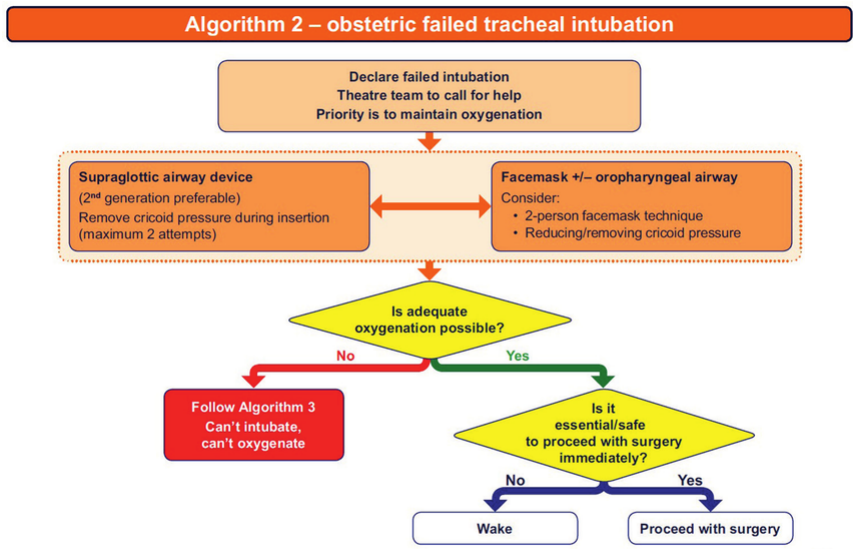
Upper airway edema	Decreased functional residual capacity
Breast enlargement	Increased oxygen consumption
Excessive weight gain	Increased risk of aspiration
Cephalad displacement of diaphragm	Preeclampsia

Important to know:
Assume this will be a difficult airway
Induction meds are the same as usual
Intubate earlier than in nonpregnant patient d/t rapid decompensation
pCO2 >/= 40 = is NOT NORMAL; it is acute respiratory failure!!
Preoxygenate well to 100% for several minutes if possible
Be prepared for rapid desaturation and difficult intubation; have equipment, experienced intubator
High risk of aspiration with sedation, lying flat, paralytic; use cricoid pressure, head up
Leftward manual displacement when lying flat, if uterus at umbilicus
Stop and bag if saturation drops < 94% as she will drop more before coming up
Use ETT that is smaller than you would normally use
After intubation, target pCO2 32-35, SpO2 > 94%

Oxford-Horrey et.al. Am J Perinatol 2020;37:1044–1051

28

28

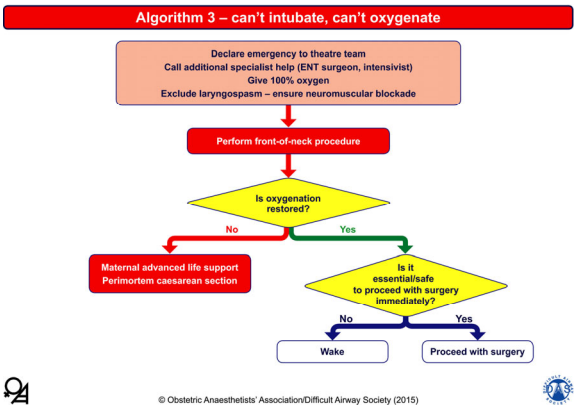


AllinaHealth

29

29

Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics



Anaesthesia, Volume: 70, Issue: 11, Pages: 1286-1306, First published: 08 October 2015, DOI: (10.1111/anae.13260)

30