CODE READY

Eclampsia

Seizures in pregnancy (after 20 weeks) or up to 6 weeks postpartum are eclampsia until proven otherwise. Magnesium sulphate, blood pressure control and delivery planning save mother and baby. Follow national obstetric guidance.

1. DURING THE SEIZURE

- [ ] **Left lateral position; protect from injury; nothing forced into the mouth**
- [ ] **Suction secretions; high-flow oxygen as the seizure settles**
- [ ] **Most eclamptic fits stop within 90 s — prepare magnesium during the fit**
- [ ] **IV access; check BP, reflexes and fetal heart once settled**

2. MAGNESIUM SULPHATE

- [ ] **Loading: 4 g IV over 5-15 min PLUS 5 g IM in each buttock (10 g total IM)**
  IV: dilute 4 g to 20 mL with saline. IM: add 1 mL 2% lidocaine per injection
- [ ] **Maintenance: 5 g IM every 4 h in alternate buttocks, for 24 h after the last fit**
- [ ] **Before each dose confirm: knee reflexes present, RR at least 12, urine at least 30 mL/h**
- [ ] **Recurrent fit: further 2 g IV over 5 min**
- [ ] **Toxicity antidote: 10% calcium gluconate 10 mL slow IV**

3. BLOOD PRESSURE

- [ ] **Treat if systolic 160 or more, or diastolic 110 or more**
- [ ] **Labetalol 20 mg IV or hydralazine 5 mg slow IV per local availability, repeat per protocol**
  Target diastolic 90-100; avoid precipitous drops — the placenta needs perfusion
- [ ] **Recheck BP every 15 min until stable**

4. DELIVER AND REFER

- [ ] **Definitive treatment is delivery — refer to a CEmONC facility once stabilised**
- [ ] **Never transfer during an active seizure; load magnesium first**
- [ ] **Catheterise and chart urine output hourly**
- [ ] **Send a trained escort with the magnesium schedule documented; transport in left lateral position**
- [ ] **SBAR call ahead: gestation, number of fits, BP, magnesium given with times**