

## **Suspected Pulmonary Embolism in Pregnancy**

- All suspected PE's in pregnant patients must be reviewed by O&G team
- Some patients may be suitable for ambulation, but must be reviewed by O&G prior to discharge

Exclusion criteria for ambulatory care:

- Severe pain e.g. requiring opiates
- Active bleeding
- High risk of bleeding (plt < 75, GI bleed 2/52 ago)
- Hx of intracranial bleed
- CKD 4 / 5
- Severe liver disease
- Anticipated non-compliance
- Hx of HIT or heparin allergy
- Requiring O2
- Hx of cancer
- Hx of heart failure / lung dx
- HR > 110
- BP < 100
- Sats < 90% RA

If patient is stable and < 13/40 should be reviewed on 3E gynae

If patient is stable and > 13/40 should be reviewed on 2E maternity

If unstable patient (hypotensive) should be referred to medics with O&G input

LMWH: enoxaparin s/c 1mg/kg BD (based on patients booking weight) and should be started immediately if there is going to be a delay in scan / patient is to be ambulated.

The use of the modified Well's score is not yet validated for use and D-dimer should not be performed in the investigation of acute VTE in pregnancy.

## Differentials for chest pain

	<b>First trimester</b>	<b>Second Trimester</b>	<b>Third Trimester</b>	<b>Postpartum</b>
<b>Aortic dissection</b>	Can occur	Can occur	More common	Can occur
<b>Pulmonary embolism</b>	More common throughout pregnancy and the postpartum period. Highest risk occurs immediately postpartum. Incidence 0.1-0.67 / 1,000 pregnancies. Mortality 1.13 / 100,000 pregnancies			
<b>Gastro-oesophageal reflux</b>	More common throughout pregnancy and the postpartum period			
<b>Acute coronary syndrome</b>	Three to fourfold-increased risk of myocardial infarction in pregnancy and the postpartum period			
<b>Biliary disease</b>	Can occur throughout pregnancy and postpartum			
<b>Pneumomediastnum</b>	More common if protracted vomiting	Can occur	Most frequent in second stage of labour	Can occur

## Differentials for Breathlessness

	First Trimester	Second Trimester	Third Trimester	Postpartum
Physiological breathlessness of pregnancy	Can occur	Can occur	More common	n/a
Anaemia	Can occur	Can occur	More common	
Asthma	Can occur throughout pregnancy and in the postpartum period			
Pulmonary embolism	Can occur throughout pregnancy and is most common in the postpartum period			
Dilated cardiomyopathy	Rarely presents	May decompensate	Could be decompensated pre-existing DCM or peripartum cardiomyopathy	
Pneumonia	Can occur throughout pregnancy and in the postpartum period			
Pneumothorax	Can occur	Can occur	Can occur	Most common after vaginal delivery
Hyperventilation	Can occur throughout pregnancy and in the postpartum period			

