Grades of Evidence

I: Evidence obtained from at least one properly designed randomized controlled trial.
II-1: Evidence obtained from well-designed controlled trials without randomization.
II-2: Evidence obtained from well-designed cohort or case–control analytic studies, preferably from more than one center or research group.
II-3: Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.
III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Levels of Recommendations

Level A: Recommendations are based on good and consistent scientific evidence.
Level B: Recommendations are based on limited or inconsistent scientific evidence.
Level C: Recommendations are based primarily on consensus and expert opinion.

Good practice point

Recommended best practice based on the clinical experience of the guideline development group.

Terms and Definitions

1. From the time of fertilization until the pregnancy is 8 weeks (w) along (10 w gestational age [GA]), the conceptus is called an **embryo**.
2. After 8 w until the time of birth, it is designated a **fetus**.
3. The term **infant** is used for the period between delivery and 1 year of age.
4. Pregnancy is divided into trimesters.
   - **first trimester** lasts until 12 w but is also defined as up to 14 w GA
   - **second trimester** from 12 to 14 until 24 to 28 w GA
   - **third trimester** from 24 to 28 w until delivery.
5. An infant delivered prior to 24 w is considered to be **previable**, from 24 to 37 w is considered **preterm**, and from 37 to 42 w is considered **term**. A pregnancy carried beyond 42 weeks is considered **postterm**.
6. **Gravidity** (**G**) refers to the number of times a woman has been pregnant including normal and abnormal intrauterine pregnancies, abortions, ectopic pregnancies, and hydatidiform moles
7. **Parity** (**P**) refers to the number of pregnancies that led to a birth at or beyond 20 weeks GA or of an infant weighing more than 500 g. For example, a woman who has given birth to one set of twins would be a G1 P1, as a multiple gestation is considered as just one pregnancy.
8. The parity is divided into **term (T)** and **preterm (P)** deliveries and also adds the number of **abortuses (A)** and number of **living (L)** children (**TPAL designation**). For example, a woman who has given birth to one set of preterm twins, one term infant, and with two miscarriages would be a G4 P1-1-2-3.
9. **Abortuses** include all pregnancy losses prior to 20 w, both therapeutic and spontaneous, as well as ectopic pregnancies.
10. **Term** is defined as, at or beyond 37 completed weeks of gestation.
11. **Term perinatal mortality** in this guideline is defined as the combined number of

stillbirths (antepartum and intrapartum) and neonatal deaths (death of a live born infant from birth to age 28 days) per 10 000 live births and stillbirths, at or beyond 37 completed weeks of gestation. Term perinatal mortality rates exclude deaths due to fetal malformation unless otherwise stated.

12. **Term delivery-related perinatal death** is defined as the combined number of intrapartum stillbirths and neonatal deaths per 10 000 live births and stillbirths, at or beyond 37 completed weeks of gestation. Birthrelated perinatal mortality rates exclude antepartum stillbirths and deaths due to fetal malformation unless otherwise stated.

13. Neonatal respiratory morbidity is defined as the combined rate of transient tachypnoea of the newborn (TTN) and respiratory distress syndrome (RDS).

14. Hypoxic ischaemic encephalopathy (HIE) is defined as hypoxia resulting from a decrease in the blood supply to a bodily organ, tissue, or part caused by constriction or obstruction of the blood vessels, which results in compromised neurological function manifesting during the first few days after birth. HIE refers to a subset of the much broader category of neonatal encephalopathy, in which the aetiology is felt to be intrapartum hypoxic–ischemic injury.

Lab Values

Element	Non- pregnant level	Pregnancy change
Sodium	135–145 mEq/L	Decreased
Potassium	3.5–5.1 mEq/L	Decreased
Chloride	98–106 mEq/L	Decreased
Bicarbonate	22–29 mEq/L	Decreased
Blood urea nitrogen (BUN)	7–18 mg/dL	Decreased
Creatinine	0.6–1.2 mg/dL	Decreased
Glucose	70–115 mg/dL	Decreased
Calcium	8.4–10.2 mg/dL	Decreased (due to decrease in albumin)
Phosphate	2.7–4.5 mg/dL	Unchanged
Magnesium	1.3–2.1 mg/dL	Decreased
Osmolality	275–295 mOsm/kg	Decreased
Lipase	10–140 U/dL	Unchanged
Amylase	25–125 U/dL	Unchanged
SGOT/AST	7–40 U/L	Unchanged
SGPT/ALT	7–40 U/L	Unchanged
GGT	9–50 U/L	Unchanged
Alkaline phosphate	38–126 U/L	Increased
LDH	120–240 U/L	Unchanged
Free T4	0.71–1.85 ng/dL	Unchanged
TSH	0.32–5.00 mIU/mL	Unchanged
Free T3		Unchanged
Total thyroxine, T4		Increased

Aspartate aminotransferase (AST), Alanine aminotransferase (ALT)

Complete Blood Picture (CBC)

Element	Non- pregnant level	Pregnancy change
WBC	4,700–11,000/mm3	Increased
Hemoglobin	13.5–17.0 g/dL	Decreased
Hematocrit	39–50%	Decreased
Mean corpuscular volume (MCV)	80–96 fL	Increased
Platelets	150,000–400,000/ mm3	Decreased
Erythrocyte sedimentation rate: ESR		Increased

Coagulation Profile

Element	Non- pregnant level	Pregnancy change
Prothrombin time (PT)	12.3–14.2 seconds	Reduced
Partial thromboplastin time (	25–34 seconds	Reduced
Fibrinogen	200–400 mg/dL	Increased (400-600 mg/dL)
D-dimer		Increased
Bleeding time	2–7 minutes	
Thrombin time	6.3–11.1 seconds	

Arterial Blood Gases

Element	Non- pregnant lev	Pregnancy change
pH	7.35–7.45	Increased (chronic, corrected respiratory alkalosis)
PaCO2	35–45 mm Hg	Decreased
PaO2	80–100 mm Hg	Increased
HCO3	21–27 mEq/L	Decreased
O2 saturation	95–98%	Unchanged

Blood Pressure Classification

Category	Systolic / Diastolic (mm Hg)
Normal	< 130/85
High normal	130–139 85–89
Hypertension (HTN) • Stage 1 (mild) • Stage 2 (moderate) • Stage 3 (severe) • Stage 4 (very severe)	 140–159 90–99 160–179 100–109 180–209 110–119 ≥210 ≥120

Urine Analysis

Element	Non- pregnant level	Pregnancy change
Color	Yellow	
Turbidity	Clear	
Specific gravity	1.003–1.035	
pH	4.5–8.0	
Ketones	Negative	Unchanged
Protein	Negative	Minimal increase
Blood	Negative	Unchanged
Glucose	Negative	Minimal increase
Nitrite	Negative	Unchanged
Leukocyte esterase	Negative	Unchanged
Osmolality	50–1400 mOsm/kg	
Sodium	40–220 mEq/day	
Potassium	25–125 mEq/day	

References

1. Obstetrics & Gynecology emergencies. Diagnosis and management by Mark etal,2003
2. Deja Review TM, Obstetrics & Gynecology © 2008 by The McGraw-Hill Companies