Verify single abnormal values, do complete VS including MAP, and increase monitoring (VS and systems/OB assessments) frequency q 5-15 min until stable and concerns resolved.

**Maternal Early Warning Signs**
- Temp: < 96.8 F (36°C) or >100.4 F (38°C)
- Pulse: persistent maternal HR <=50 or >120
- Respiratory rate (RR): <10 or >=24
- BP: Systolic <90 mmHg or >=160 mmHg
  - Diastolic <45 or >=105
- SaO2 < 95%
- Oliguria: <35 mL for 2 hours, or <0.5 mL/Kg/hr for 2 hours

**Maternal Signs/Symptoms:**
- Visual changes
- Epigastric pain, upper right quadrant pain
- Absent DTR’s on magnesium sulfate
- Agitation
- Patient with preeclampsia reporting a non-remitting headache or shortness of breath
- Significant bleeding (weigh blood loss) or suspected internal bleeding (see PPH checklist and move to OR if >1500 cc blood loss and not resolved);
  - Persistent maternal tachycardia
  - Abdominal pain or distention
  - Hypotension
- Concern for infection with abnormal VS (temp and RR as above, Pulse >120, and/or WBC >15 or < 4): complete OB sepsis screen
  - MAP <70 (Mean arterial pressure = 1/3 pulse pressure + diastolic)
  - Severe abdominal pain
  - Hypertensive emergency (follow orderset) not controlled within 30 min, provider to the bedside by 1 hr if not controlled.

**Notify provider. Provider to reassess within 1 hour if s/s not resolved**
- Notify Charge Nurse as soon as concerns are recognized
- Notify provider, prompt beside evaluation for persistent signs/symptoms or positive OB sepsis screen. Document assessments, interventions, and communications (urgent concerns call OB Hospitalist - if available)

**Provider notification using SBAR, prompt beside evaluation & documentation**

**Rapid Response (Code Blue as indicated), Call OB Hospitalist, and Anesthesia and notify primary provider**
- Chest Pain
- Suspected Sepsis (complete OB sepsis screening tool)
- Shortness of breath
- Unresponsiveness
- Change in neuro status including;
  - Confusion
  - Focal neuro deficits
  - Seizure
  - Suspected stroke
- Unwitnessed fall or fall with suspected injury
- Concern for maternal stability