# Differential Diagnosis of Convulsions/Fits in Pregnancy

<table>
<thead>
<tr>
<th>Presenting Symptom and Other Symptoms and Signs Typically Present</th>
<th>Symptoms and Signs Sometimes Present</th>
<th>Probable Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>• Convulsions/fits&lt;br&gt;• Diastolic BP 90 mm Hg or more after 20 weeks gestation&lt;br&gt;• Proteinuria 2+ or more</td>
<td>• Coma (unconscious)&lt;br&gt;• Other signs and symptoms of severe pre-eclampsia:&lt;br&gt;  - Headache (increasing frequency, unrelieved by regular analgesics)&lt;br&gt;  - Blurred vision&lt;br&gt;  - Oliguria (passing less than 400 mL in 24 hours)&lt;br&gt;  - Upper abdominal pain (epigastric pain or pain in upper right quadrant)&lt;br&gt;  - Pulmonary edema</td>
<td>Eclampsia</td>
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<td>• Trismus (difficulty opening mouth and chewing)</td>
<td>• Spasms of face, neck, trunk&lt;br&gt;• Arched back&lt;br&gt;• Spontaneous violent spasms</td>
<td>Tetanus</td>
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<tr>
<td>• Convulsions/fits&lt;br&gt;• Past history of convulsions/fits&lt;br&gt;• Normal blood pressure</td>
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<td>Epilepsy</td>
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<td>• Fever&lt;br&gt;• Chills/rigor&lt;br&gt;• Headache&lt;br&gt;• Muscle/joint pain&lt;br&gt;• Coma&lt;br&gt;• Anemia</td>
<td>• Convulsions/fits&lt;br&gt;• Jaundice</td>
<td>Severe/complicated malaria</td>
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<tr>
<td>• Headache&lt;br&gt;• Stiff neck&lt;br&gt;• Photophobia&lt;br&gt;• Fever</td>
<td>• Convulsions/fits&lt;br&gt;• Confusion&lt;br&gt;• Drowsiness&lt;br&gt;• Coma</td>
<td>Meningitis or encephalitis</td>
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Management if a pregnant woman presents with convulsions/fits

Shout for help!
Urgently mobilize available personnel.

Place the woman on her left side to reduce risk of aspiration of secretions, vomit, and blood. Protect the woman from injury but do not actively restrain her.

Check the woman’s breathing.
Check airway and intubate if required.

Rapidly evaluate vital signs (pulse, blood pressure, and temperature).

Check the woman’s neck for rigidity.

While evaluating vital signs, find out the history of the woman’s present and past illnesses either from her or from her relatives.

After the convulsion: Aspirate the mouth and throat as necessary, start an IV and infuse IV fluids.

Treat according to diagnosis. If eclampsia is diagnosed:

Give anti-convulsive drugs

Magnum sulfate:
- Loading dose: 4 g IV as a 20% solution over 5 minutes
- Follow promptly with 10 g as a 50% solution, 5 g in each buttock as deep IM injection with 1 mL of 2% lignocaine in the same syringe

Give anti-hypertensive drugs if diastolic BP >110 mm Hg

- Give labetolol - Start with 10 mg IV
- Give nifedipine - Start with 5 mg under the tongue
- Give hydralazine - Start with 5 mg IV

Provide ongoing care

- NEVER leave the woman alone.
- Maintain an IV.
- Catheterize the bladder to monitor urine output and proteinuria.
- Maintain strict fluid balance chart to prevent fluid overload.
- Provide maintenance doses of anti-convulsive and anti-hypertensive drugs.
- Monitor vital signs (pulse, BP, and respirations), reflexes and fetal heart rate hourly.

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