

Victorian State Trauma System

# Obstetric Care



Make early contact with ARV for advice and to initiate retrieval where required.

- Maternal position - left tilt or manual uterine displacement
- Maternal oxygenation
- Fetal survival depends on effective maternal resuscitation

**Early Activation**

- Gather vital information
- Ensure safety using PPE
- Activate Trauma Team
- Set up to receive patient
- Designate roles

**Primary Survey**

**AIRWAY / C SPINE:**

- Protect Airway
- Airway adjuncts as available
- Secure the airway using any available means
- Maintain full spinal precautions

**BREATHING:**

- Identify and treat any life threats (i.e: pneumo)
- Apply oxygen
- Ventilate as necessary
- SpO<sub>2</sub> monitoring
- ETCO<sub>2</sub> monitoring

**CIRCULATION:**

- Control life threatening haemorrhage
- Insert x 2 large bore IV cannulas
- Assess HR/BP/Shock Index
- Take bloods
- Identify source of haemorrhage
- Continuous ECG monitoring

**DISABILITY:**

- Assess level of consciousness
- Check pupils
- Check BSL

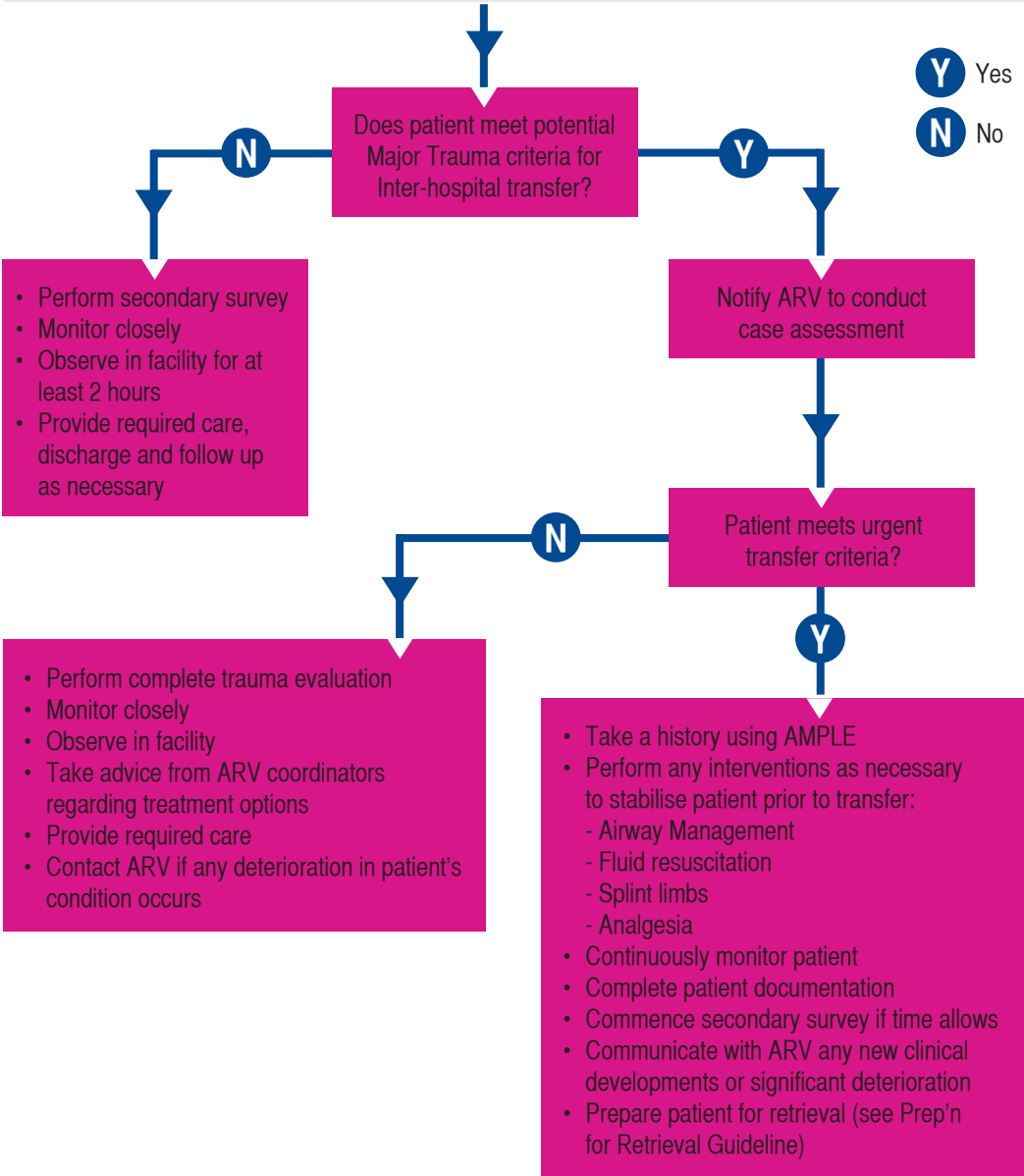
**EXPOSURE / ENVIRONMENT:**

- Fully expose patient
- Ensure normothermia

**ADJUNCTS:**

- FAST scan
- X rays: Lat c spine, Chest, Pelvis
- 12 lead ECG

15 - 30° left lateral tilt or manual displacement



**EMERGENCY CAESARIAN SECTION** is indicated where complications of trauma indicate that maternal survival is unlikely or if the mother is in cardiac arrest with a viable fetus of gestation > 24 weeks

**Early Management**

**Airway management**

- If there is potential that the patient's airway may deteriorate then intubation should be considered.
- Always have emergency airway equipment available.

**Fluid resuscitation**

- *Left lateral tilt 15 - 20\* or manual displacement of uterus.*
- *Crystalloid fluids:* Initial treatment of hypovolaemia with normal saline is recommended, up to 20 - 30 mL/kg.
- *Blood products:* if minimal response to fluids, administration of packed red blood cells (PRBC) is advised if available.

**Prevent hypothermia**

- Use warmed IV fluids; cover the patient with warm blankets as well as

keeping the room warm, use a forced air warming machine if available.

**In-dwelling catheter / Naso or orogastric tube**

- Ensure the above are placed if necessary and time allows.

**Glasgow Coma Scale**

- Assess the patient's level of consciousness as well as pupillary size and reactivity, gross motor function and sensation.

**Reassess**

- Patients should be re-evaluated at regular intervals as deterioration in a patient's clinical condition can be swift.
- If in doubt, repeat ABCDE.

**Obstetric Trauma Considerations**

**Pregnancy Related Complications**

- Placental abruption.
- Premature labour.
- Uterine rupture.
- Feto-maternal haemorrhage.

Gynaecological assessment is important to identify early labour, cervical effacement, foetal presentation, perineal injury and haemorrhage.

CTG monitoring is important to institute where possible to assess foetal status.