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

Perform secondary survey

Observe in facility for at

Provide required care, discharge and follow up

Perform complete trauma evaluation

Take advice from ARV coordinators

Contact ARV if any deterioration in patient's

Monitor closely

least 2 hours

Monitor closely

Observe in facility

Provide required care



BREATHING:

- Identify and treat any life threats (i.e: pneumo)
- Apply oxygen
- Ventilate as necessary
- SpO₂ monitoring
- ETCO₂ monitoring

Does patient meet potential

Major Trauma criteria for



CIRCULATION:

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

No

Continuous ECG monitoring

Notify ARV to conduct

Patient meets urgent

transfer criteria?

Take a history using AMPLE

Airway Management

· Continuously monitor patient · Complete patient documentation

Analgesia

Perform any interventions as necessary

 Commence secondary survey if time allows Communicate with ARV any new clinical developments or significant deterioration

1300 36 86 61



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



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.

• Prepare patient for retrieval (see Prep'n

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

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, faetal presentation, perineal injury and haemorrhage.

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

1300 13 76 50