Management of Obstetric Emergencies

St John

Primary Care
Intermediate Care
Advanced Care
Critical Care

OBSTETRIC EMERGENCY IDENTIFIED

PRIMARY SURVEY

Apply continuous support and reassurance

Commence CPR if no signs of life

Perform left-lateral tilt

Consider patient positioning (avoid aortocaval compression)

Manual uterine displacement

Apply cardiac monitoring

Perform Vital Sign Survey

Establish vascular **access**

Administer: Oxygen if indicated

Ventilate if necessary

Birth inevitable OR post-birth management

YES

POST BIRTH

Prepare for:

- **Normal birth**
- **Potential Malpresentation**
  - Cord Prolapse
  - Shoulder Dystocia
  - Breech Presentation
- **Newborn Resuscitation**

Direct pressure to visible bleed
Encourage breast-feeding
Consider fundus massage
Consider aortic/suprapubic compression if required

Consider Secondary / CNS Survey

Consider **fluid therapy** as required

Adult patients with ectopic pregnancy may benefit from permissive hypotension (SBP 70mmHg)

Consider pain relief

Consider Ondansetron

Re-consider patient positioning (avoiding aortocaval compression)

Re-evaluate

Monitor closely
Record observations
Stable: Every 10 minutes
Time Critical: Every 5 minutes.

Time Critical: Transport Priority 1

Patient Stable: Transport via normal road conditions

< 20 weeks	**≥ 20 weeks**
Nearest/allocated ED	**Obstetric unit**