Resuscitation and Pregnancy

A super quick review in slides.

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Resuscitation in this context

- Consideration given to ….
  - Mother (First Priority)
  - Foetus

Fetal Viability

Fetal Viability

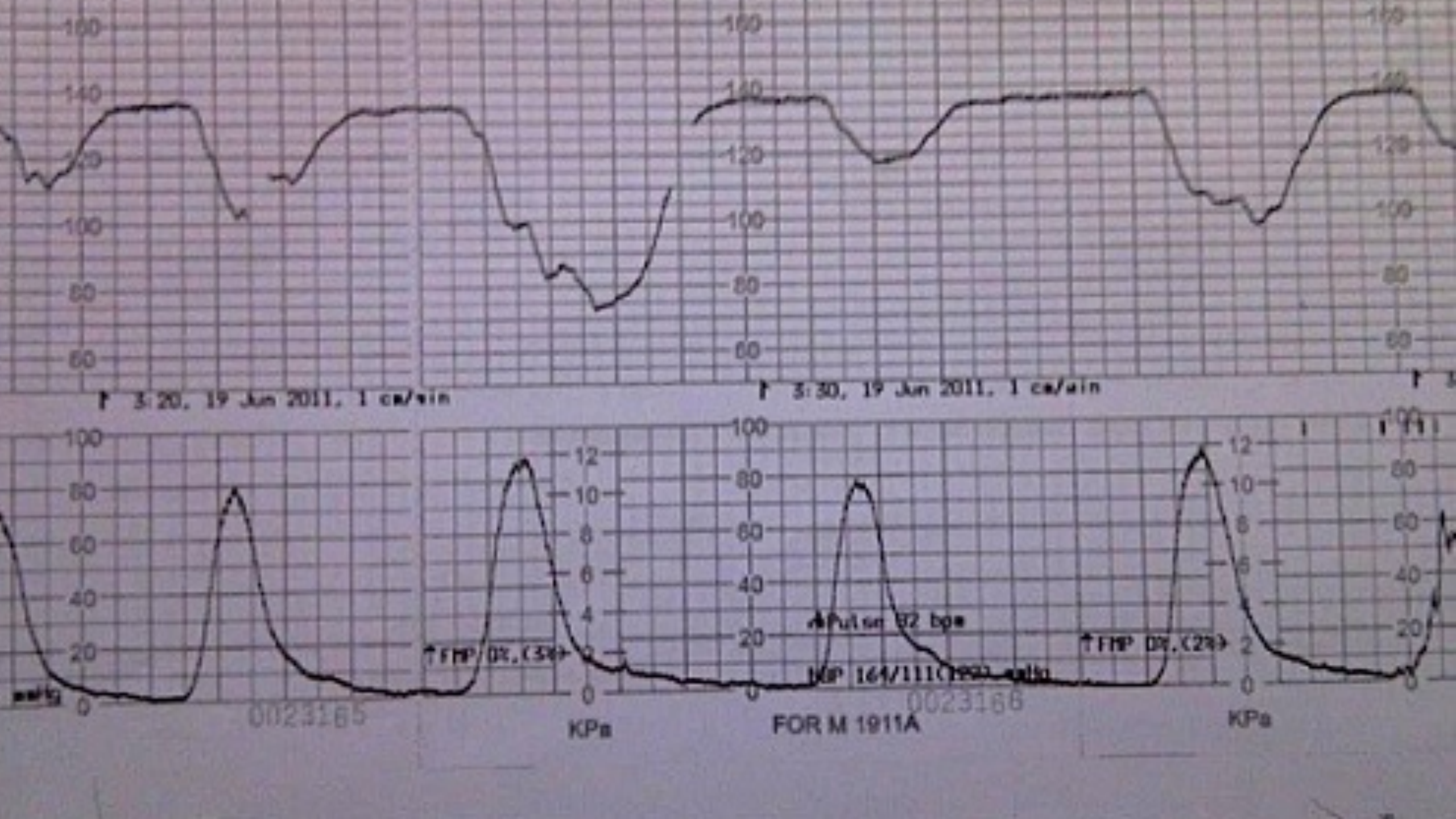
- 24 weeks
- Measure pubic symph to fundal height
- Approximates the umbilicus
  - Below umbilicus = non viable
  - Above umbilicus = viable

- Maternal resuscitation is always #1 priority

What are the CTG signs of fetal distress?

What are the CTG signs of fetal distress?

- Changes in HR – normal HR 120-160/min
- Changes in HR variability
- Late decelerations.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Physiologic Changes in pregnancy

- CVS
- Resp
- GI

Physiologic Changes in pregnancy

- CVS
  - Inc HR/CO
  - Lower MAP

THESE CHANGES CAN MIMIC SHOCK

- Resp
  - Increased minute ventilation – manifests as inc RR
  - Dec vital capacity.
  - High oxygen consumption

- GI
  - Dec gastric emptying
  - Decr tone of distal oesophageal sphincter – inc risk of reflux

Consequences

- Can mimic shock (in fact they may be normal)
- Higher blood volume – can compensate for longer before crashing and burning
- Hard to ventilate (BVM) need to ventilate at higher RR than normal.
- Higher aspiration risk
- Rapid desaturation (3x faster)

Anatomic Changes

- Abdominal contents displaced upwards
  - Bowel
  - Bladder
    - At risk of rupture in trauma.
  - Diaphragm
    - caution when placing chest tubes in trauma.
- Large Breasts
  - Makes laryngoscopy difficult. Use short handle.

Lab values

- Physiologic anaemia
- Reduced HCT
- Low $PaCO_2$
  - ie a PCO_2 of 40-45mm Hg may indicate mum is tiring.

Effects of a large uterus

- Displaces organs
- Compresses IVC
  - Reduces preload – decreases CO by up to 30%
  - Can Decrease BP by up to 30mmHg.
- Can be a source of massive bleeding in trauma.

- Implications – left lateral tilt to improve venous return.
- Alternatively get someone to manually displace the uterus.

Radiology

- How much radiation is bad?
  - Fetus is most sensitive in 1st trimester
- Safe radiation dose = <5-10 rads --------this is pretty high
  - Equivalent of two CT Abdomens.
  - CXR = 5 mRad
  - Pelvic xray – 150 mrad to 2 rads.
- Risk to baby is 0.003%, thousands of times less likely than spontaneous malformation.

Radiology

- CT
  - CT head + Chest with abdominal shielding = <1Rad of radiation delivered to foetus
  - CT Abdomen = 3 rads
  - CT Pelvis = 3-9 Rads….danger zone.

Bottom line – do what is best for your resuscitation!

Perimortem C-Section (Resuscitative Hysterotomy)

- When?

Perimortem C-Section
(Resuscitative Hysterotomy)

- **Mother in Cardiac Arrest AND fetus >24 weeks ….**

Perimortem C-Section
(Resuscitative Hysterotomy)

- Is mother in arrest? **Yes** AND **fetus >24 weeks** = perimortem c-section.
  - Commence ”soon” after cardiac arrest
    - 4-5 minutes gives you the best outcome (Based on Class IIa recommendation, C-level evidence).
    - Survival of mother up to 15 minutes post cardiac arrest.
    - Survival of baby up to 30 minutes post arrest!!


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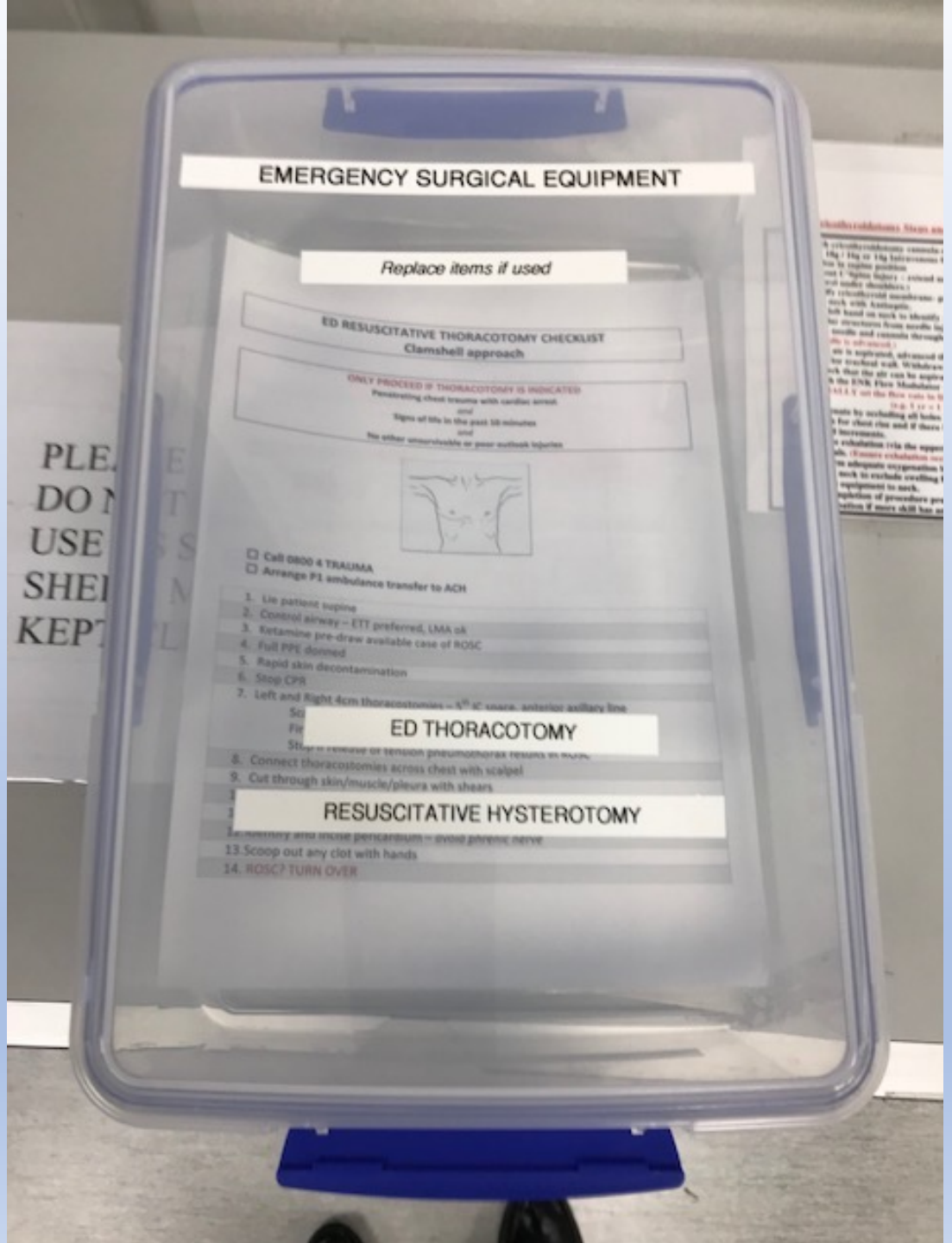
EMERGENCY SURGICAL EQUIPMENT
Replace items if used
ED RESUSCITATIVE THORACOTOMY CHECKLIST
Clamshell approach
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- https://litfl.com/perimortem-caesarean-section/