



PPH and MATERNAL RESUSCITATION – Instructions for faculty

Authored by ALSO(UK) June 2006 A. Ryall

Edited by D. Winslow June 2008

Have all your resuscitation equipment at hand. An experienced instructor talks through the management of PPH and then sets the scene

Scenario:

Jane has had a prolonged labour. The baby and placenta are eventually delivered. There is a small perineal tear that the physician is going to repair and Jane is placed in the lithotomy position. The suturing is about to commence when Jane states that she feels very odd and not well. There is a sudden gush of a large amount of blood from the vagina. The physician is alone with Jane.

Ask the group: what is happening? *MAJOR OBSTETRIC POSTPARTUM HEMORRHAGE*

Who to call: PHYSICIAN
L&D STAFF
ALERT BLOOD BANK AND HEMATOLOGIST
LABORATORY STAFF
ALERT SURGERY AND ANESTHESIOLOGIST

Help arrives

Assess: **Airway, Breathing and Circulation**

Use PIN Girl to split the actions into 3 zones: Head, Arms and Uterus

These must be coordinated simultaneously, not in sequence

Remember Documentation: *if it's not documented it did not happen*

Debrief of patient and her partner. Don't forget to do the same for staff

CARDIAC ARREST: will usually have significant underlying condition

Causes: PIH/ eclampsia, embolism, hemorrhage tocolytic therapy, sepsis, anesthesia, cardiomyopathy, trauma, previous uterine scar and drug use (primarily cocaine)

Associated complications: septic shock, chorioamnionitis, malignant hyperthermia, impaired cardiac output, arrhythmias, abruption, amniotic fluid embolism, thyroid storm

Mother is unresponsive and not breathing

Primary ABC's: Remember **Left lateral tilt**

- A-** Open airway – look, listen and feel
- B-** Breathing – give two slow breaths
- C-** Assess pulse, if no pulse start chest compressions
- D-** Attach defibrillator/monitor – If patient is in VF or VT, attempt defibrillation X three as necessary

Secondary ABC's

- A- Intubate as soon as possible, confirm placement and secure tube
- B- IV access with 2 large bore intravenous catheters
- C- Identify rhythm and monitor: 1 minute cycle of CPR, check rhythm and defibrillate if rhythm is VT or VF
- D- Drugs Vasopressin 40 U IV, single dose, one time only or Epinephrine 1 mg IV, repeat every three to five minutes

Remember: 4 minute rule

If ACLS has not restored effective circulation to a pregnant woman within four minutes of cardiac arrest, then perimortem cesarean delivery should be preformed.