MATERNAL CRITICAL CARE
Professional Education & Research Services

Key notes on: Maternal collapse and resuscitation

- Early recognition of clinical deterioration may prevent further morbidity and even death
- Pregnant and postpartum women may appear well with only subtle signs of illness before sudden severe deterioration
- The clinical condition associated with the collapse may, or may not, be related to the pregnancy
- Request senior staff involvement early when there is severe illness/collapse in a parturient
- Use standard ALS algorithms for pregnant women
    - Consider obstetric related causes & target specific treatment (pulmonary embolism, amniotic fluid embolism, haemorrhage, drug or anaesthesia complication e.g. magnesium toxicity)
- ALS drugs and defibrillation management is unchanged for pregnant women
- In the second half of pregnancy – (≥ 20 weeks' gestation – estimated by the fundus at or above the umbilicus if gestation is unknown)
    - Left uterine displacement is necessary for effective CPR
    - Perimortem caesarean section is recommended between 4-5 minutes after the onset of CPR to increase the survival of the mother (not primarily for fetal salvage) if there is no return of spontaneous circulation by four minutes post-arrest – conducted where arrest occurred (without transfer to theatre)
    - Perimortem caesarean section needs to part of maternal cardiac arrest protocol and relevant resources called at the time of the arrest code activation e.g. obstetrics and paeds
- Pregnant women are eight times more likely to have a failed intubation – have senior staff involved when possible if emergency intubation is necessary – be aware of 'failed intubation' protocols – focus on adequate ventilation by bag and mask if necessary – laryngeal masks may be useful in difficult airway management
- Many health professionals who are called upon to provide maternal resuscitation are under-prepared and have knowledge and skill deficits
- Multidisciplinary team training and simulation drills on maternal cardiac arrest are recommended

Key resources/recommended reading

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