

Maternal Collapse

during COVID pandemic

Originator: Labour Ward Forum

Date Approved: May 2021

Approved by: Quality & Safety Group (W&CH)

Date for Review: May 2024



Maternal Cardiac Arrest



CONFIRM CARDIAC ARREST

(shake for response, feel for pulse for 10 seconds, note time of arrest)

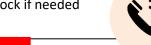


CALL FOR HELP - Declare "cardiac arrest"

Do not start cardiac compressions until all staff in room are donned in PPE

WHILST WAITING FOR HELP TO ARRIVE:

- Flatten bed
- Manually displace uterus to the left (Left tilt if on firm surface)
- Move bed away from wall
- Place O₂ mask on face
- Attach defibrillator pads (Assess rhythm and shock if needed (stop O₂ flow for shock, do not remove mask)



Instructions to arriving team:

- Get arrest trolley
- Dial 2222
- Don PPE

"OBSTETRIC CARDIAC ARREST"

to:

- Obstetric team
- Neonatal team
- Adult cardiac arrest team

WHEN TEAM IN FULL PPE:

- Start Cardiac Compression at a rate of 100 120 / minute
- Manage Airway early intubation
- Continue CPR 30:2 (continuous chest compression after intubation)
- Vascular access IV / IO (FBC, G&S, U&E and ROTEM)
- Prepare and perform IMMEDIATE peri-mortem delivery (caesarean section or operative vaginal birth)

Shockable

(VF / Pulseless VT)



1 shock

Continue compressions whilst defibrillator recharging



Immediately resume CPR for 2 mins
Minimise interruptions

ASSESS RHYTHM

DURING CPR:

- Ensure high-quality CPR
- Ensure baby delivered ASAP
- Consider IO if difficult IV access
- High flow O2 / early intubation
- Adrenaline 1 mg IV/IO every 3-5 min
- Correct reversible causes*

Non-shockable (Asystole / PEA)



Immediately resume CPR for 2 mins Minimise interruptions

*Reversible causes:

4 H's: Hypovolaemia, Hypo/hyperkalaemia/metabolic/hypoglycaemia, Hypoxia, Hypothermia

4T's: Thrombosis (PE/AFE), Toxins, Tension pneumothorax, Tamponade

Immediate post-arrest management:

- ABCDE
- Controlled oxygenation & ventilation
- 12-lead ECG
- Treat precipitating cause
- Targeted temperature management



Women & Childrens Services

Checklist for Clinical Guidelines being Submitted for Approval by Quality & Safety Group

Title of Guideline:	Maternal Collapse in Pregnancy and the Puerperium
Name(s) of Author:	Labour WardForum
Chair of Group or Committee supporting submission:	Madhuchanda Dey, Labour Ward Forum
Issue / Version No:	2
Next Review / Guideline Expiry:	May 2024
Details of persons included in consultation process:	Consultant Obstetricians Midwives Anaesthetists
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	Maternal collapse in pregnancy and puerperium
Keywords linked to document:	Cardiorespiratory, Hypovolaemia, Hypoxia, Hypokalaemia, Hyperkalaemia, Hypothermia, Thromboembolism, Toxicity, pneumothorax, Tamponade, puerperium, Covid
Date approved by Directorate Quality & Safety Group:	May 2021
File Name: Used to locate where file is stores on harddrive	Z:\npt_fs2\Maternity Incidents Stats\WISDOM POLICIES\Ratified-Policies & Procedures - Obs