



Uterine Inversion: Recognition and Management

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Uterine Inversion

Background:

Acute uterine inversion is a rare complication of childbirth where the uterine fundus collapses into the endometrial cavity. The incidence varies widely, with reported rates from 1 in 1500 births to as few as 1 in 20,000 births. Early recognition of uterine inversion is vital to enable prompt treatment.

Definition:

When the uterus inverts, the fundus of the uterus descends through the genital tract, turning itself inside out. There are four grades of uterine inversion:

Grade 1: – fundus reaches cervix, but not beyond cervical ring.

Grade 2: – protrusion of inverted fundus through the cervical ring into the vagina.

Grade 3: – fundus is visible at the introitus

Grade 4: – fundus below the level of the introitus

Risk Factors:

- Excessive traction on the umbilical cord
- Inappropriate fundal pressure
- Short umbilical cord
- Multiparity
- Abnormally adherent placenta
- Vaginal birth after caesarean (VBAC)
- Abnormalities of the uterus
- Previous uterine inversion
- Fetal macrosomia
- Precipitate labour
- Connective tissue disorders (e.g Marfan syndrome, Ehlers-Danlos syndrome)

- **Diagnosis:**

- 1) Sudden maternal shock or collapse– out of proportion to blood loss
- 2) Uterine fundus not palpable on abdominal examination, even where there is nothing visible at the introitus
- 3) Associated with vasovagal (neurogenic) shock, characterised by bradycardia and hypotension
- 4) However, hypovolaemic shock with tachycardia and hypotension may also occur if a post-partum haemorrhage follows the uterine inversion.
- 5) A grade 4 uterine inversion is characterised by a mass (uterus) protruding through the introitus

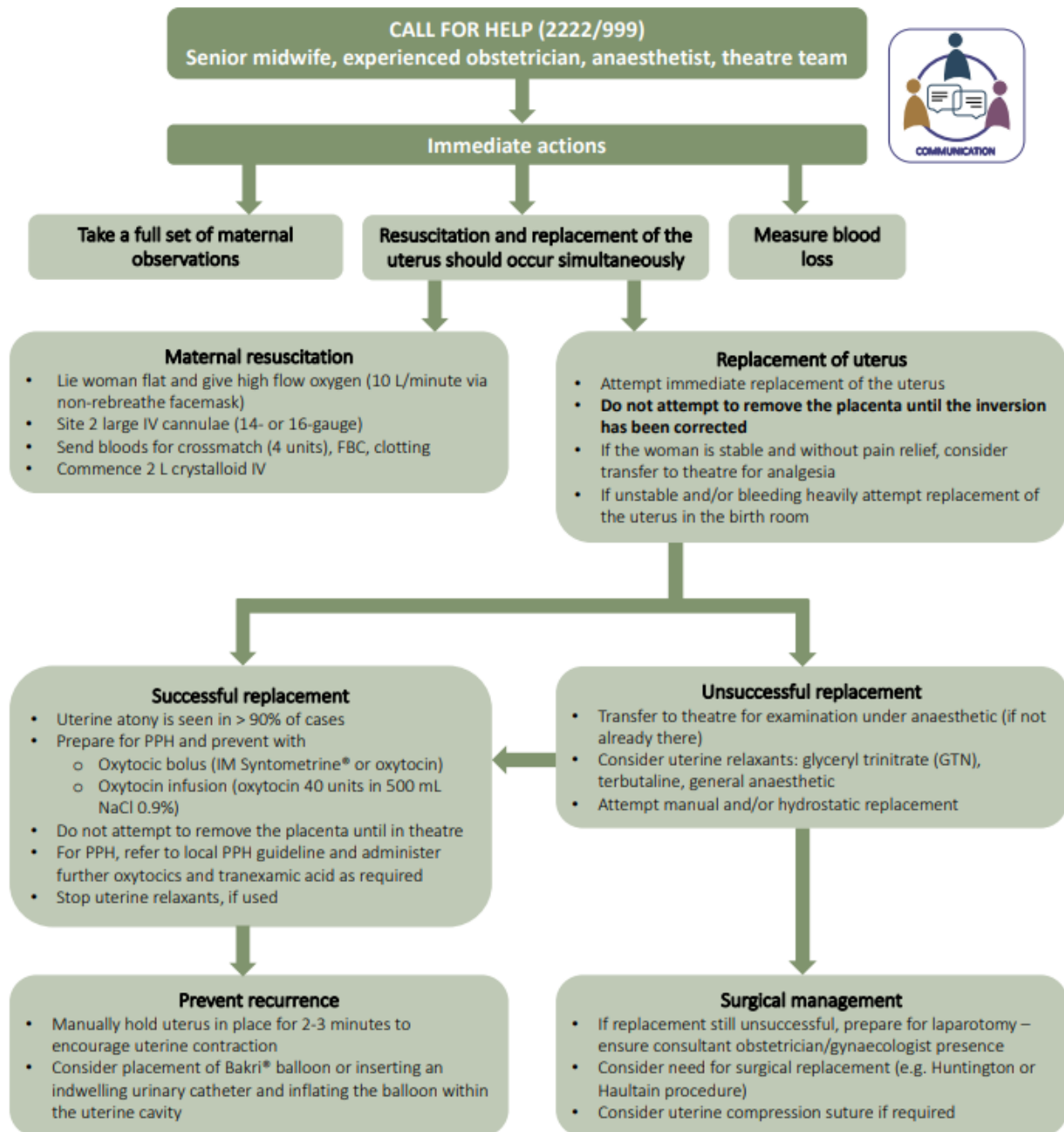
Management:

P.R.O.M.P.T. – (Practical Obstetric Multi-Professional Training) algorithm page 4 (appendix 1)

References

P.R.O.M.P.T. Course Manual Third Edition Prompt editorial team 2018. (See Appendix 1 Management of Inverted Uterus)

Uterine inversion algorithm



Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Uterine Inversion : recognition and management
Name(s) of Author:	Intrapartum lead Midwife
Chair of Group or Committee approving submission:	Intrapartum Forum
Brief outline giving reasons for document being submitted for ratification	Update to existing guideline
Details of persons included in consultation process:	Intrapartum Forum members
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	Uterine Inversion : Recognition and Management March 2020
Date approved by Group:	March 2026
Next Review / Guideline Expiry:	March 2029
Please indicate key words you wish to be linked to document	Uterus, uterine, inversion, inverted, haemorrhage
File Name: Used to locate where file is stores on hard drive	Maternity/policies and guidelines/ratified-obs