GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Management of Ruptured Uterus

Specialty:	Obstetrics
Date Approved:	March 2020
Approved by:	Labour Ward Forum
Date for Review:	March 2023

RUPTURED UTERUS - MANAGEMENT

Ruptured Uterus is an obstetric emergency which can occur in any woman, but is more common in multiparous women and those women who have had a previous LSCS who may / may not have an induced labour.

Risk Factors

- High Parity
- Obstructed Labour
- Injudicious use of Oxytocin
- Instrumental Delivery – rotational forceps
- Uterine manipulation – internal podalic version, manual removal of placenta
- Uterine scar, uterine perforation, hysterotomy
- Previous caesarean section – a classical scar may rupture prior to labour
- Use of prostaglandins for Induction of labour – especially previous LSCS
- Placenta accrete

Classical Presentation

- Onset of continuous severe pain
- Cessation of Contractions
- Bleeding per vagina
- Fetal Distress
- Blood Stained Urine

Suspect ruptured uterus if there IS: -

- Sudden sharp shooting abdominal pain followed by cessation of uterine contractions or breakthrough pain despite previously effective epidural block
- Vaginal bleeding which can be mild
- Tenderness over the lower abdomen with alteration of the position / station of the presenting part – easily palpable fetal parts per abdomen
- Evidence of fetal distress, maternal shock and collapse can follow quickly

Close observation of labouring women having a trial of labour following LSCS must be ensured. If augmentation of labour is commenced there must be close monitoring, and any deviation reported to medical staff.

Management of RUPTURED UTERUS

1. Emergency bleep '2222' and state 'obstetric emergency'
2. Inform Labour ward Coordinator
3. Staff required: -
    a. Obstetric Registrar
    b. Anaesthetist
    c. Theatre team
    d. Obstetric SHO
    e. Obstetric and Anaesthetic Consultant
    f. Paediatrician/neonatologist
4. left lateral tilt
5. 100% oxygen
6. Intravenous access secured with 2 large bore cannula
7. Bloods taken for FBC, U&E's, coag study, Group and X match – minimum 4 units
8. Inform Blood Bank of the emergency and the possible need for more blood
9. Prepare for a laparotomy – using Main theatre staff if required
10. Continuous monitoring of the mother's vital signs and continuous fetal monitoring until laparotomy
11. Check Resuscitaire Equipment and inform NNU
12. Ensure that a relative/partner is informed of condition.
13. Prepare the woman for theatre:- including where possible, consent
14. Transfer woman to Theatre
15. Delay should not occur to await arrival of a Consultant Obstetrician
16. Ensure that documentation is contemporaneous – using a scribe to record events.

Uterine scar dehiscence can be repaired, especially if not extended.

A badly torn uterus can be preserved provided adequate haemostasis is achieved

Hysterectomy, usually sub-total should be carried out without delay if :-

- Extensive uterine tears
- Uncontrolled haemorrhage

Post - op

- Ensure thromboprophylaxis and antibiotics
- Complete an electronic datix Form
- Following recovery ensure that the woman and her partner are debriefed
- Advice regarding contraception should include subsequent sterilization, which in extensive tears to the uterus, would be recommended.

A postnatal appointment will be made for the woman to attend the named consultant clinic, where assurances can be made that the woman has understood the circumstances surrounding delivery, future pregnancies and approrpiate contraception.

Maternity Services

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

Title of Guideline:	Management of Ruptured Uterus
Name(s) of Author:	Labour Ward Forum
Chair of Group or Committee supporting submission:	Madhuchandra Dey
Issue / Version No:	3
Next Review / Guideline Expiry:	March 2023
Details of persons included in consultation process:	Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	To update existing policy
Name of Pharmacist (mandatory if drugs involved):	Not applicable
Please list any policies/guidelines this document will supercede:	Management of ruptured Uterus 2016
Keywords linked to document:	Uterus, Ruptured
Date approved by Directorate Quality & Safety Group:	n/a
File Name: Used to locate where file is stores on hard drive	

* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator