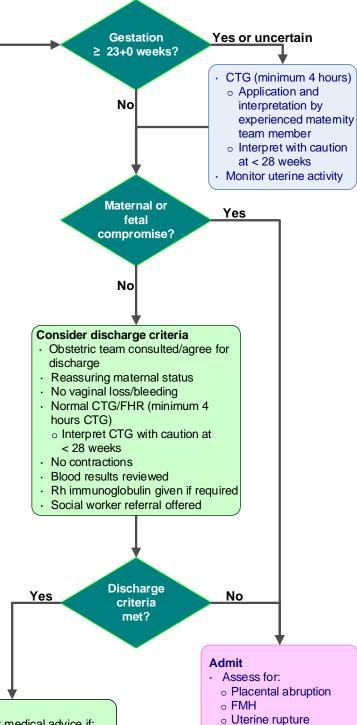
Fetal assessment and secondary survey As for non-pregnant patient AND · Consult obstetric team · Obtain obstetric history

- - o Gestation
- Pregnancy complications
- · Assess and record FHR
- · Maintain high index of suspicion for occult shock and abdominal injury
- · Maintain position (tilt or wedge) left lateral 15-30° (right side up) or
 - o Manual displacement of uterus
 - o Wedge spinal board if required
- · Physical examination
- · Assess uterus
 - o Tone, rigidity, tenderness
 - o Contractions
- · Estimate gestational age
 - o Fundal height
 - o USS
 - o If uncertain (i.e. severe trauma, no prior USS or lack of accurate records) presume viability

Consider - especially for major trauma

- · Pelvic exam (obstetric team)
 - o Sterile speculum
 - o Assess for rupture of membranes, vaginal bleeding, cervical effacement and dilation, cord prolapse, fetal presentation
- Imaging
 - o Formal obstetric USS
 - o FAST if haemodynamically unstable
 - o Other radiographs
- · Blood tests
 - Standard trauma bloods
 - o Group and Antibody screen
 - o Coagulation Profile, ROTEM[®]/TEG[®] for major trauma
 - o Kleihauer Test:
 - § For all Rh D negative women ≥ 13+0 weeks gestation
 - § Major trauma
- . If Rh D negative and ≥ 13+0 weeks gestation, administer Rh D immunoglobulin (but do not delay definitive care to do so)



Discharge

- · Advise to seek medical advice if:
 - o Signs of preterm labour
 - Abdominal pain
 - Vaginal bleeding or discharge
 - Change in fetal movements
- Advise to inform usual maternity care provider and GP of trauma event

- o Preterm labour
- o DIC
- Continuous CTG if
 - ≥ 23+0 weeks gestation
- Intervene as appropriate
- Consider emergency CS

CS: Caesarean section, CTG: Cardiotocograph, DIC: Disseminated intravascular coagulation, FAST: Focused Abdominal Sonography for Trauma, FHR: Fetal heart rate, FMH: Feto-maternal haemorrhage, GP: General Practitioner, ROTEM®/TEG®: Point of care blood clotting analysers, USS: Ultrasound scan, <: less than, >: greater than, ≥: greater than or equal to

Queensland Clinical Guideline. Trauma in pregnancy. Flow chart: F19.31-2-V2-R24

