Secondary assessment and management of the pregnant trauma patient

Secondary survey
As for non-pregnant patient AND
- Consult obstetric team
- Maintain high index of suspicion for occult shock and abdominal injury
- Maintain position (tilt or wedge) left lateral 15-30° (right side up) or
  - Manual displacement of uterus
  - Wedge spinal board if required
- Obtain obstetric history
  - Gestation
  - Estimated date of delivery
  - Pregnancy complications
- Physical examination
- Assess uterus
  - Tone, rigidity, tenderness
  - Contractions
- Estimate gestational age
  - Fundal height
  - US
  - If uncertain (i.e. severe trauma, no prior US or lack of accurate records) presume viability
- Assess and record FHR
  - Stethoscope or
  - Doppler

Consider - especially for major trauma
- Rectal examination
- Pelvic exam (obstetric team)
  - Sterile speculum
  - Assess for rupture of membranes, vaginal bleeding, cervical effacement and dilation, cord prolapse, fetal presentation
- Imaging
  - FAST ultrasound
  - Formal obstetric ultrasound
  - Other radiographs
- Blood tests
  - Standard trauma bloods
  - Group and Antibody screen
  - Kleihauer Test if Rh D negative and all women if major trauma (EDTA tube)
  - Consider Coag Profile (major trauma)
- If Rh D negative and ≥ 12 weeks gestation, administer Rh D immunoglobulin (but do not delay definitive care to do so)

Gestation > 24 weeks?
- Yes or uncertain
  - Maternal or fetal compromise?
    - Yes
      - Consider discharge criteria
        - Obstetric team consulted/agree for discharge
        - Reassuring maternal status
        - No vaginal loss/bleeding
        - Normal CTG/FHR (minimum 4 hours CTG)
          - Interpret CTG with caution at < 28 weeks
        - No contractions
        - Blood results reviewed
        - Rh immunoglobulin given if required
        - Social worker referral offered
    - No
      - CTG
        - Application and interpretation by experienced obstetric team member
        - Interpret with caution at < 28 weeks
        - Monitor uterine activity
      - Admit
        - Assess for:
          - Placental abruption
          - Feto-maternal haemorrhage
          - Uterine rupture
          - Preterm labour
          - DIC
        - Continuous CTG if > 24 weeks gestation
        - Intervene as appropriate
        - Consider emergency CS

Discharge criteria met?
- Yes
  - Discharge
    - Advise to seek medical advice if:
      - Signs of preterm labour
      - Abdominal pain
      - Vaginal bleeding or discharge
      - Change in fetal movements
    - Advise to inform usual maternity care provider of trauma event
- No
  - Consider discharge criteria
  - Obstetric team consulted/agree for discharge
  - Reassuring maternal status
  - No vaginal loss/bleeding
  - Normal CTG/FHR (minimum 4 hours CTG)
  - Interpret CTG with caution at < 28 weeks
  - No contractions
  - Blood results reviewed
  - Rh immunoglobulin given if required
  - Social worker referral offered

Discharge
- Advise to seek medical advice if:
  - Signs of preterm labour
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Abbreviations
- CS: Caesarean section
- CTG: Cardiotocograph
- DIC: Disseminated intravascular coagulopathy
- FAST: Focused Abdominal Sonography for trauma
- FHR: Fetal heart rate
- US: Ultrasound scan
- <: Less than
- >: Greater than
- ≥: Greater than or equal to

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