Secondary assessment and management of pregnant trauma patient

Fetal assessment and secondary survey

As for non-pregnant patient AND

- Consult obstetric team
- Obtain obstetric history
  - 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*
  - Manual displacement of uterus
  - Wedge spinal board if required
- Physical examination
- Assess uterus
  - Tone, rigidity, tenderness
  - Contractions
- Estimate gestational age
  - Fundal height
  - USS
  - 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)
  - Sterile speculum
  - Assess for rupture of membranes, vaginal bleeding, cervical effacement and dilation, cord prolapse, fetal presentation
- Imaging
  - Formal obstetric USS
  - FAST if haemodynamically unstable
  - Other radiographs
- Blood tests
  - Standard trauma bloods
  - Group and Antibody screen
  - Coagulation Profile, ROTEM®/TEG® for major trauma
  - 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)

Gestation ≥ 23+0 weeks?

Yes or uncertain

- CTG (minimum 4 hours)
  - Application and interpretation by experienced maternity team member
  - Interpret with caution at < 28 weeks
- Monitor uterine activity

No

Maternal or fetal compromise?

Yes

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 criteria met?

Yes

No

Admit

- Assess for:
  - Placental abruption
  - FMH
  - Uterine rupture
  - Preterm labour
  - DIC
- Continuous CTG if ≥ 23+0 weeks gestation
- Intervene as appropriate
- Consider emergency CS

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 and GP of trauma event

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