Initial assessment and management of the pregnant trauma patient

Principles of care for the pregnant trauma patient

- Follow ATLS guidelines
- First priority is to treat the woman
- Multidisciplinary team that includes an obstetrician is essential
  - Contact neonatal team early if viable gestation and birth imminent/likely
- Recognise anatomical and physiological changes of pregnancy
- Clear, coordinated and frequent communication essential
- Generally, medications, treatment and procedures as for non-pregnant patient
- Refer pregnant women with major trauma to a trauma centre
  - < 23 weeks gestation: to the nearest trauma centre
  - ≥ 23 weeks gestation: to a trauma centre with obstetric services
- Thoroughly assess all pregnant women – even after minor trauma

Initial stabilisation

- As indicated for all trauma patients
- Follow ATLS guidelines
- Initiate early obstetric consultation
- Contact RSQ (1300 799 127) to expedite transport & identify receiving facility as required

Additionally for pregnancy

- Position (tilt or wedge):
  - Left lateral 15–30° (right side up) *or*
  - Manual displacement of uterus
  - Place wedge under spinal board if necessary
- Routinely administer oxygen therapy
- Large-bore IV access

Airway compromise?

Yes

- Early ETT intubation
  - Pre-oxygenation
  - Consider cricoid pressure
  - Consider smaller ETT
- Insert oro/nasogastric tube

No

Respiratory compromise?

Yes

- Administer supplemental oxygen to maintain saturations > 95%
- Consider tube thoracostomy in 3rd or 4th rib space if pneumothorax or haemothorax

No

Cardiac arrest

- Manually displace uterus
- If ≥ 20 weeks gestation, commence Resuscitative Hysterotomy (Perimortem CS) as soon as possible
- Follow ATLS guidelines
- Defibrillate as for non-pregnant patient
- Advanced cardiac life support drugs as indicated for non-pregnant patients

Haemodynamic compromise?

Yes

- Control obvious haemorrhage
- 2 x large-bore IV access
- Recognise occult bleeding
- Minimise crystalloid infusion
  - Avoid volumes > 1 L
  - Assess response
- Early MHP activation
- FAST
- Rapid transfer to OT

No

Proceed to flowchart: *Secondary assessment and management of pregnant trauma patient*

ATLS: Advanced Trauma Life Support, CPR: Cardiopulmonary Resuscitation, CS: Caesarean section, ETT: Endotracheal tube, FAST: Focused Abdominal Sonography for Trauma, IV: Intravenous, MHP: Massive Haemorrhage Protocol, OT: Operating Theatre, RSQ: Retrieval Services Queensland, >: greater than, ≥: greater than or equal to

Queensland Clinical Guideline. *Trauma in pregnancy.* Flow chart: F19.31-1-V2-R24