Initial assessment and management of 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 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
  - < 20 weeks gestation: to the nearest trauma centre
  - ≥ 20 weeks gestation: to a trauma centre with obstetric services
- Thoroughly assess all pregnant women – even after minor trauma

**Abbreviations**

ATLS: Advanced Trauma Life Support
CPR: Cardiopulmonary Resuscitation
ICS: Caesarean section
ETT: Endotracheal tube
FAST: Focused Abdominal
Sonography for Trauma
IV: Intravenous
OT: Operating Theatre
QCC: Queensland Emergency
Medical Coordination Centre
:> Greater than
≥: Greater than or equal to

**Initial stabilisation**

- As indicated for all trauma patients
- Follow ATLS guidelines
- Initiate early obstetric consultation
- Contact QCC (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)
  - Manual displacement of uterus
  - Place wedge under spinal board if necessary
- Routinely administer Oxygen therapy
- Large-bore IV access
- Volume resuscitation (Crystalloid infusion)

**Cardiac arrest**

- Follow ATLS guidelines
- Defibrillate as for non-pregnant patient
- Advanced cardiac life support drugs as indicated for non-pregnant patients
- Perimortem CS if:
  - ≥ 20 weeks gestation
  - No response to effective CPR after 4 minutes

**Airway compromise?**

- Yes
  - Early ETT intubation
    - Pre-oxygenation
    - Consider cricoid pressure
    - Consider smaller ETT
    - Insert orogastric tube
- No

**Respiratory compromise?**

- Yes
  - High-flow Oxygen 100%
  - Consider tube thoracostomy in 3rd or 4th rib space if pneumothorax or haemothorax
- No

**Haemodynamic compromise?**

- Yes
  - Control obvious haemorrhage
  - 2 x large-bore IV access
  - Recognise occult bleeding
  - Commence Crystalloid infusion
    - Assess response
    - Avoid volumes > 2 L
  - FAST
  - Consider Massive Transfusion Protocol (MTP) activation
  - Rapid transfer to OT
- No

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