Clinical Practice Guidelines: Obstetrics/Uterine rupture

Policy code	CPG_OB_UR_0418
Date	April, 2018
Purpose	To ensure consistent management of uterine inversion.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Uterine rupture

April, 2018

Uterine rupture is defined as a tearing of the uterine wall during pregnancy or birth. Whilst the occurrence of uterine rupture is low, it is one of the most life-threatening obstetric emergencies, with a high rate of both foetal and maternal mortality. Uterine rupture should be suspected if there is:[1]

- evidence of maternal shock
- difficulty defining the uterus on palpation
- easily palpable foetal parts

Other than a history of Caesarean section or uterine surgery, risk factors include:[2,3]

- trauma
- uterine anomalies
- dystocia
- use of uterotonic drugs (induced labour)
- abnormal placentation
- advanced maternal age
- high birth weight [1,2,3]

Clinical features

Clinical presentation can vary from subtle to severe:

- uterine tenderness
- non-reassuring foetal heart patterns
- loss of intrauterine pressure or cessation of contractions
- abnormal labour or failure to progress
- severe localised abdominal pain
- vaginal bleeding
- maternal hypovolaemic shock

Risk assessment

- Nil

CPG: Clinician safety
CPG: Standard cares

Avoid aortocaval compression by correct posturing

Trauma related?

Y

Manage as per:

CPG: Trauma in pregnancy

N

Evidence of shock?

Y

Manage as per:

CPG: Hypovolaemic shock

N

Consider:

- IV access
- Analgesia
- Assist patient to attain position of comfort

Transport to hospital
Pre-notify as appropriate

Note: *Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.*