



Clinical Practice Guidelines: Obstetrics/Uterine inversion

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Date	February, 2021
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 inversion

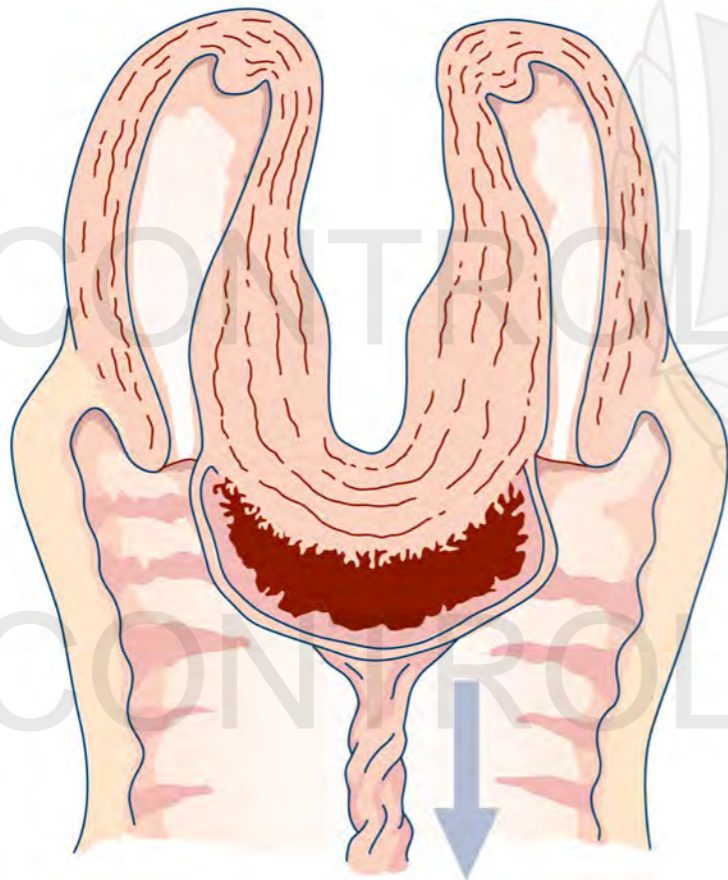
February, 2021

Uterine inversion is a rare, but potentially life-threatening, obstetric emergency where the uterus collapses in on itself to varying degrees:^[1]

- **incomplete** – the fundus reaches the cervix
- **complete** – the fundus passes through the cervix, but does not reach the vaginal opening
- **prolapsed** – the fundus extends through the vaginal opening

There is a further differentiation by timing:

- **acute** – less than 24 hours post delivery
- **subacute** – from 24 hours to 4 weeks
- **chronic** – beyond 4 weeks



Uterine inversion (complete)

Although there are no definitive causes, a common factor is an over-aggressive management of the third stage of labour, which includes excessive fundal massage and cord traction prior to placental separation.

The principle pre-hospital management is aimed at supportive care, treatment for shock and rapid transport to an appropriate facility.

Clinical features



- The most common presentation is postpartum haemorrhage.
- Visual examination may reveal a mass at the vulva, but this is only in a prolapsed uterine inversion.
- Evidence of shock is common.^[2]
- Severe abdominal/pelvic pain occurs due to excessive traction on the broad ligament and ovarian ligaments.

Risk assessment



- These patients are at high risk for infection. Therefore, use an aseptic technique and always take appropriate infection control measures.

CPG: Clinician safety
CPG: Standard cares

Is there a postpartum haemorrhage?

N

- Consider:
- Analgesia
 - Assist patient to attain position of comfort
 - Protect any exposed uterus with moist sterile dressing

Y

- Consider:
- IV fluid
 - Analgesia

Transport to hospital
Pre-notify as appropriate

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

