**Clinical Practice Guidelines: Obstetrics/Uterine inversion**

<table>
<thead>
<tr>
<th>Policy code</th>
<th>CPG_OB_UI_1015</th>
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<tr>
<td>Date</td>
<td>October, 2015</td>
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<tr>
<td>Purpose</td>
<td>To ensure consistent management of uterine inversion.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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**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

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: Paramedic safety
CPG: Standard cares

Is there a postpartum haemorrhage?

**Y**

Consider:
- IV fluid
- Analgesia

Transport to hospital
Pre-notify as appropriate

**N**

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

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