Clinical Practice Guidelines: Obstetrics/Uterine rupture

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of Uterine rupture.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<td>Review date</td>
<td>October, 2017</td>
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**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 occur 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
Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.

Transport to hospital
Pre-notify as appropriate

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

Trauma related?

Evidence of shock?

Manage as per:
- CPG: Trauma in pregnancy

Manage as per:
- CPG: Hypovolaemic shock

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