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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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<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>
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<td>Author</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 should be suspected if there is:

- 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:

- trauma
- uterine anomalies
- dystocia
- use of uterotonic drugs (induced labour)
- abnormal placenta
- advanced maternal age
- high birth weight

**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
Avoid aortocaval compression by correct posturing

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.