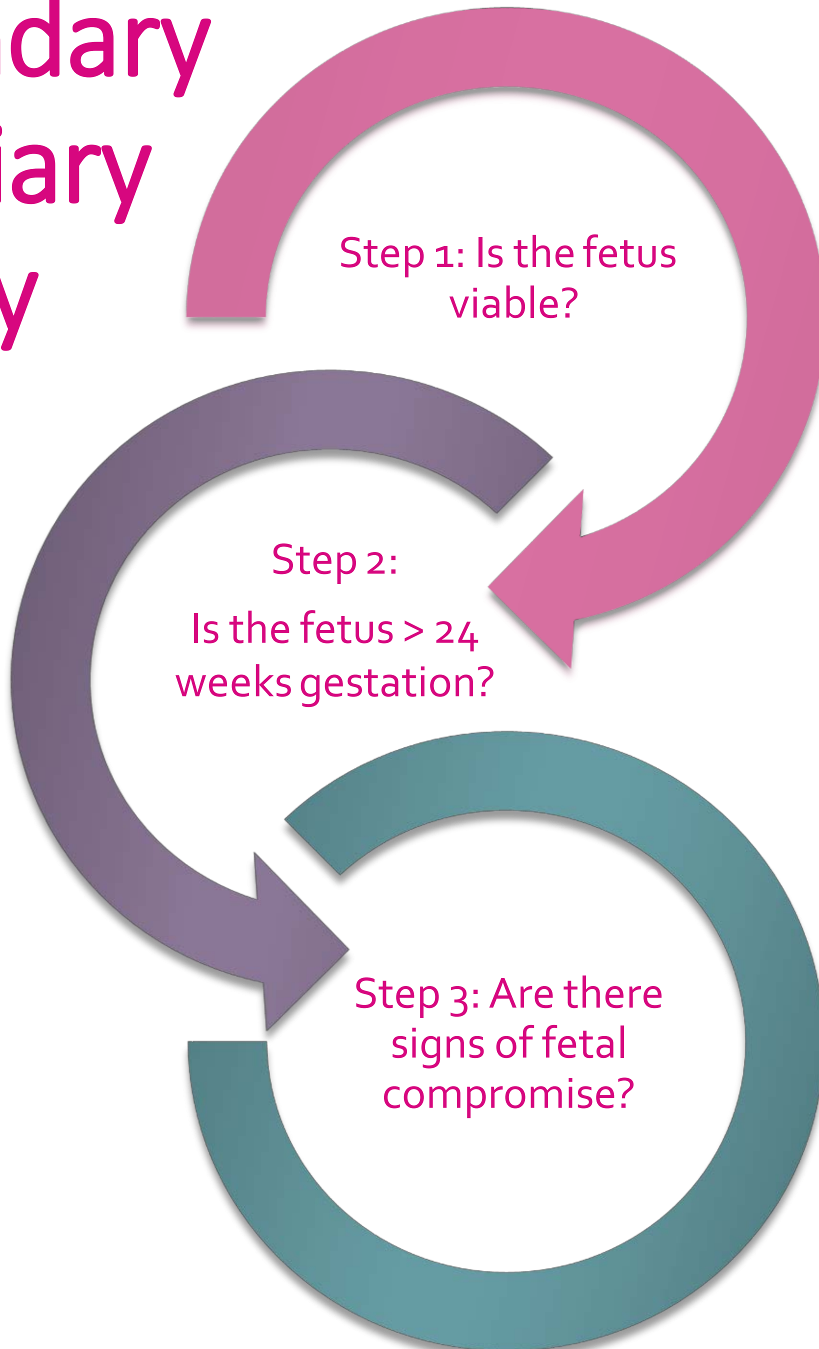
Secondary &Tertiary Survey



Is the fetus viable?

Measure fetal heart rate via handheld Doppler or ultrasound

- If present – proceed to step 2.
- If absent, provide maternal treatment only. No fetal treatment is required if fetal loss is confirmed. In consultation with obstetrics, plan timing of induction and delivery after maternal stabilization is complete.

Is the fetus > 24 weeks gestation?

Estimate gestational age and pregnancy history (calculate from pregnancy records, fundal height measurement or ultrasound)

- If yes – proceed to step 3.
- If no, provide maternal treatment first. In consultation with obstetrics, plan to optimize fetal well being after maternal stabilization is complete.

Are there signs of fetal compromise? Check for:

- Abnormal fetal heart rate patterns (fetal distress)
- Vaginal bleeding.
- Spontaneous rupture of membranes.
- Persistent uterine contractions.
- Uterine tenderness.
- Abdominal pain.
- Consider high risk mechanisms of injury and be wary of decreased maternal GCS.

- If yes, admit to hospital and manage in consultation with obstetrics team. Plan inpatient maternal and fetal monitoring for 24 hours, including at least 4 hours of continuous electronic fetal heart rate monitoring. Intervene as needed for fetal distress.
- If no, perform 4 hours of continuous electronic fetal heart rate monitoring and plan discharge home. Provide instructions to return to hospital for review if there is any vaginal bleeding, decreased fetal movement, fluid loss, uterine contractions, abdominal pain or tenderness.

Fetuses equal to or greater than 28 weeks gestation should have a minimum of 4 hours of continuous electronic fetal heart rate monitoring prior to discharge.