Pregnant Trauma Patient - Viable Fetus $\approx$ 24 weeks gestation

**Primary Survey**

**AIRWAY:** oxygen administration, prepare for difficult airway management, manage aspiration risk, maintain C-spine protection

**BREATHING:** if ICC required, insert 1-2 spaces higher

**CIRCULATION:** LEFT LATERAL TILT, manual uterus displacement, bilateral large IVC insertion, bloods incl. antibody screening/cross match/HCG. Consider a FAST exam.

**DISABILITY:** neurological examination

**ENVIRONMENT:** active warming for temperature $<$36.6

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**Secondary Survey**

FAST examination/ fetal heart rate – CTG monitoring if available

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**EMERGENCY CAESARIAN SECTION** Within 3-5 minutes

Ongoing CPR and neus in consultation with local or external resources

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Is the mother in cardiac arrest?

Is the mother salvagable???

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Is the mother Rh D negative

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Is the fetus viable?

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Supportive management +/- induced labour +/- spontaneous delivery

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Urgent caesarean section

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PREGNANCY RELATED COMPLICATIONS IN TRAUMA
Placental abruption
Premature labour
Uterine rupture
Feto-maternal haemohhage

Adapted from Royal Melbourne Hospital Trauma Service: Pregnancy and Trauma Guidelines (2009) pp.15 as Endorsed by the RMH Advisory Committee on Trauma Nov 2009 Version 3.