

Resuscitation of a pregnant woman

Each resuscitation must follow exactly the **given procedures and rules**. When resuscitating a pregnant woman, the procedures and rules are even more limited, and failure to follow them can lead to the death of both the woman and the unborn child.

Causes of cardiac arrest

The most common causes of cardiac arrest that require immediate resuscitation are:

- **Bleeding**
- **Pulmonary embolism**
- **Amniotic fluid embolization**
- **Iatrogenic causes** (complications in anesthesiology, incorrect administration of drugs, etc.)

Due to the smaller overall body reserve, a pregnant woman is at risk of a faster spread of hypoxia, hypercapnia and subsequently acidosis. Until the 20th week of pregnancy, the fetus does not significantly threaten the woman with aortocaval compression (compression of the inferior vena cava).

Breakdown of performances by week of pregnancy

1. **Until the 20th week of pregnancy** - it is not necessary to perform a caesarean section as part of resuscitation - the fetus does not weigh more and does not obstruct the inferior vena cava
2. **20-23. week of pregnancy** - removing the fetus from the uterus per sectio minor will help the effectiveness of cardiopulmonary resuscitation, the fetus is mostly incapable of life
3. **after 24 . week of pregnancy** - within the framework of fetal viability, a caesarean section is performed - preferably within 5 minutes after the mother's circulation has stopped, as the chance of fetal survival decreases with further minutes

Resuscitation of a pregnant woman

As already mentioned above, the resuscitation of a pregnant woman is bound by precisely defined protocols including pharmacoresuscitation and defibrillation.

Rules:

- **Position** - turning to the left side and supporting the right side by 15 to 30 degrees (in the lying position there is a risk of aortocaval compression and CPR is ineffective), there is also a version of pushing the uterus to the side - the first case is actually more effective
- **Compression of the chest** - higher than the center of sternum - the reason is the higher position of the diaphragm
- **Early securing of airways** - in the form of intubation at the start of CPR
- **Drug administration** - we avoid the femoral venous access to the fetal equipment - this access may be non-functional before the equipment
- **Defibrillation** - according to the standards for ACLS - before this operation, it is necessary to interrupt the fetal monitors
- **Frequency and depth** - more than 100 compressions per minute at a depth of at least 5 cm

Other rules:

- In addition to the resuscitation team, it is necessary to **call an obstetrician and a neonatologist**
- Necessity of organizing a possible caesarean section
- **Evaluation** of airway patency, breathing and heart rate must not be longer than within **10 max. 15 seconds**

Links

Related articles

- Pregnancy
- Birth
- Caesarean section

- Resuscitation

Used literature

- PAŘÍZEK, Antonín, a kolektiv. *Kritické stavy v porodnictví*. 1. vydání edition. 2012. 285 pp. ISBN 978-80-7262-949-7.