Special situations

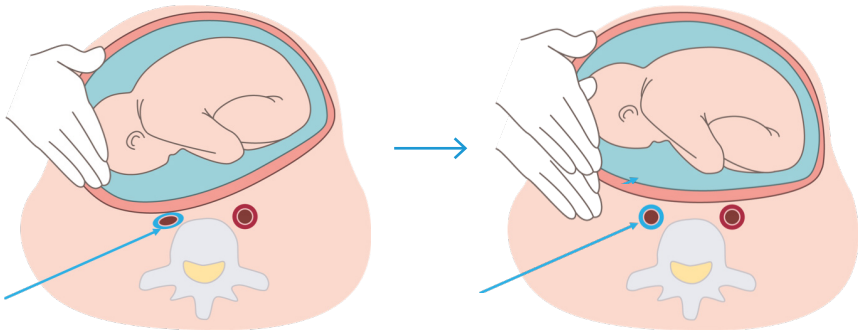
RESUSCITATING THE PREGNANT PATIENT

Resuscitation of a pregnant patient should be focused on the mother, as a pregnancy cannot survive without its host.

Non-perfusing rhythm management and medication doses are the same with pregnant patients. However, there are several unique considerations related to resuscitation, both with respect to the causes and the treatments.

Inferior vena cava (IVC) compression

Compression of the IVC may occur from the weight of a gravid uterus. This may compromise cardiac output by limiting preload to the right ventricle. IVC compression may be ameliorated by manual leftward displacement of the uterus, or a left lateral decubitus position.



A perimortem c-section should be completed within the first five minutes of a resuscitation attempt. This will help resuscitation of the mother, and in the case of a viable gestational age, may save the life of the fetus.

Hemorrhage

Peripartum hemorrhage should be managed by the same principles guiding other forms of hemorrhagic resuscitation, as discussed in other sections. In addition, medical therapies (e.g., methergine, oxytocin), uterine massage or balloon tamponade, or surgical intervention (hysterectomy) may be required.

Eclampsia

Eclampsia is unique to pregnancy, and should be managed with anti-epileptic medication (e.g., benzodiazepines) and magnesium, as indicated.