MATERNAL COLLAPSE

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   - Recognise and manage the deteriorating woman expediently

2. PATIENT
   - Antenatal, Intrapartum or Postnatal woman experiencing an acute event involving the cardiorespiratory systems and / or brain, resulting in a reduced or absolute loss of consciousness

3. STAFF
   - Registered Midwife
   - Registered Nurse
   - Medical Staff
   - Social Worker

4. EQUIPMENT
   - Cardiotocograph (CTG)
   - Sphygmomanometer
   - Blood Pressure device with oxygen saturation probe
   - Resuscitation trolley
   - Oxygen cylinder and carry canister for end of bed
   - Fixed blade scalpel and two cord clamps
   - 16G IV cannula
   - Wedge
   - Glucometer
   - Arterial blood gas sample

5. CLINICAL PRACTICE
   - Assess the woman's airway, breathing and circulation ascertaining whether or not a Code Blue is called and follow appropriate resuscitation LOPs
   - Take a set of observations :
     o Blood Pressure
     o Respiratory Rate
     o Oxygen saturation
     o Conscious level
     o Blood Sugar Level (BSL)
   - Ensure Royal Hospital for Women (RHW) escalation procedure has been followed (Patient Altered Condition Escalation (PACE) Tier 1 or 2)
   - Provide oxygen to maintain saturations >95% via nasal prongs, Hudson or Non Rebreather (NRB) mask
   - Tilt the antenatal woman to the left by placing a wedge under her right buttock
   - Ascertain who is in charge, make a priority management plan, communicate to the team members, allocate a scribe, timekeeper and a runner
   - Insert two large bore intravenous cannulae, take bloods for U & Es, FBC, coagulation profile, Group and Hold and BSL and commence intravenous (IV) fluids
   - Perform a perimortem Caesarean section IN SITU if there is no response to adequately performed CPR for four minutes at greater than 20 weeks gestation
   - Perform continuous electronic fetal monitoring where indicated
   - Perform an Electro Cardio Graph (ECG) and arterial blood gas sample where indicated
   - Record observations every 5 –15 minutes (temperature, heart rate, respiratory rate, blood pressure and oxygen saturation) or more frequently as indicated
MATERNAL COLLAPSE  cont’d

- Try and diagnose cause of collapse – modify management and consult with other teams as appropriate
- Activate Massive Transfusion Policy if criteria met. Keep woman warm if haemorrhage is suspected
- Record fluid input and urine output on fluid balance chart
- Ensure the next of kin is kept informed. A staff member may need to be assigned to support the family / baby until Social Worker is available
- Arrange porter and oxygen if transfer imminent

6. DOCUMENTATION
- SESLHD Maternal Observation Chart
- PACE Data Sheet
- Integrated Clinical Notes
- Fluid balance chart

7. EDUCATIONAL NOTES
- Haemorrhage is the most common serious cause of maternal collapse\(^1\). Other causes include thrombo-embolism, amniotic fluid embolus, cardiac disease, sepsis, drug toxicity, eclampsia, anaphylaxis, etc.
- Correct identification of the deteriorating woman may prevent maternal collapse
- Perimortem Caesarean section at greater than 20 weeks gestation facilitates maternal resuscitation and should be performed regardless of fetal status\(^1\)
- A perimortem Caesarean kit should be available in all areas where maternal resuscitation occurs, including the Accident and Emergency Department, this should include a fixed blade scalpel and two cord clamps
- All salaried staff must attend yearly mandatory Basic Life Support (BLS) and 3\(^{rd}\) yearly FONT training

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
- Patient with Acute condition for Escalation (PACE) : Management of the Deteriorating Inpatient (adult, child and infant)
- NSW Health PD2010_026 Recognition and Management of a Patient who is Clinically Deteriorating

9. REFERENCES
2. NSW Health PD2010_026 Recognition and Management of a Patient who is Clinically Deteriorating
3. SESLHD Business Rule, Local implementation of Clinical Handover – standard key principles – NSW health PD 2009-60
4. NSW Health, Clinical Handover – Standard Key Principles, PD2009_060