ROYAL HOSPITAL FOR WOMEN Approved by
LOCAL OPERATING PROCEDURES Quality & Patient Safety Committee
CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL 15/12/11

COLLAPSE – MATERNAL

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 :
  - Blood Pressure
  - Respiratory Rate
  - Oxygen saturation
  - Conscious level
  - Blood Sugar Level (BSL)
- Ensure Royal Hospital for Women (RHW) escalation procedure has been followed Clinical Emergency Response System (CERS), Clinical Review or Rapid Response System
- 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

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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
- CERS 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 3rd 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
- Basic Life Support http://www.resus.org.au/policy/guidelines/index.asp

9. REFERENCES

1 http://www.rcog.org.uk/files/rcog-corp/GTG56.pdf RCOG greentop guideline "Maternal Collapse in Pregnancy and the Puerperium" 2011
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