Worcestershire Acute Hospitals NHS Trust

Management of women with ruptured uterus

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Key Amendments

Date	Amendments	Approved by

INTRODUCTION

Uterine rupture is a rare but serious complication of pregnancy and delivery. The incidence is 0.05% of all pregnancies. It should be preventable by careful management and is usually, but not invariably, preceded by significant warning signs. Uterine rupture can occur spontaneously in 3rd trimester or following labour or delivery. It may be classified as an incomplete or complete rupture.

PATIENTS COVERED

Risk factors:-

- Uterine scar (beware this is not always a previous Caesarean) [Antenatal Management must include plans for delivery/induction – documented by an experienced Obstetrician (*reference West Midland Perinatal Institute, 2000)*]
- Less than 12 months since previous delivery
- Use of oxytocin
- Obstructed labour – especially in multiparae
- Macrosomic fetus
- Repeated doses of prostaglandin to induce labour
- Multiple pregnancy, Polyhydramnios
- Obesity – more difficult to detect warning signs
- Abruption
- Others - trauma, external version, placenta percreta, uterine abnormalities, eg: rudimentary horn.

Signs of Uterine Rupture:

Maternal

- Uterine scar pain - antenatally or between contractions if in labour
- Acute onset of suprapubic tenderness
- Tachycardia
- Shock
- Severe abdominal pain antenatally
- If in labour: decrease or cessation of contractions
- PV bleeding/bloodstained liquor
- Haematuria
- If a woman has an effective epidural in situ, this can mask the pain experienced in uterine rupture. Breakthrough pain may be a sign of rupture.
- Scar dehiscence may be asymptomatic in up to 48% of women (RCOG GTG)

Fetal

- Heart rate/CTG abnormalities – the most common and often the only manifestation. Pathological CTG while attempting trial of VBAC is highly suggestive of uterine scar rupture. In such a situation consider delivery rather than performing fetal blood sampling unless vaginal delivery is imminent.
- Retraction of the presenting part (moves up out of the pelvis)
- Fetal parts may become more easily palpable

Management

- If suspected antenatally in the community arrange emergency ambulance transfer to Delivery Suite with paramedic
- If suspected while in the hospital:
  - Stop oxytocin if in progress
  - Initiate Obstetric and Paediatric 2222
  - Alert obstetric, anaesthetic and paediatric teams, haematologist & theatre team
  - Out of hours, the On call Consultant obstetrician must be contacted to attend delivery suite
  - Resuscitate patient
    - airway
    - oxygen
    - left lateral
  - IV access large bore cannula x 2 – cross-match 4 units blood urgently. FBC & clotting screen.
  - Fluid replacement – stabilise BP
  - Establish fetal condition by continuous monitoring – deliver when mother stable for GA
  - Prepare theatre for 'crash' laparotomy ± hysterectomy (up to 33% risk following uterine rupture), or repair of the uterus

NB: Named member of staff to keep times and record events
Keep patient and relatives informed

Notes: Sometimes less acute presentations are diagnosed after a vaginal delivery. Manage individually with direction from the consultant on-call. Initial conservative management may be appropriate in a stable patient.

It is not the practice in this unit to routinely examine the lower segment by vaginal examination following a successful vaginal delivery after a previous caesarean section.

Women with a uterine scar require:

- Antenatal management including documented plans for delivery and induction involving a documented discussion with an experienced obstetrician (ideally a consultant but at least ST4 or higher).
- Attentive intrapartum fetal and maternal surveillance in a setting where the baby can be delivered within 30 minutes.
- Involvement of an experienced obstetrician in intrapartum decisions.
- Information about relevant symptoms to be reported to those caring for them in labour.

Post Delivery Information for woman

Opportunity should be offered to the woman and partner for discussion about procedures undertaken and future implications for pregnancies prior to discharge.

Remember to complete Datix incident notification.